

**HEALTH**

**PUBLIC HEALTH SERVICES BRANCH**

**DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH**

**CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE**

**Standards for Indoor Environmental Certification and for Licensure of Indoor  
Environmental Consultants**

**Proposed Amendments: N.J.A.C. 8:50-1.1, 1.3, 2.1, 2.2, 2.4, 2.5, 3.1, 4.1, 4.2, and  
5.6**

**Proposed Repeals and New Rules: N.J.A.C. 8:50 Appendices A and B**

Authorized By: Cathleen D. Bennett, Commissioner, Department of Health.

Authority: N.J.S.A. 52:27D-130.4 and 130.5; and P.L. 2007, c. 1, particularly at §§ 1 and  
2.

Calendar Reference: See Summary below for explanation of exception to calendar  
requirement.

Proposal Number: PRN 2017-221.

Submit written comments electronically by November 4, 2017, to

<http://www.nj.gov/health/legal/ecomments.shtml> or by regular mail postmarked by

November 4, 2017, to:

Joy L. Lindo, Director

Office of Legal and Regulatory Compliance

New Jersey Department of Health

PO Box 360

Trenton, NJ 08625-0360

The agency proposal follows:

### **Summary**

The Department of Health (Department) is proposing amendments, repeals, and new rules at N.J.A.C. 8:50, governing indoor environmental health assessments in child care centers and educational facilities and the licensing of indoor environmental consultants. P.L. 2007, c. 1, an act concerning contaminated property, supplementing Title 52 of the Revised Statutes, and amending and supplementing P.L. 1983, c. 330 (Act) at §§ 1 and 2. N.J.S.A. 52:27D-130.4 and 130.5, enacted in January of 2007, required the Department to adopt rules and regulations that establish procedures for the evaluation and assessment of building interiors and to develop standards that establish maximum contaminant levels for building interiors to be used as child care centers or for educational purposes. The rules and regulations adopted pursuant to the Act were to be protective of all building occupants and to account for the physiological differences between adults, children, and infants.

N.J.S.A. 52:27D-130.4 also required the Department to establish an application process for the certification of building interiors that included a fee reflecting the costs of reviewing and processing the application. When an applicant demonstrated to the Department that the evaluation and assessment procedures for building interiors were followed, and that no contaminants were present in the building that exceeded the maximum contaminant levels established, the Department would issue a certification indicating that the building interior was safe for use as a child care center or for educational purposes. The Department originally adopted N.J.A.C. 8:50 on September 8, 2009; see 40 N.J.R. 6294(a) and 6721(a) and 41 N.J.R. 3249(a). The current

chapter was readopted without change, effective August 5, 2016. The proposed amendments, repeals, and new rules at N.J.A.C. 8:50 would continue to fulfill statutory requirements. The following discussion summarizes the current proposed amendments, repeals, and new rules.

Throughout the chapter, pursuant to N.J.S.A. 26:1A-2.1, the Department proposes to amend its name from the “Department of Health and Senior Services” to “Department of Health.”

The Department proposes to amend and/or add definitions to N.J.A.C. 8:50-1.3. The Department proposes to amend the definition for “AIHA” to update the address for the American Industrial Hygiene Association along with updated Internet links to provide accurate contact information. The Department proposes to add a new definition for “assessment” to state the meaning and the procedures when conducting an indoor environmental health assessment (IEHA). The Department proposes to amend the definition for “ASTM” to add the full name of the American Society for Testing and Materials. The Department proposes to delete and replace the definition for “contaminant” to include the different physical forms in which contaminants may be present. The Department proposes to add a definition for “expansion” to provide child care centers or educational facilities a means to increase the amount of space to be occupied by children and staff. The Department proposes to add a definition for “indoor environment” to state where an IEHA is conducted. The Department proposes to add a definition for “licensee” to state the business entity who may conduct an IEHA. The Department proposes to amend the definition for “radius search” to include the radius search requirements for educational facilities. The Department proposes to add a

definition for “Safe Building Interior Certification” or “SBIC” to define the certification issued by the Department for applications that meet the requirements in N.J.A.C. 8:50-4.2.

The Department is proposing amendments to Subchapter 2, Licensure of Indoor Environmental Consultants, for clarity and to add the ability to accept electronic payments for applicable fees. The Department proposes to add new N.J.A.C. 8:50-2.1(b)1 and 2 to implement electronic payments and to change the name of the Department to which payments shall be made. The Department proposes to amend N.J.A.C. 8:50-2.1(c)1 to remove the term “licensees” as these entities are “applicants” when submitting application information to the Department.

The Department is proposing amendments to N.J.A.C. 8:50-2.2(c) to clarify the cooperation requirements for conducting an IEHA and the administration of the program outlined in this chapter.

The Department proposed new N.J.A.C. 8:50-2.4(c)1 and 2 to implement the submission of renewal fees by electronic payment and to change the name of the Department to which fees shall be remitted.

The Department is proposing to amend N.J.A.C. 8:50-2.5(a) to add the assessment of administrative penalties to be consistent with N.J.A.C. 8:50-2.5(c). The Department is proposing to amend N.J.A.C. 8:50-2.5(b) to add the word “entity” to be consistent with subsection (a) and to add the phrase “has been revoked” to improve the readability of the rule.

The Department is proposing amendments to Subchapter 3, Evaluation and Assessment of Buildings and Leased Spaces for Use as Child Care Centers and

Educational Facilities, to modify the requirements for conducting an IEHA and to recodify applicable sections. The Department is proposing to amend N.J.A.C. 8:50-3.1(a)2 to provide details on conducting a site history on a property and/or building to be used as a child care center or educational facility. The Department is proposing to amend paragraph (a)4 to ensure that co-located businesses are included in the assessment. The Department is proposing new paragraph (a)7 to include the requirement for conducting a radius search. The Department is proposing new N.J.A.C. 8:50-3.1(a)12ii to establish the time in which indoor air sampling is to be conducted. The Department is proposing to amend recodified N.J.A.C. 8:50-3.1(a)17 to add the ability to use equivalent methods when collecting samples for metals in dust. The Department is proposing new paragraph (a)19 to include the sampling requirements for formaldehyde. The Department is proposing to amend recodified N.J.A.C. 8:50-3.1(a)20 to clarify the accreditation requirements for laboratories, which requires the deletion of existing subparagraphs N.J.A.C. 8:50-3.1(a)18i and ii.

The Department is proposing amendments to Subchapter 4, Procedures for Determining Maximum Contaminant Levels and Issuance of Certification of Safe Building Interior. The Department proposes to amend this subchapter to include the procedures for the expansion of the scope of a SBIC, add electronic payment options, fees for the expansion, to clarify wording, and to recodify applicable sections. The Department is proposing to amend N.J.A.C. 8:50-4.1(b)2 to provide a regulatory cross-reference for the analysis of asbestos samples. The Department is proposing to amend N.J.A.C. 8:50-4.1(b)3 to clarify that radon sample results are provided in quantities of air.

The Department is proposing to add new N.J.A.C. 8:50-4.2(c)1, 2, 3, and 4 to codify the requirements for the renewal of a Safe Building Interior Certification (SBIC). The Department is proposing to add new N.J.A.C. 8:50-4.2(e) to codify the procedure for the expansion of the scope of an existing SBIC, to add additional space to be used as a child care center or educational facility. The Department is proposing to amend recodified N.J.A.C. 8:50-4.2(f) to reflect the amendments to this chapter and to specify the fee structure. Recodified N.J.A.C. 8:50-4.2(f) contains language explaining that in addition to initial issuance and renewals of SBICs, the fee structure now applies to certain expansions of covered entities, that payment shall be made to the Department of Health, and that applicants may now pay fees via e-payment. The Department proposes to add new N.J.A.C. 8:50-4.2(f)1 that would codify the fee for an initial SBIC in the amount of \$1,500. The Department proposes to amend recodified N.J.A.C. 8:50-4.2(f)2 to add language referring to applicants and to delete a reference to the State Treasurer, to improve the clarity and readability of the rule. The Department proposes to add new N.J.A.C. 8:50-4.2(f)2i that would provide that applicants for the expansion of their SBIC would not be responsible for an additional \$250.00 fee to cover the expansion if they submit their application for expansion at the same time that they submit their application for SBIC renewal. The Department proposes to add new N.J.A.C. 8:50-4.2(f)3, which would provide that applicants for the renewal of a SBIC who are determined to be adjacent or co-located with businesses known or suspected to contain contaminants or requiring a determination of maximum contaminant levels required at N.J.A.C. 8:50-4.1(a)1, would be required to remit an application fee of \$1,500. The Department proposes to add new N.J.A.C. 8:50-4.2(f)4, which would

explain when applicants for expansion of an SBIC would be required to remit an application fee of \$250.00. The Department proposes to add new N.J.A.C. 8:50-4.2(f)5, which would require applicants expanding into a new area, requiring a complete indoor environmental health assessment, to remit an application fee of \$1,500. The Department proposes to add new N.J.A.C. 8:50-4.2(f)6 and 7, which collectively explain how payments may be submitted to the Department.

The Department is proposing to repeal and replace N.J.A.C. 8:50 Appendices A and B. Proposed new form CEHS-9 at N.J.A.C. 8:50 Appendix A would request the same information as existing form CEHS-9. The Department proposes to change the heading at the top of the form to reflect that the names of the Department and the program have changed. Proposed new form CEHS-10 at N.J.A.C. 8:50 Appendix A would change the name of the Department and program at the top of the form. The Department proposes to add a new section to form CEHS-10 that would require the applicant to indicate whether this application is new or a revision of an existing application. In addition, the Department proposes to add a new section at the top of form CEHS-10 that would require the applicant to declare whether he or she holds a New Jersey Department of Community Affairs Lead Evaluation Firm License. Proposed new form CEHS-11 at N.J.A.C. 8:50 Appendix A would change the name of the Department and program at the top of the form. The Department proposes to add a new section to form CEHS-11 that would require the applicant to indicate whether this application is new or a revision of an existing application. In addition, the Department proposes to add a new section at the top of form CEHS-11 that would require the applicant to declare whether it employs individuals who hold valid asbestos inspector

certifications. Proposed new form CEHS-11 would also differ from existing form CEHS-11 in that it would ask the applicant to declare the status of its staff with respect to asbestos inspector information. Proposed new form CEHS-12 at N.J.A.C. 8:50 Appendix A would change the name of the Department and program at the top of the form. It would differ from existing form CEHS-12 in that it asks whether the current application is new or a revision, it asks for the type of experience held by the applicant and whether the status of staff is new, existing, or inactive. Proposed new form CEHS-13 at N.J.A.C. 8:50 Appendix A would change the name of the Department and program at the top of the form and remain the same as existing form CEHS-13 in all other respects. Proposed new form CEHS-14 at N.J.A.C. 8:50 Appendix A would change the name of the Department and program at the top of the form. Proposed new form CEHS-14 would differ from existing form CEHS-14 in that it is now organized into three sections instead of just one, it asks whether the application is new or a revision, it asks whether the applicant is certified to perform Radon Testing by the New Jersey Department of Environmental Protection, and it asks whether the status of staff is new, existing, or inactive. The Department proposes a new form CEHS-16 at N.J.A.C. 8:50 Appendix A that would establish an indoor environmental consultant license renewal application. New form CEHS-16 would require an applicant to provide general consultant information, errors and omissions insurance information, primary contact information, employee qualifications, and a signed certification statement.

The Department proposes a number of changes to N.J.A.C. 8:50 Appendix B. Proposed new form CEHS-1 would reflect the change to the name of the Department and program in the heading. In addition, the form would differ from the existing CEHS-1

form by featuring an expanded set of directions, as well as new information fields for the DCF license number, the lot and block number, and the type of school. Proposed new form CEHS-2 would reflect the change to the name of the Department and program in the heading. In addition, the Department proposes to delete the phrase “child care center” from the title because not all facilities are child care centers. The Department proposes to further delete the requirement to provide the county in which the building is located and to add a new Section V to the form that would request information concerning the results of the radius search, which is a new defined term. Proposed new forms CEHS-3, CEHS-4, CEHS-5, CEHS-7, and CEHS-8 would remain unchanged from existing forms CEHS-3, CEHS-4, CEHS-5, CEHS-7, and CEHS-8 with the exception of changing the name of the Department and program and removing the phrase “Child Care Center” from the title for each form. Proposed form CEHS-6 would reflect the change in the name of the Department and program and would feature removal of the phrase “Child Care Center” from the title of the form. In addition, the form would differ from the existing CEHS-6 form in that the far right column would no longer be headed by the word “Condition.” The Department proposes to rename this column “Brief Description” because a brief description would provide more information. The Department proposes a new form CEHS-15 that would provide a means for child care centers to notify the Department of indoor environmental conditions that develop after that facility has been approved, such as the case where a nail salon moves next to a school for children. The form would ask for child care center information, such as name and address, and also ask for information about the new indoor environmental conditions and for a signature. The Department proposes a new form CEHS-20 that

would be used by child care centers who wish to expand into new spaces. The form would ask for child care center information such as name and address, for information about the expansion area indoor environmental conditions such as potential sources of harmful gasses or fumes, and for a signature.

As the Department has provided a 60-day comment period on this notice of proposal, this notice is excepted from the rulemaking calendar requirement pursuant to N.J.A.C. 1:30-3.3(a)5.

### **Social Impact**

The Department anticipates that the proposed amendments, repeals, and new rules would continue to have a beneficial social impact on children and staff occupying child care centers and educational facilities by ensuring that building interiors are safe to occupy. The proposed rulemaking would continue to provide clear procedures for licensing indoor environmental consultants, procedures for conducting indoor environmental health assessments, and the issuance of safe building interior certifications.

### **Economic Impact**

The proposed amendments, repeals, and new rules do not increase the fees currently established for the issuance and renewal of a SBIC. The proposed amendments, repeals, and new rules provide clarity for determining which fee applies for an application for the renewal of a SBIC. The proposed rulemaking provides a new fee for the expansion of an existing SBIC that only applies in the unique situation where an application for expansion of an existing SBIC is received by the Department after the existing SBIC has been renewed, necessitating additional application time and an

additional site visit by Department staff. Building interiors that were not included under the scope of an existing SBIC must be evaluated under these rules and merit an SBIC before being used as a child care center or educational facility. The proposed rulemaking provides the structure for applying the fee and would increase the cost by \$250.00 in these situations. However, the Department does not anticipate a significant increase in cost on the whole because fewer than 100 applications for expansion have been received since 2013. The proposed amendments, repeals, and new rules provide that fee does not apply when an application for expansion is submitted simultaneously with an application for the renewal of a SBIC. All other fees required by this chapter remain the same.

#### **Federal Standards Statement**

N.J.S.A. 52:27D-130.4 and 130.5 establish the Department's obligation to promulgate and administer these rules. The Department is not proposing this rulemaking under the authority of, or to implement, comply with, or participate in, a program established under Federal law, or under a State statute that incorporates or refers to Federal law, standards or requirements. Therefore, a Federal standards analysis is not required.

#### **Jobs Impact**

The Department does not expect that the proposed amendments, repeals, and new rules would result in the loss or creation of any jobs.

#### **Agriculture Industry Impact**

The proposed amendments, repeals, and new rules would have no impact on the agriculture industry.

### **Regulatory Flexibility Analysis**

The proposed amendments, repeals, and new rules will continue to apply to certain buildings required to obtain a Safe Building Interior Certification because the building is used or proposed to be used as either a child care center or educational facility. The Summary above describes the compliance requirements for these buildings. Child care centers operating in buildings subject to the requirements of the Act may be defined as a “small business” by the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. The Act does not give the Department discretion to establish lesser or differing requirements for entities that are small businesses subject to the Act. The Department has determined that the proposed amendments, repeals, and new rules establish the minimum standards necessary to implement its obligations under the Act.

### **Housing Affordability Impact Analysis**

The proposed amendments, repeals, and new rules would have no impact on the affordability of housing in New Jersey and there is an extreme unlikelihood that the proposed amendments, repeals, and new rules would evoke a change in the average costs associated with housing because N.J.A.C. 8:50 only impacts buildings being used as child care centers or educational facilities.

### **Smart Growth Development Impact Analysis**

The proposed amendments, repeals, and new rules would not have an impact on the achievement of smart growth and the implementation of the State Development and Redevelopment Plan and there is an extreme unlikelihood that the rules would evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan in New Jersey because

N.J.A.C. 8:50 only impacts buildings being used as child care centers or educational facilities.

**Full text** of the rules proposed for repeal may be found in the New Jersey Administrative Code at N.J.A.C. 8:50 Appendices A and B.

**Full text** of the proposed amendments and new rules follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

## SUBCHAPTER 1. GENERAL PROVISIONS

### 8:50-1.1 Purpose

The purpose of this chapter is to implement the obligations of the Department of Health [and Senior Services] pursuant to P.L. 2007, c. 1, an Act concerning contaminated property, supplementing Title 52 of the Revised Statutes, and amending and supplementing P.L. 1983, c. 330 (Act) at [§§1] **§§ 1** and 2, N.J.S.A. 52:27D-130.4 and 130.5.

### 8:50-1.3 Definitions

(a) As used in this chapter, the following words and terms shall have the meanings established by the Department of Community Affairs pursuant to N.J.S.A. 52:27D-130 and rules promulgated pursuant thereto at N.J.A.C. 5:23, particularly at **N.J.A.C.** 5:23-1.4, unless the context clearly indicates otherwise: "alteration," "building," "construction permit," "group," "reconstruction," "repair," "structure," and "use group."

(b) As used in this chapter, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise:

...

"AIHA" means the American Industrial Hygiene Association, for which the contact information is AIHA, [2700 Prosperity Ave., Suite 250, Fairfax, VA 22031-4340,] **3141 Fairview Park Drive, Suite 777, Falls Church, VA 22042**, (703) 849-8888, telefacsimile (703) 207-3561, [www.aiha.org](http://www.aiha.org).

1. A searchable list of laboratories accredited by the AIHA is available at [\[http://www.aiha.org/Content/LQAP/accred/AccreditedLabs.htm\]](http://www.aiha.org/Content/LQAP/accred/AccreditedLabs.htm)  
<http://www.aihaaccreditedlabs.org/AccreditedLabs/Pages/default.aspx>.

**"Assessment"** means a method or procedure used to determine the location, quantity, concentration, extent, or condition of contaminants that may impact the health of children or staff occupying a child care center or educational facility.

"ASTM" means the [ASTM] **American Society for Testing and Materials** International, for which the contact information is ASTM International, 100 Barr Harbor Drive, PO Box C700, West Conshohocken, PA 19428-2959, 1-800-262-1373, [www.astm.org](http://www.astm.org).

...

"Commissioner" means the Commissioner of Health [and Senior Services] or his or her designee.

...

["Contaminant" means a substance that is either present in an environment where it does not belong or is present at levels that might cause harmful, that is, adverse, health effects.]

**“Contaminant” means a biological, chemical, physical, or radiological substance in sufficient concentration, that can cause harmful or adverse health effects.**

...

"Department" means the New Jersey Department of Health [and Senior Services].

...

**“Expansion” means the modification to the scope of an existing Safe Building Interior Certification for the addition of a facility, a building, or portions of a building, to be used as a child care center or educational facility.**

...

**"Indoor environment” means an area located inside an existing building, facility, or structure occupied, or to be occupied, by children and staff of a child care center or educational facility.**

...

**"Licensee” means a business entity licensed by the Department to conduct an indoor environmental health assessment in child care centers or educational facilities.**

...

**“Radius search” means a search for sites that are of environmental concern within a 400-foot radius around the location of a child care center or educational facility.**

...

**“Safe Building Interior Certification” or “SBIC” means a certification issued by the Department, which indicates that the applicant has adhered to the evaluation and assessment procedures in this chapter and that the application meets the requirements in N.J.A.C. 8:50-4.2.**

...

## SUBCHAPTER 2. LICENSURE OF INDOOR ENVIRONMENTAL CONSULTANTS

### 8:50-2.1 Application for license

(a) (No change.)

(b) The applicant shall submit with the application a nonrefundable application fee of \$2,000 by **e-payment**, certified check, or money order made payable to the [Treasurer, State of] New Jersey **Department of Health**.

**1. Applicants may submit e-payment via the internet at**

**[www.nj.gov/health/eohap](http://www.nj.gov/health/eohap).**

**2. Applicants may submit check or money order payments as provided at N.J.A.C. 8:50 Appendix B.**

(c) The applicant shall submit with the application documentation in support of the application pursuant to (d) below using electronic media, such as a compact disk or a flash drive.

1. [Licensees] **Applicants** shall provide documents that are not susceptible to submission by electronic media due to size or other unwieldiness, such as maps or drawings, in hardcopy with the electronic media submission.

(d) – (j) (No change.)

#### 8:50-2.2 Granting of license

(a)–(b) (No change.)

(c) Continued licensure is contingent upon the full cooperation of the licensee with the Department in all matters relating to the conduct of **indoor environmental health** assessments and the administration of the [indoor environment] program **as outlined in this chapter.**

#### 8:50-2.4 Renewal of indoor environmental consultant license

(a)–(b) (No change.)

(c) An applicant for renewal of an indoor environmental consultant license shall submit a nonrefundable application fee of \$2,000 by **e-payment**, certified check, or money order made payable to the [Treasurer, State of] New Jersey **Department of Health**, with the application for renewal.

**1. Applicants may submit e-payment via the internet at [www.nj.gov/health/eohap](http://www.nj.gov/health/eohap).**

**2. Applicants may submit check or money order payments as provided at N.J.A.C. 8:50 Appendix A.**

(d)–(f) (No change.)

#### 8:50-2.5 Suspension, denial, or revocation of a license

(a) The Department may **assess an administrative penalty and/or** suspend, deny, or revoke [licensure] **the license** of a person or entity that violates the Act or this chapter.

(b) An individual **or entity** whose license **has been revoked by** the Department [has revoked] shall be ineligible to reapply for licensure for two years from the date of revocation.

(c) (No change.)

### SUBCHAPTER 3. EVALUATION AND ASSESSMENT OF BUILDINGS AND LEASED SPACES FOR USE AS CHILD CARE CENTERS AND EDUCATIONAL FACILITIES

8:50-3.1 Procedures for conducting an indoor environmental health assessment in child care centers and educational facilities

(a) The conduct of an indoor environmental health assessment shall be in accordance with the following:

1. (No change.)

2. The licensee shall conduct a [site inquiry;] **detailed site history of the property and the building or space to be used as a child care center or an educational facility. The site history shall include all prior uses and ownerships. In conducting a detailed site history, the licensee shall evaluate appropriate records including, but not limited to:**

**i. Federal, State, and local government records;**

**ii. Environmental databases;**

**iii. Current and historic aerial photographs;**

**iv. Fire insurance maps;**

**v. USGS topographic maps;**

- vi. **Local street directories;**
- vii. **Building department records;**
- viii. **Chain of title documents; and**
- ix. **Property tax records;**

3. (No change.)

4. The licensee shall conduct an assessment to determine if adjacent **or co-located** businesses are known or suspected to contain contaminants that may have an impact on the indoor environment of the building or space used or to be used as a child care center or educational facility;

5. – 6. (No change.)

**7. The licensee shall conduct a radius search to identify any contaminated sites that may pose an immediate health concern to the child care center or educational facility;**

Recodify existing 7.-10. as **8.-11.** (No change in text.)

[11.] **12.** The licensee shall conduct appropriate environmental sampling to ascertain both the vertical and horizontal extent and quantification of contamination present and/or impacting building surfaces and structures, by collecting samples from building materials, building structures, and building surfaces and[,] including, but not limited to, samples of concrete, wood, dusts, and indoor air.

i. The licensee shall bias the selection of sampling locations toward areas of suspected contamination based on the licensee's professional judgment, the uses and history of the area, field instrument measurements, odor and other information obtained from the site investigation; **and**

**ii. Indoor air sampling shall be conducted for durations that are representative of potential site exposure (that is, full-day or 24-hour sampling);**

Recodify existing 12.-15. as **13.-16.** (No change in text.)

[16.] **17.** The licensee shall adhere to applicable procedures for the collection of metals in dust contained in ASTM D7144 **or equivalent method that meets ASTM D7144 standards;**

[17.] **18.** (No change in text.)

**19.** The licensee shall adhere to applicable procedures for the evaluation of formaldehyde contained in NIOSH Analytical Method 2016 **or equivalent method that meets NIOSH Analytical Method 2016 standards;**

[18.] **20.** The licensee shall ensure that all samples are analyzed by a laboratory that is[:] **accredited by the New Jersey Department of Environmental Protection, the AIHA, or the NVLAP, as appropriate, for each sample being analyzed.**

[i. Appropriate to the material being tested; and

ii. Accredited by the New Jersey Department of Environmental Protection, the AIHA, or the NVLAP.]

#### SUBCHAPTER 4. PROCEDURES FOR DETERMINING MAXIMUM CONTAMINANT LEVELS AND ISSUANCE OF CERTIFICATION OF SAFE BUILDING INTERIOR

8:50-4.1 Determination of maximum contaminant levels (MCLs) for child care centers and educational facilities

(a) (No change.)

(b) The Department shall evaluate site-specific data to determine risk using the following formulae:

1. (No change.)

2. For cancer and non-cancer health effects of asbestos, 70 structures per millimeter squared (s/mm<sup>2</sup>) or 0.02 structures per cubic centimeter (s/cc) of air **as analyzed in accordance with 40 CFR Part 763 Appendix A to Subpart E.**

3. For radon, for both cancer and non-cancer health effects, less than four picoCuries per liter (pCi/l) **of air.**

4. – 5. (No change.)

#### 8:50-4.2 Procedure for issuance of safe building interior certification

(a) The Department shall issue a certification of safe building interior provided an applicant adheres to the evaluation and assessment procedures in this chapter and submits:

1. (No change.)

2. The fee established at [(e)] **(f)** below.

(b) (No change.)

(c) One may apply for renewal of a certification of safe building interior for a child care center upon application for renewal of a license pursuant to N.J.A.C. 10:122, pursuant to the same procedure as upon original application at (a) above.

**1. The application for renewal shall include a review for any of the contaminants outlined in N.J.A.C. 8:50-3.1(a)7;**

**2. Submission of a report for any contaminants identified;**

**3. Completion and submission of a CEHS-15 form, found at N.J.A.C. 8:50 Appendix B; and**

**4. The fee established at (f) below.**

(d) (No change.)

**(e) One may apply for an expansion to the scope of an existing safe building interior certification for the addition of a facility, a building, or portion of a building, to be used as a child care center or educational facility as set forth in this subsection.**

**1. An application for the expansion into an interior area within the building or facility where a current safe building interior certification has been issued shall include the following:**

**i. A completed CEHS-20 form, found at N.J.A.C. 8:50 Appendix B;**

**ii. An assessment of the area to determine if contaminants as set forth in N.J.A.C. 8:50-3.1(a)7 are present that may have an impact on the health of the children or staff;**

**iii. Submission of a report for the assessment conducted, including any contaminants identified; and**

**iv. The fee established in (f) below.**

**2. An application for the expansion into an adjacent, proximate, or otherwise separate building, facility, leased space, or a building interior with a different lot and block number, shall include an indoor environmental health assessment in accordance with N.J.A.C. 8:50-4.2 and the fee established in (f) below.**

[(e)] **(f)** An applicant for issuance, [or] renewal, **or expansion** of a certification of safe building **interior** shall submit with the application a fee [of \$1,500,] by **e-payment**, certified check, or money order made payable to the [Treasurer, State of] New Jersey **Department of Health in accordance with the schedule below.**

**1. Applicants for the issuance of an initial certification of safe building interior shall submit with the application a fee of \$1,500.**

[1.] **2.** [Child care centers and educational facilities] **Applicants for the renewal of safe building interior certification** that certify to the Department that conditions have not changed within and adjacent and/or proximate to the child care center or educational facility, shall submit with the application a fee of \$450.00[, by certified check or money order made payable to the Treasurer, State of New Jersey].

**i. Applications for the expansion of a safe building interior certification meeting the requirements set forth in (e)1 above, that are submitted with the application for renewal shall not be subject to the fee requirements in (f)4 below.**

**3. Applicants for the renewal of safe building interior certification when determined to be adjacent or co-located with businesses known or suspected to contain contaminants that may have an impact on the indoor environment of the building or space used or to be used as a child care center or educational facility or requiring a determination of maximum contaminant levels required in N.J.A.C. 8:50-4.1(a)1, 2, 3, and 4 shall submit with the application a fee of \$1,500.**

**4. Applicants for the expansion of an existing safe building interior certification meeting the requirements set forth in (e)1 above, shall submit with**

the application a fee of \$250.00.

5. Applications for the expansion of an existing safe building interior certification meeting the requirements set forth in (e)2 above, shall submit with the application a fee of \$1,500.

6. Applicants may submit e-payment via the internet at [www.nj.gov/health/eohap](http://www.nj.gov/health/eohap).

7. Applicants may submit check or money order payments as provided at N.J.A.C. 8:50 Appendix B.

#### SUBCHAPTER 5. COMPLIANCE AND ENFORCEMENT

##### 8:50-5.6 Hearings, conferences

(a)–(e) (No change.)

(f) Payment of the civil administrative penalty shall be due when the Commissioner issues, or the notice becomes, a final order. **Payment shall be in the form of a certified check or money order made payable to “New Jersey Department of Health.”**

#### APPENDIX A

New Jersey Department of Health  
 Consumer, Environmental and Occupational Health Service  
 Environmental and Occupational Health Assessment Program  
 PO Box 369  
 Trenton, NJ 08625-0369

**INDOOR ENVIRONMENTAL CONSULTANT LICENSE APPLICATION**  
 Non-Refundable Application Fee: \$2,000.00

NJDOH USE ONLY	
Tracking No.	Date Received
<input type="checkbox"/> Check <input type="checkbox"/> MO   No.: _____	
Logged In by:	

I. General Consultant Information					
Legal Company Name (do not abbreviate)					
Physical Address			Mailing Address (If same, check: <input type="checkbox"/> )		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Telephone No.	Fax No.		Telephone No.	Fax No.	
Federal Tax ID Number	Unemployment Insurance Registration No.	NJ Corporate Registration No.			
II. Errors and Omissions Insurance					
Must provide proof of a minimum \$1,000,000 per occurrence for liability or errors and omissions insurance. Must include copy of certificate of insurance. Insurance company must be approved by the New Jersey Department of Banking and Insurance to write policies with an "A" rating or better from Best, Inc. Insurance coverage must be in effect the entire period for which a consultant is licensed.					
Policy No.	Name of Insurance Carrier	Ins. Carrier Tel. No.	Policy Period		
III. Primary Contact Information					
Name			Email Address		
Street Address		City	State	Zip Code	
IV. Ownership (List all individuals who have at least 10% interest in company. <input type="checkbox"/> Check if additional sheet is used.)					
1	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City	State	Zip Code	
2	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City	State	Zip Code	
3	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City	State	Zip Code	
4	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City	State	Zip Code	

**INDOOR ENVIRONMENTAL CONSULTANT LICENSE APPLICATION**  
(Continued)

V. Employee Qualifications	
See directions. You must complete the appropriate Employee Qualifications form for each discipline.	
VI. Certification Statement	
I certify that all the information provided on this application or supplied on any documents submitted for the purposes of certification is true and accurate to the best of my knowledge. I understand that the falsification of any documentation may result in the rejection of my application and/or the assessment of an administrative penalty of up to \$25,000 per day for the first offense and \$50,000 per day for the second and each subsequent offense. I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purposes, I understand that outside sources may be contacted and I do hereby give my permission for disclosure of any information provided to determine certification validity and/or eligibility. I understand that failure to provide full disclosure of all required information may result in the denial of this application. I understand that the completion of this application does not guarantee certification to conduct Indoor Environmental Health Assessments of child care facilities.	
Representative Name (Please Print or Type)	Title
Signature	Date

**Directions for the Completion of the "Indoor Environmental Consultant License Application" Form**

**Section I. General Consultant Information**

Provide the information indicated in this section. The company name must be the legal name and must not be abbreviated.

**Section II. Errors and Omissions Insurance**

Must provide proof of insurance as follows: a minimum of \$1,000,000 per occurrence for liability or errors and omissions insurance; a copy of the consultant's certificate of insurance specifying the name of the insurance carrier, policy number, policy period under which the entire New Jersey Worker's Compensation obligation is insured; the insurance company must be otherwise approved to write policies in New Jersey by the Department of Banking and Insurance, and with an "A" rating or better rating from A.M. Best Company, Inc. Insurance coverage meeting this requirement shall be in effect during the entire period in which a consultant remains licensed and cannot be allowed to lapse.

**Section III. Primary Contact Information**

The individual (if there will be more than one responsible person it must be indicated on a separate sheet) indicated here will be the responsible party for ensuring that all work completed in accordance with applicable regulations, and all individuals employed will be qualified to conduct the work they have been hired to do.

**Section IV. Ownership**

List all individuals who have at least 10% ownership interest in the company.

**Section V. Employee Qualifications**

All individuals who will be conducting an Indoor Environmental Health Assessment of child care facilities must be registered with the New Jersey Department of Health (NJDOH). As such Employee Qualification forms must be completed for each area (Lead, Asbestos, Radon, and General Indoor Environmental Assessments). In addition, documentation which proves the individual is qualified to conduct specific portions of or the entire indoor environmental health assessment must be included. Documentation includes, but is not limited to, training certificates, professional degrees, certificates, educational transcripts, licenses, diplomas, resumes, and evidence of projects on which proposed staff have worked. In addition, for each employee a consultant submits for review and approval to provide services, a "Consultant Employee Certification" form must be completed and submitted with all of the above documentation.

**Section VI. Certification Statement**

Please read this statement carefully. The primary, authorized contact, indicated in Section III, must sign this form.

New Jersey Department of Health  
 Consumer, Environmental and Occupational Health Service  
 Indoor Environments Program  
 PO Box 369  
 Trenton, NJ 08625-0369

Indoor Environmental Consultant License Application  
 EMPLOYEE QUALIFICATIONS:  
 LEAD INSPECTORS/RISK ASSESSOR AND EVALUATION  
 CONTRACTOR INFORMATION

Directions for Completion:

(1) Type or legibly print all information. (2) Complete the page number and number of pages for this form on the bottom right corner of each page. (3) Please include all currently approved staff and staff that need to be removed or added to your list.

Full Legal Name of Applicant (as it appears on the CEHS-9 Application form)				Reason for Submission <input type="checkbox"/> New Application <input type="checkbox"/> Revision				
You must check one of the following:								
<input type="checkbox"/> The above-named applicant does not currently hold a New Jersey Department of Community Affairs Lead Evaluation Firm license. At this time, the applicant has not identified a licensed Lead Evaluation firm that they will use, but will sub-contract any lead inspection and/or risk assessment activities to a company who does hold that license.		<input type="checkbox"/> The above-named applicant does not currently hold a New Jersey Department of Community Affairs Lead Evaluation Firm license. The applicant will sub-contract any lead inspection and/or risk assessment work to the licensed Lead Evaluation firm indicated in Section I. below.		<input type="checkbox"/> The above-named applicant currently holds a New Jersey Department of Community Affairs Lead Evaluation Firm license. Complete Sections I and II below and include a notarized copy of your Lead Evaluation Firm license. Attach resumes, diplomas and a notarized copy of a current lead Inspector/Risk Assessor permit for each employee who holds that certification.				
<b>SECTION I - COMPANY CERTIFICATION INFORMATION</b> (Must include notarized copy of license)								
Company Name			Telephone		NJ DCA Certification No.	Expiration Date	No. Years Certified	
Physical Address			City			State	Zip Code	
Mailing Address <input type="checkbox"/> Same as Physical Address			City			State	Zip Code	
Has this company been issued a violation from the NJ DCA, NJ DEP, USEPA or any other Federal or State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No    (if yes, attach a statement describing circumstances )								
<b>SECTION II - LEAD INSPECTOR/RISK ASSESSOR INFORMATION</b> (Include notarized copy of permits/licenses and certifications)								
Certified Individual (Last Name, First Name, MI)	Status of Staff			Date of Birth	NJDOH Permit No.	NJDOH ID No.	Expiration Date	Number of Years of Relevant Experience **
	New	Existing	Inactive *					



New Jersey Department of Health  
 Consumer, Environmental and Occupational Health Service  
 Environmental and Occupational Health Assessment Program  
 PO Box 369  
 Trenton, NJ 08625-0369

Indoor Environmental Consultant License Application  
 EMPLOYEE QUALIFICATIONS:  
 ASBESTOS INSPECTORS

Directions for Completion:

- (1) Type or legibly print all information. (2) Complete the page number and number of pages for this form on the bottom right corner of each page.  
 (3) Please include all currently approved staff and staff that need to be removed or added to your list.

Full Legal Name of Applicant (as it appears on the CEHS-9 Application form)	Reason for Submission <input type="checkbox"/> New Application <input type="checkbox"/> Revision
You must check one of the following:	
<input type="checkbox"/> The above-named applicant does not currently employ individuals who have currently valid asbestos inspector certifications, but will sub-contract asbestos inspection work to individuals who hold that certification.	<input type="checkbox"/> The above-named applicant does not currently employ individuals who have currently valid asbestos inspector certifications, but will sub-contract asbestos inspection work to individuals who hold that certification. Those individuals are listed below. A notarized copy of each currently valid certification must be included for each individual listed.
<input type="checkbox"/> The above-named applicant currently employs individuals who have currently valid asbestos inspector certifications as indicated below. A notarized copy of each currently valid certification must be included for each individual listed.	

Asbestos Inspector Information							State Certification Program Information			
Name of Individual (Last Name, First Name, MI)	Status of Staff			Date of Birth	Certification/ License		*** No. of Years of Relevant Experience	Certification Issued By		Contact Telephone Number
	New	Existing	Inactive *		Number **	Expiration Date		State ****	State Dept.	

CEHS-11  
JUN 16

\* No longer employed or active  
 \*\* Attach notarized copy

\*\*\* Attach Resume  
 \*\*\*\* As an alternative, name State Certification Program Name and Contact

Page \_\_\_\_ of \_\_\_\_ pages.



**New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
Environmental and Occupational Health Assessment Program  
PO Box 369  
Trenton, NJ 08625-0369**

**Indoor Environmental Consultant License Application  
EMPLOYEE QUALIFICATIONS:  
GENERAL INDOOR ENVIRONMENTAL HEALTH ASSESSOR**

*Directions for Completion:*

- (1) Type or legibly print all information. (2) Complete the page number and number of pages for this form on the bottom right corner of each page.  
(3) Please include all currently approved staff and staff that need to be removed or added to your list.

Full Legal Name of Applicant (as it appears on the CEHS-9 Application form)	Reason for Submission <input type="checkbox"/> New Application <input type="checkbox"/> Revision
---	---

1. Applicants must employ at least one individual with at least one year of experience doing indoor air quality assessments.
2. Applicants must employ at least one individual who has at least one year of experience doing environmental consulting.

You must complete the information below for each individual who meets one or both of the qualifications:

GENERAL INDOOR ENVIRONMENTAL HEALTH ASSESSOR INFORMATION (Must include resume and notarized copy of permits/licenses and all certifications held.)								
Check Type of Experience (Check both if applicable)		Individual (Last Name, First Name, MI)	Status of Staff			Date of Birth	Number of Years of Experience **	Type of Work Done
Indoor Air Quality Assessments	Environmental Consulting		New	Existing	Inactive *			

CEHS-12  
JUN 16

\* No longer employed or active    \*\* Attach resume.

Page \_\_\_\_ of \_\_\_\_

New Jersey Department of Health  
 Consumer, Environmental and Occupational Health Service  
 Environmental and Occupational Health Assessment Program  
 PO Box 369  
 Trenton, NJ 08625-0369

**CONSULTANT/EMPLOYEE CERTIFICATION**

I. Employee Information (matched to Employee Qualification forms)	
Employee Name <i>(Print or Type Legibly)</i>	
<p>I hereby certify that all documentation submitted as proof of my qualifications as an Indoor Environmental Health Consultant Employee, to conduct Indoor Environmental Health Assessments is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under <u>N.J.A.C. 8:50</u>.</p> <p>I understand that all information submitted is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee approval to perform Indoor Environmental Health Assessments in New Jersey.</p>	
Signature	Date
II. Consultant (Employer) Information	
<p>The information being submitted for the approval of the above-named employee to conduct Indoor Environmental Health Assessments of child care and educational facilities is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under <u>N.J.A.C. 8:50</u>.</p> <p>I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee approval to perform Indoor Environmental Health Assessments in New Jersey.</p> <p>I am authorized to sign for and on behalf of the persons listed as owners, partners, shareholders, officers and directors of this company.</p>	
Company Name	Consultant Cert. No. <i>(if applicable)</i>
Authorized Consultant Representative <i>(Print or Type Legibly)</i>	Title
Authorized Consultant Representative Signature	Date

**This form, and all accompanying information, must be sent to the New Jersey Department of Health (NJDOH), Environmental and Occupational Health Assessment Program by the consultant firm.**

New Jersey Department of Health  
 Consumer, Environmental and Occupational Health Service  
 Indoor Environments Program  
 PO Box 369  
 Trenton, NJ 08625-0369

Indoor Environmental Consultant License Application  
 EMPLOYEE QUALIFICATIONS:  
 RADON CERTIFICATION INFORMATION

Directions for Completion:  
 (1) Type or legibly print all information. (2) Complete the page number and number of pages for this form on the bottom right corner of each page. (3) Please include all currently approved staff and staff that need to be removed or added to your list.

Full Legal Name of Applicant (as it appears on the CEHS-9 Application form)		Reason for Submission <input type="checkbox"/> New Application <input type="checkbox"/> Revision
You must check one of the following:		
<input type="checkbox"/> The above-named applicant is not currently certified by the New Jersey Department of Environmental Protection (NJDEP) to do Radon Testing. At this time, the applicant has not contracted with a company to conduct radon activities, but will sub-contract any such work to a company or individual who holds the proper NJDEP radon certification.	<input type="checkbox"/> The above-named applicant is not currently certified by the NJDEP to do Radon Testing. Indicate below the company (Section I.) or individual(s) (Section II.) you will sub-contract radon testing work to. A notarized copy of each currently valid NJDEP certification must be included for each company or individual listed.	<input type="checkbox"/> The above-named applicant currently holds a Radon Testing Business Certification (complete Section I) or employs individuals (complete Section II.) who have a currently valid NJDEP certifications as indicated below. A notarized copy of each currently valid certification must be included for each company or individual listed.

SECTION I – COMPANY RADON CERTIFICATION INFORMATION				
Company Name	Telephone	NJDEP Certification No.	Expiration Date	No. Years Certified
Physical Address		City	State	Zip Code
Mailing Address	<input type="checkbox"/> Same as Physical Address	City	State	Zip Code
Has this company been issued a violation from the NJDCA, NJDEP, USEPA or any other Federal or State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach a statement describing circumstances )				

SECTION II – INDIVIDUAL RADON CERTIFICATION INFORMATION								
Certified Individual (Last Name, First Name, MI)	Status of Staff			Date of Birth	NJDEP Permit No.	NJDEP ID No.	Expiration Date	Number of Years of Relevant Experience **
	New	Existing	Inactive *					

CEHS-14  
SEP 16

\* No longer employed or active. \*\* Attach resume.

Page \_\_\_\_ of \_\_\_\_ pages.



New Jersey Department of Health  
 Consumer, Environmental and Occupational Health Service  
 P.O. Box 369  
 Trenton, NJ 08626-0369

**INDOOR ENVIRONMENTAL CONSULTANT  
 LICENSE RENEWAL APPLICATION**

[Non-Refundable Application Fee: \$2,000.00]

NJDOH USE ONLY	
Tracking No.	Date Received
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
Number: _____	
Logged In By: _____	

**Directions:**  
 Applicant must fully complete Sections I, II and V.  
 For Sections III, IV, and V, the applicant must check either "There have been no changes since prior application" or "Changes have occurred since prior application" boxes. If there have been changes, you must provide any new information.  
 The application and fee must be sent to the above address 30 days prior to the expiration of your license.

I. GENERAL CONSULTANT INFORMATION					
Legal Name of Company (Do not abbreviate.)				License No.	
Physical Address			Mailing Address		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Telephone No.	Fax No.		Telephone No.	Fax No.	
Federal Tax ID Number	Unemployment Registration No. <input type="checkbox"/> Check if Not Applicable		NJ Corporate Registration No. <input type="checkbox"/> Check if Not Applicable		
II. ERRORS AND OMISSIONS INSURANCE					
Must provide proof of a minimum \$1,000,000 per occurrence for liability or errors and omissions insurance. <b>Must include copy of certificate of insurance.</b> Insurance company must be approved by the New Jersey Department of Banking and Insurance to write policies with an "A" rating or better from Best, Inc. Insurance coverage must be in effect the entire period for which a consultant is licensed.					
Policy Number		Name of Insurance Carrier			
Insurance Carrier Telephone No.		Policy Period			
III. PRIMARY CONTACT INFORMATION					
Check one of the following: <input type="checkbox"/> There have been no changes since prior application. (Go to Section IV.) <input type="checkbox"/> Changes have occurred since prior application. (Complete this section.)					
Name			Email Address		
Street Address		City	State	Zip Code	

**INDOOR ENVIRONMENTAL CONSULTANT LICENSE RENEWAL APPLICATION  
(Continued)**

Check One of the Following: <input type="checkbox"/> There have been no changes since prior application. <i>(Go to Section IV.)</i> <input type="checkbox"/> Changes have occurred since prior application. <i>(Complete this section.)</i>					<input type="checkbox"/> Additional Sheet Used
1	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City	State	Zip Code	
2	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City	State	Zip Code	
3	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City	State	Zip Code	
4	Name (Full Legal Name)	Date of Birth	Title		Percent Ownership
	Street Address	City	State	Zip Code	
<b>IV. EMPLOYEE QUALIFICATIONS</b>					
Check one of the following: <input type="checkbox"/> There have been no changes since prior application. <i>(Go to Section V.)</i> <input type="checkbox"/> Changes have occurred since prior application. See directions below. • Complete CEHS-13 for each new employee. • Revise previously submitted CEHS-10, CEHS-11, CEHS-12 and CEHS-14 (as appropriate). • Provide any additional information (i.e., staff no longer employed by consultant) on a separate sheet.					
<b>V. CERTIFICATION STATEMENT</b>					
I certify that all the information provided on this application or supplied on any documents submitted for the purposes of certification is true and accurate to the best of my knowledge. I understand that the falsification of any documentation may result in the rejection of my application and/or the assessment of an administrative penalty of up to \$25,000 per day for the first offense and \$50,000 per day for the second and each subsequent offense. I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purposes, I understand that outside sources may be contacted and I do hereby give my permission for disclosure of any information provided to determine certification validity and/or eligibility. I understand that failure to provide full disclosure of all required information may result in the denial of this application. I understand that the completion of this application does not guarantee certification to conduct Indoor Environmental Health Assessments of child care facilities.					
Name of Representative <i>(Please Print or Type)</i>			Title		
Signature			Date		

# APPENDIX B

**New Jersey Department of Health**  
**Consumer, Environmental and Occupational Health Service**  
**Environmental and Occupational Health Assessment Program**  
 PO Box 369  
 Trenton, NJ 08625-0369  
 Email Address: [jeo.program@doh.nj.gov](mailto:jeo.program@doh.nj.gov)  
 Submission Fee: \$1,500.00

**INDOOR ENVIRONMENTAL HEALTH ASSESSMENT**  
**FORM A: SUBMISSION INFORMATION**

For State Use Only	
Tracking No.	Date Received
<input type="checkbox"/> Check <input type="checkbox"/> MO    No.: _____	
Logged in by:	

**Directions:** Please print clearly or type. The Indoor Environmental Health Assessment (IEHA) forms A-H, **MUST** be completed by a consultant licensed by the Department of Health. A list of licensed consultants can be found at <http://nj.gov/health/eoh/eha/childcare/documents/const.pdf>. Please allow at least 30 days for the processing and review of submission.

**Fee:** The Department of Health (DOH) does not accept business or personal checks. A certification fee of \$1500 will apply if your center is required to obtain a Safe Building Interior Certification. Payment must be in the form of one of the following:  
 - Certified bank check or money order (made payable to the "New Jersey Department of Health")  
 - E-payment (credit card or e-check) (Go to <http://nj.gov/health/eoh/eha/eopayments.shtml>.) To avoid delays, please include a copy of the payment confirmation when you submit paperwork to the DOH.

**Additional Attachments:** In addition to the fee, the following must also be included:  
 - Department of Environmental Protection approval letter  
 - Radon Test Results (<5 years old)  
 - Asbestos and Lead inspection reports (for buildings built prior to 1978)  
 - Any other documentation required as part of the indoor environmental health assessment.  
 Once the above items have been received, the review process will begin.

1. Environmental Consultant Information and Type of Facility			
Consultant Name		DOH Certification No.	
Individual Who Conducted Assessment (use separate sheet for more than one)		DOH Approval No.	
Select the Type of Facility: <input type="checkbox"/> Child Care Center (complete Sections 2 and 4 below) <input type="checkbox"/> Educational Facility (complete Sections 3 and 4 below)			
2. Child Care Center Information			
Child Care Center Name		DCF License Number	County
Street Address		Lot	Block
City		State	Zip Code
Child Care Center Contact Name		Title	
Child Care Center Email Address		Daytime Telephone	Fax Number
Mailing Address	<input type="checkbox"/> Check if same as above	City	State    Zip Code
Operator Name		<input type="checkbox"/> Check if same as Contact Name	
Building Owner Name		<input type="checkbox"/> Check if same as Contact Name	
Child Care Center License Data (Reason for Application): <input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application, specify expiration date: ____/____/____ <input type="checkbox"/> New Construction <input type="checkbox"/> Expansion <input type="checkbox"/> Relocation <input type="checkbox"/> Other, Specify: _____			

**INDOOR ENVIRONMENTAL HEALTH ASSESSMENT  
FORM A: SUBMISSION INFORMATION  
(Continued)**

3. Educational Facility Information				
Building Information				
Type of School <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter		Type of Activity Being Conducted (check all that apply) <input type="checkbox"/> New <input type="checkbox"/> Renovation/Remodeling <input type="checkbox"/> Addition <input type="checkbox"/> Other, Specify: _____		
Building Name				
Street Address		City	Zip Code	County
School District		Contact Information		
District Name		Contact Name		Daytime Telephone
Street Address		Title		
City	State	Zip Code	Email	
4. Certification of Compliance to be Signed by Authorized Consultant Representative				
As an authorized representative of the consultant firm identified in Section 1 of this document, I hereby certify under penalty of law, that this document and all information required to be provided for the Indoor Environmental Health Assessment (IEHA), are true, accurate and complete to the best of my professional knowledge and judgment. I also certify that all individuals who conducted the IEHA are qualified personnel and that all samples and information was collected in accordance with appropriate regulatory requirements. In addition, I am aware that there are significant penalties for submitting false information, including the suspension of my firm's Consultant Certification as well as penalties of up to \$25,000 per day for the first offense and \$50,000 per day for the second and each subsequent offense.				
Authorized Consultant Representative (Please print legibly or type)		Title		
Signature			Date	

**INDOOR ENVIRONMENTAL HEALTH ASSESSMENT  
FORM A: SUBMISSION INFORMATION  
(Continued)**

<b>INDOOR ENVIRONMENTAL HEALTH ASSESSMENT - CHECKLIST OF REQUIRED DOCUMENTATION</b> <i>Check off each item to ensure that it is attached and include this form with submission.</i>		
<b>X</b>	<b>Form</b>	<b>Building and Site Information</b>
<input type="checkbox"/>	<b>A</b>	Submission Information: <ul style="list-style-type: none"> <li>• Consultant</li> <li>• Facility type, name and address</li> <li>• Certification statement by authorized consultant representative</li> </ul>
<input type="checkbox"/>	<b>B</b>	Historical and Current Uses of Building and Site: <ul style="list-style-type: none"> <li>• Describe current conditions and uses of the child care center or educational facility site and building</li> <li>• Provide building history</li> <li>• Identify all chemicals, contaminants and areas of concern from previous uses of the site or building</li> <li>• Identify all current chemicals, contaminants and areas of concern in the child care center or educational facility or in adjacent and proximate businesses</li> <li>• Assessment of adjacent businesses or known contaminated sites which can impact the child care center or educational facility</li> <li>• Industrial Site Recovery Act information</li> </ul>
<input type="checkbox"/>	<b>C</b>	Descriptions and Conditions of Building Components: <ul style="list-style-type: none"> <li>• Describe interior building components</li> <li>• Describe exterior building components</li> <li>• Indicate any other building component of concern</li> </ul>
<input type="checkbox"/>	<b>D</b>	Description of Heating and Cooling System <ul style="list-style-type: none"> <li>• Describe HVAC system</li> <li>• Describe fuel/energy source</li> <li>• Describe where make-up/fresh air comes from (if any)</li> </ul>
<input type="checkbox"/>	<b>E</b>	Water and Sewer Information <ul style="list-style-type: none"> <li>• Describe potable water system</li> <li>• Describe waste system</li> <li>• Indicate any concerns about either</li> </ul>
<input type="checkbox"/>	<b>F</b>	Hazardous Substances and Vapor Intrusion <ul style="list-style-type: none"> <li>• Indicate if asbestos, lead-based paint, mold, or volatile organic compounds are/were present, their condition and location</li> <li>• Indicate if other metals (besides lead) are/were present, their condition and location</li> <li>• Indicate if other hazardous substances (other than previously indicated) are/were present, their condition and location</li> <li>• Evaluate the potential for vapor intrusion, identify the chemical(s), and include site diagram indicating source</li> <li>• Indicate whether or not an underground storage tank is present; if so indicate where it is, what it contains and include a site diagram indicating location.</li> </ul>
<input type="checkbox"/>	<b>G</b>	Summary of Testing and Evaluation Results <ul style="list-style-type: none"> <li>• List all tests performed, include contaminant, sample result, sample number, sample date, sample type, analytical method, and sample location for each sample taken</li> <li>• Attach site drawings that identify sampling and testing locations</li> <li>• Attach copies of field sampling forms and analytical laboratory reports</li> <li>• Attach copies of all sample chain of custody documents</li> <li>• If no samples were taken, check the box at the top of the first page and leave the rest blank.</li> </ul>
<input type="checkbox"/>	<b>H</b>	Assessment Summary, Conclusions, Recommendations and Corrective Measures <ul style="list-style-type: none"> <li>• Only an authorized representative of the consultant firm can complete and sign this form</li> <li>• The summary, conclusions and recommendations resulting from the assessment must be included here. In addition, any type of resulting corrective measures must also be outlined, including sample results from any clearance sampling and name and address of the contractor performing the work.</li> </ul>
<b>ADDITIONAL INFORMATION THAT MUST TO BE INCLUDED (UNLESS OTHERWISE NOTED)</b>		
<input type="checkbox"/>	Non-refundable certification fee: E-payment (credit card or e-check) (Go to <a href="http://nj.gov/health/eohp/epayments.shtml">http://nj.gov/health/eohp/epayments.shtml</a> ), certified bank check or money order made payable to the "New Jersey Department of Health" for the amount of \$1,500.	
<input type="checkbox"/>	Site drawings that identify the proposed/existing child care center or educational facility and areas or businesses of concern	
<input type="checkbox"/>	A copy of a "No Further Action Letter" or equivalent issued by the NJDEP	

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**INDOOR ENVIRONMENTAL HEALTH ASSESSMENT**  
**FORM B: HISTORICAL AND CURRENT USES OF BUILDING AND SITE**

Facility Name	Street Address	City	County
<b>I. General Building Information</b>			
Owner Name		Owner Address	
Year Built	Date(s) of Addition/Major Renovations	No. of Floors	No. of Rooms
Check all that are present in the building: <input type="checkbox"/> Attic <input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace			
Give detailed description of current usage of site and building (use additional sheet if necessary):			
Give detailed description of all prior uses of site and building (use additional sheet if necessary):			
<b>II. High Hazard Purposes – In Child Care or Educational Facility</b>			
Include diagram indicating areas where hazardous materials were stored/used. Indicate (check all that apply) if building was ever used for any of the following:			
<input type="checkbox"/> None, go to next section.			
<input type="checkbox"/> Industrial Storage, describe:			
<input type="checkbox"/> Factory, describe:			
<input type="checkbox"/> Nail Salon, describe:			
<input type="checkbox"/> Dry Cleaning Facility, describe:			
<input type="checkbox"/> Gasoline Station, describe:			
<input type="checkbox"/> Other Contamination, specify: _____ describe:			

**INDOOR ENVIRONMENTAL HEALTH ASSESSMENT  
FORM B: HISTORICAL AND CURRENT USES OF BUILDING AND SITE  
(Continued)**

III. High Hazard Purposes – In Adjacent or Proximate (Nearby) Buildings		
1. Include a site map which labels (by name) all nearby businesses.	3. Include a diagram indicating areas where hazardous materials were stored/used.	
2. On a separate paper indicate the name, address and brief description of each business; include contact name and telephone number.	4. Indicate (check all that apply) if it is an adjacent or proximate building and describe business.	
<input type="checkbox"/> None, go to next section.		
<input type="checkbox"/> Industrial Storage	<input type="checkbox"/> Adjacent	<input type="checkbox"/> Proximate
Describe:		
<input type="checkbox"/> Factory	<input type="checkbox"/> Adjacent	<input type="checkbox"/> Proximate
Describe:		
<input type="checkbox"/> Nail Salon	<input type="checkbox"/> Adjacent	<input type="checkbox"/> Proximate
Describe:		
<input type="checkbox"/> Dry Cleaning Facility	<input type="checkbox"/> Adjacent	<input type="checkbox"/> Proximate
Describe:		
<input type="checkbox"/> Gasoline Station	<input type="checkbox"/> Adjacent	<input type="checkbox"/> Proximate
Describe:		
<input type="checkbox"/> Other Contamination, specify:	<input type="checkbox"/> Adjacent	<input type="checkbox"/> Proximate
Describe:		
IV. Industrial Site Recovery Act		
Is this site under the jurisdiction of the Industrial Site Recovery Act?		
<input type="checkbox"/> No, go to the next section <input type="checkbox"/> Yes, Complete the following:		
Case Number	Case Manager	Case Manager Telephone No.
Provide Explanation:		
V. Radius Search Results		
Provide Radius Search Results (attach separate report)		

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INDOOR ENVIRONMENTAL HEALTH ASSESSMENT  
FORM C: DESCRIPTIONS AND CONDITIONS OF BUILDING COMPONENTS

Facility Name	Street Address	City	County
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Directions: Check the component to be evaluated and then provide an evaluation of what was checked.

I. Interior Components (Describe the Condition of Each)	
<input type="checkbox"/> Walls	
<input type="checkbox"/> Floors	
<input type="checkbox"/> Ceilings	
<input type="checkbox"/> Windows	
<input type="checkbox"/> Doors	
<input type="checkbox"/> Stairs	
<input type="checkbox"/> Other, Specify:	

**INDOOR ENVIRONMENTAL HEALTH ASSESSMENT**  
**FORM C: DESCRIPTIONS AND CONDITIONS OF BUILDING COMPONENTS**  
(Continued)

<b>II. Exterior Components (Check all that apply and describe condition)</b>		
Siding Type (check all that apply and include any siding underneath visible siding):		
<input type="checkbox"/> Wood Clapboard	<input type="checkbox"/> Brick	<input type="checkbox"/> Asbestos Shingle
<input type="checkbox"/> Wood Shingles	<input type="checkbox"/> Stone	<input type="checkbox"/> Other Shingles
<input type="checkbox"/> Aluminum/Vinyl Covered	<input type="checkbox"/> Masonry	<input type="checkbox"/> Other, Specify: _____
Describe condition of siding materials indicated above:		
<b>III. Additional Building Components</b>		
Indicate any additional building components (inside or outside) which might be of concern:		

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**INDOOR ENVIRONMENTAL HEALTH ASSESSMENT  
 FORM D: DESCRIPTION OF HEATING AND COOLING SYSTEMS**

Facility Name	Street Address	City	County
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Directions: Provide the following information. Use an additional sheet if necessary.

<b>I. HVAC System (check both, if applicable)</b>
<input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning Describe System (include condition of components):  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>II. Fuel/Energy Sources (check all that apply)</b>
<input type="checkbox"/> Fuel Oil    No.: _____    Size: _____    Location: _____ <input type="checkbox"/> Propane    No.: _____    Size: _____    Location: _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other, specify and describe below:  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>III. Make-Up / Outside Air</b>
Source of make-up/outside air:  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Description of area around intake (include photos if necessary):  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

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**INDOOR ENVIRONMENTAL HEALTH ASSESSMENT  
 FORM E: WATER AND SEWER INFORMATION**

Facility Name	Street Address	City	County
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Directions: Provide the following information. Use an additional sheet if necessary.

**I. Potable Water Supply**

Is the potable water certified to meet NJ DEP safe drinking water standards?     Yes     No

Check type of water supply:  
 On-site Well - Depth of well: \_\_\_\_\_    Depth pump set at: \_\_\_\_\_  
 Public Community Water System

**II. Waste System (Check one)**

Septic System:    Size: \_\_\_\_\_    Location: \_\_\_\_\_  
 Describe Condition: \_\_\_\_\_

Cesspool:    Size: \_\_\_\_\_    Location: \_\_\_\_\_  
 Describe Condition: \_\_\_\_\_

Public Community Sewer System

**III. Comments or Concerns**

Indicate any comments or concerns regarding any of the above:

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**INDOOR ENVIRONMENTAL HEALTH ASSESSMENT  
 FORM F: HAZARDOUS SUBSTANCES AND VAPOR INTRUSION**

Facility Name	Street Address	City	County
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*Directions: Provide the following information. Check whether the substance was or is currently present and where it is (or was) located. Include the condition of the substance in the Brief Description column, when appropriate.*

I. Hazardous Substances that are Currently or were Formerly Present				
Substance	Currently Present (✓)	Formerly Present (✓)	Location	Brief Description
Asbestos (Surfacing, Thermal Insulation, Exterior Roofing/Siding, etc.)				
Organic Compounds				
Formaldehyde				
Inorganic Compounds				
Pesticides				
Radon				
Lead Based Paint				
Mold				
Volatile Organic Compounds				
II. Additional Metals (other than lead) that are Currently or were Formerly Present. (Use an additional sheet, if necessary.)				
Additional Metals (list below)	Currently Present (✓)	Formerly Present (✓)	Location	Brief Description







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**INDOOR ENVIRONMENTAL HEALTH ASSESSMENT**  
**FORM H: ASSESSMENT SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND CORRECTIVE ACTIONS**

Facility Name	Street Address	City	County
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*Directions: Provide the following information. Use an addition sheet, if necessary.*

I. Assessment Summary
Summarize the Assessment Conducted of this Facility/Site

  

II. Conclusions
Indicate your Conclusions regarding the Assessment Conducted of this Facility/Site

**INDOOR ENVIRONMENTAL HEALTH ASSESSMENT  
FORM H: ASSESSMENT SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND CORRECTIVE ACTIONS  
(Continued)**

III. Recommendations				
Indicate any Recommendations for this Facility/Site				
IV. Corrective Actions (Use additional sheets, if necessary)				
Type of Corrective Action	Date Completed	Clearance Methodology (Include copies of sample results)	Location of Corrective Action	Corrective Action Performed by (list name and address of contractor)
Name of Person Completing this Form (print legibly or type)		Title		
Signature			Date	

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 Telephone: 609-826-4950 Fax: 609-826-4981  
 Email address: [jep.program@doh.nj.gov](mailto:jep.program@doh.nj.gov)

NJDOH USE ONLY	
Tracking No.	Date Rec'd
<input type="checkbox"/> Check <input type="checkbox"/> MO    No.: _____	
Logged In by:	

**CHILD CARE CENTER – DOH SUBSEQUENT NOTIFICATION**

**Directions:** Please print clearly or type. Before you complete this form, you must contact the New Jersey Department of Health (DOH). At that time, the DOH will provide guidance on how to complete and submit this form and advise you on the appropriate fee. \* You **MUST** include the following:

- certified check or money order made payable to "NJ Department of Health" or e-payment: <http://nj.gov/health/eoh/epayments.shtml>. (NOTE: No personal or business checks or cash will be accepted.)
- radon test results (<5 years old)
- lead inspection report (for buildings built prior to 1979)

Once we receive all of the above items, the review process will begin.  
 \*The fee will be determined when you contact the Department of Health. Please allow 6-8 weeks for the check to clear.

1. CHILD CARE CENTER INFORMATION			
Child Care Center Legal Name		License Expiration Date	DCF License Number
Street Address		City	County
Contact Name		Title	Daytime Telephone
Mailing Address <input type="checkbox"/> Check if same as above		City	State    Zip Code
Operator Name <input type="checkbox"/> Check if same as Contact Name		Daytime Telephone	
Email Address		Payment Amount Enclosed \$	Check/Money Order Number(s)
Building Owner Name <input type="checkbox"/> Check if same as Contact Name		Daytime Telephone	
2. INDOOR ENVIRONMENT CONDITIONS			
Prior Uses <input type="checkbox"/> Group B (Dry Cleaner or Nail/Hair Salon) <input type="checkbox"/> Group F (Factory/Industrial) <input type="checkbox"/> Group H (High Hazard) <input type="checkbox"/> Group M (Gas Station) <input type="checkbox"/> Group S (Storage) <input type="checkbox"/> Other (includes funeral homes or other prior use that may have suspected contamination) Describe:		Co-Located <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dry Cleaner <input type="checkbox"/> Nail/Hair Salon Year of Building Construction	
You must include the following: <input type="checkbox"/> Radon report less than 5 years old If your building was built before 1978 you MUST include the following: <input type="checkbox"/> Lead XRF Inspection Report		Does your center have any current or previous indoor environmental conditions that required a NJDOH clearance letter? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you required to conduct remediation, additional sampling and/or continued monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Explain:	
Since your last renewal has a dry cleaner or nail/hair salon moved in your building or structure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has indoor air monitoring been conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach indoor air monitoring data.)		Describe:	
3. SIGNATURE			
Operator/Contact Name (Please print legibly or type.)		Title	
Signature		Date	

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 Telephone: 609-826-4950 Fax: 609-826-4981  
 Email address: [jep.program@doh.nj.gov](mailto:jep.program@doh.nj.gov)

NJDOH USE ONLY	
Tracking No.	Date Rec'd
<input type="checkbox"/> Check	<input type="checkbox"/> MO No.: _____
Logged In by:	

**CHILD CARE CENTER – APPLICATION FOR EXPANSION**

Directions: Please print clearly or type. Before you complete this form, you must contact the New Jersey Department of Health (DOH). At that time, the DOH will provide guidance on how to complete and submit this form and advise you on the appropriate fee.\* Payment must be in the form of a certified check or money order made payable to "NJ Department of Health," or e-payment at: <http://nj.gov/health/eohp/soap/soapments.shtml>. (NOTE: No personal or business checks or cash will be accepted.) Once we receive all of the above items, the review process will begin.  
 \*The fee will be determined when you contact the Department of Health. Please allow 6-8 weeks for the check to clear.

1. CHILD CARE CENTER INFORMATION			
Child Care Center Legal Name		License Expiration Date	DCF License Number
Street Address		Lot	Block
City		County	
Contact Name	Title	Daytime Telephone	
Mailing Address <input type="checkbox"/> Check if same as above	City	State	Zip Code
Operator Name <input type="checkbox"/> Check if same as Contact Name			Daytime Telephone
Email Address	Payment Amount Enclosed \$	Check/Money Order Number(s)	
Building Owner Name <input type="checkbox"/> Check if same as Contact Name			Daytime Telephone
2. EXPANSION AREA INDOOR ENVIRONMENT CONDITIONS			
Prior Uses <input type="checkbox"/> Group B (Dry Cleaner or Nail/Hair Salon) <input type="checkbox"/> Group F (Factory/Industrial) <input type="checkbox"/> Group H (High Hazard) <input type="checkbox"/> Group M (Gas Station) <input type="checkbox"/> Group S (Storage) <input type="checkbox"/> Other (includes funeral homes or other prior use that may have suspected contamination) Describe:		Co-Located <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dry Cleaner <input type="checkbox"/> Nail/Hair Salon	
You must include the following: <input type="checkbox"/> Radon report less than 5 years old If your building was built before 1978 you MUST include the following: <input type="checkbox"/> Lead XRF Inspection Report		Year of Construction Must include a floor plan with dimensions. Has indoor air testing been conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, you must include sample results. Has indoor air monitoring been conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach indoor air monitoring data.)	
3. SIGNATURE			
Operator/Contact Name (Please print legibly or type.)		Title	
Signature		Date	

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