Washoe County

MATT SMITH, Chairman KITTY JUNG, Vice Chairman GEORGE FURMAN, MD SHARON ZADRA



GEORGE HESS, MD
DENIS HUMPHREYS, OD
JULIA RATTI
JOSEPH P. ISER, MD, DrPH, MSc
District Health Officer

WASHOE COUNTY HEALTH DISTRICT

1001 East Ninth Street / P.O. Box 11130
Reno, Nevada 89520
Telephone 775.328-2400 • Fax 775.328.2279
www.washoecounty.us/health

MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting:

Thursday, February 28, 2013, 1:00 p.m.

Place of Meeting:

Washoe County Health District 1001 East Ninth Street, Building B South Auditorium Reno, Nevada 89520

District Board of Health Meeting Agenda

All items numbered or lettered below are hereby designated **for possible action** as if the words "for possible action" were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

Time	Agenda Item No.	Agenda Item	Presenter
1:00 PM	*1.	Call to Order, Pledge of Allegiance Led by Invitation	Mr. Smith
	*2.	Roll Call	Ms. O'Neill
Public Comment	*3.	Public Comment (limited to three (3) minutes per person)	Mr. Smith
	4.	Approval/Deletions to Agenda for the February 28, 2013 Meeting	Mr. Smith
	5.	Approval/Additions/Deletions to the Minutes of the January 24, 2013 Regular Meeting.	Mr. Smith

Time	Agenda Item No.	Agenda Item	Presenter
	*6.	Recognitions A. Introduction of new employee(s) – Genine Wright, AQM - Air Quality Specialist I	Mr. Smith and Mr. Dick
		B. Promotions – None.	
		C. Years of Service – Diane A. Freedman – CCHS – 20 years	
		D. Recognitions – (1) Certificate of appreciation to the Washoe County Health District from the United States War Dog Association for the support and generosity of your staff.	
		(2) Medical Interpreter Certification – Maria MaganaE. Retirements – Katie Hill, CCHS – 22.5 years	
	7.	Proclamations – None.	
	8.	Consent Agenda: Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.	
		A. Air Quality Management Cases:	
		 Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: 	
		 Jackson Food Store #134 – Case 1110, NOV 5234; 735 South Meadows Parkway, Reno NV 89511 	Ms. Albee
		2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None.	
*		3. Recommendation for Variance: None.	

Time	Agenda Item No.	Agenda Item	Presenter
		B. Sewage, Wastewater & Sanitation Cases:	
- 1		Recommendation to Approve Variance Case(s)	
		Presented to the Sewage, Wastewater & Sanitation	
		Hearing Board. None.	
		C. Budget Amendments / Interlocal Agreements:	
	-	1. Approval of Notice of Subgrant Award	Ms. Cooke
	. •	(continuation award) from the Nevada	
		Department of Health and Human Services,	
		Health Division, Sexually Transmitted Disease	
		(STD) Prevention and Control Program, for the	,
		period January 1, 2013 through December 31,	14
		2013 in the amount of \$119,023 in support of	
		the STD Program, IO 10014; and authorize the	
		Chairman of the Board to sign;	
		Chairman of the Board to sign,	
		2. Approval of Grant Agreement #A-00905413-0	Ms. Cooke
		(continuation agreement) from the U.S.	
1		Environmental Protection Agency (EPA) for	
		partial funding in the amount of \$524,508 for	
		the period 10/1/12 through 9/30/13 for the Air	
* * * * * * * * * * * * * * * * * * * *		Quality Management, EPA Air Pollution	
		Control Program, IO 10019.	
		3. Approval of Notice of Subgrant Award	Ms. Cooke
		(continuation award) from the Nevada	
		Department of Health and Human Services,	
		Health Division for the period January 1, 2013	
		through December 31, 2013 in the amount of	
	- ,	\$99,223, for the Immunization Program Grant	
		(IOs 10028 & 10029), and authorize the	
		Chairman of the Board to sign.	
		4. Ratification of Interlocal Agreement between the	Ms. Buxton
		Washoe County Health District (WCHD) and	IVIS, DUATOII
	, , , , , , , , , , , , , , , , , , ,	the Board of Regents of the Nevada System of	
		Higher Education on Behalf of the University of	
		Nevada Cooperative Extension to utilize WCHD	
		facilities for the "All 4 Kids©: Resiliency in the	
1		Obesogenic Environment: research project for	2
		the period upon approval by all parties through	
	2	June 30, 2013, unless extended by the mutual	
		agreement of the Parties; in no event shall this	

Time	Agenda Item No.	Agenda Item	Presenter
e e e e e e e e e e e e e e e e e e e	1100	agreement extend beyond June 30, 2018; and if approved, authorize the Chairman to execute.	
		5. Recommend approval of donation of one 50 gallon tank with boom to the Churchill County Mosquito Vector and Weed Control District with a current market value estimated at \$200.	Ms. Buxton
		D. Reappointment of Ronald Anderson, P.E., to the Sewage, Wastewater and Sanitation (SWS) Hearing Board.	Mr. Tyre
	9.	Air Pollution Control Hearing Board Cases appealed to the District Board of Health.	Ms. Albee
	10.	Regional Emergency Medical Services Authority:	
		A. Review and Acceptance of the Operations and Financial Reports for January, 2013; and	Mr. Gubbels
		B. Update of REMSA's Community Activities Since January, 2013	Mr. Gubbels
		C. Presentation regarding REMSA's Healthcare Innovation Grant	Ms. Staffan
	*11.	Inter-Hospital Coordinating Council ("IHCC") Presentation regarding Accomplishments	Dr. Todd and Ms. Conti
	12.	PUBLIC HEARING: Proposed approval and adoption of revisions to the Health Department Fee Schedule, specific to: (a) Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management; (b) Community and Clinical Health Services Division, and; (c) Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Services are Weshoe County District Board of Health Regulations Governing Sewage, Wastewater,	Ms. Stickney and Ms. Cooke
		and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health	

Time	Agenda Item No.	Agenda Item	Presenter
	No.	Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well	
		Construction.	
	13.	Presentation and Adoption of the Washoe County Health District Refund Policy	Ms. Cooke
	14.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for January, 2013	Ms. Stickney
Y Y	15.	Discussion and Possible Direction to Staff Regarding FY14 Health Fund Budget	Ms. Stickney
, , , , , , , , , , , , , , , , , , ,	16.	PUBLIC HEARING: Proposed Approval and Adoption of the Revisions to "The Washoe County Portion of the Nevada State Implementation Plan for the 2008 Ozone NAAQS: Demonstration of Adequacy."	Mr. Inouye
	17.	Presentation of Air Quality Management Division Accomplishments and Strategic Plan.	Mr. Dick
	18.	Review and Acceptance of the 2013 Legislative Activity Report	Mr. Dick
	*19.	A. Director, Epidemiology and Public Health Preparedness - Communicable Disease; Public Health Preparedness; Emergency Medical Services; and Vital Statistics	Dr. Todd
		B. Director, Community and Clinical Health Services – Clinical Programs and Non- Communicable Disease Updates	Mr. Kutz

Time	Agenda Item No.	Agenda Item	Presenter
		C. Director, Environmental Health Services Food Program; Land Development; Solid Waste/Special Events; and Vector-Borne Disease Program	Mr. Sack
		D. Director, Air Quality Management – Air Quality; Planning and Monitoring Activity; Permitting Activity; Compliance & Inspection Activity; and Permitting & Enforcement Activity	Mr. Dick
		E. Administrative Health Services Officer – Technology Update	Ms. Stickney
		F. District Health Officer – 2013 Legislative Session; Budget; Human Resources; Communication; Accreditation; Washoe County and Community Activities; Health District Media Contacts and Outreach; Statewide (and Beyond) Organizational Efforts; RWJF Shared Services Learning Community Grant Update; and District Board of Health Information and Resources	Mr. Dick
Board Comment	*20.	Limited to Announcements or Issues for Future Agendas	Mr. Smith
	21.	Emergency Items	Mr. Dick
Public Comment	*22.	Public Comment (limited to three (3) minutes per person). No action may be taken.	Mr. Smith
	23.	Adjournment	Mr. Smith

Business Impact Statement: A Business Impact Statement is available at the Washoe County Health District for those items denoted with a "\$."

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent.

The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Time Limits: Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

Response to Public Comments: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcement or Issues for future Agendas."

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health



Washoe County District Board of Health Meeting Minutes January 24, 2013

Mr. Matt Smith, Chairman, Councilwoman Ratti, Dr. George Hess, and Dr. George Furman PRESENT:

ABSENT: Commissioner Jung; Councilwoman Zadra; Dr. Denis Humphreys

STAFF

Joseph P. Iser, District Health Officer Eileen Stickney, Administrative Health Services Officer, Administrative Health Services

Robert Sack, Division Director, Environmental Health Services

Charlene Albee, Branch Enforcement Chief, AQM Lori Cooke, Fiscal Compliance Officer, AHS Phil Ulibarri, Public Information Officer, AHS Stacey Akurosawa, EMS Coordinator, EPHP Leslie Admirand, Deputy District Attorney Peggy F. O'Neill, Recording Secretary

Kevin Dick, Division Director, Air Quality Management Steve Kutz, Division Director, Community and Clinical Health Services

Randall Todd, DrPH, Division Director, Epidemiology and Public Health Preparedness

Daniel Inouye, Air Quality Supervisor, AQM

Patsy Buxton, Fiscal Compliance Officer, AHS
Steve Fisher, Department Computer Application Specialist, AOM
Peg Caldwell, Registered Nurse I, EPHP
Laurie Griffey, Administrative Assistant I, AHS

TIME/	SUBJECT / AGENDA	NOISSIDSID	ACTION SET
1:05 pm 1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chairman Smith called the meeting to order, followed by the Pledge of Allegiance led by Dr. Iser. Roll call was taken and a quorum noted.	
	Public Comment	No public comment was presented.	
	Approval/Deletions – Agenda –January 24, 2013	Chairman Smith called for any deletions to the Agenda of the January 24, 2013 DBOH Meeting.	Dr. Hess moved, seconded by Councilwoman Ratti, that
		Dr. Iser directed the Board Members to the new layout of the Agenda which models the form of the Board of County Commissioners.	the January 24, 2013 Agenda be approved as submitted.
			MOTION CARRIED

TIME /	SUBJECT/AGENDA	NOISCINSTION	ACTION
വ	Approval/Additions/Deletions to the Minutes of the December 6, 2012 Strategic	Chairman Smith called for any additions or corrections to the minutes of the December 6, 2012 Strategic Planning Retreat and the December 20, 2012 Regular Meeting.	Councilwoman Ratti moved, seconded by Dr. Hess, that the minutes of the
	Planning Retreat and December 20, 2012 Regular Meeting	Dr. Furman stated that he should abstain since he was not in attendance at the December 20 meeting; however, Ms. Admirand informed him that his abstention was not required and his vote was needed for the motion to pass.	December 6, 2012 Strategic Planning Retreat and the December 20, 2012 Regular Meeting be approved as presented.
			MOTION CARRIED
9	Recognitions	Dr. Iser and Chairman Smith presented the CARES/SART Partner Recognition to the WCHD Sexual Health Program Partnership.	
7	Election of District Board of Health Chair – 2013 / 2014 Term	Chairman Smith called for nominations for Chairman for the 2013/2014 term.	Dr. Hess moved, seconded by Councilwoman Ratti, that Mr. Smith be re-elected Chairman for the 2013/2014 ferm
÷			MOTION CARRIED
ω	Election of District Board of Health Vice Chair – 2013 / 2014 Term	Chairman Smith called for nominations for Vice Chair for the 2013/2014 term.	Chairman Smith moved, seconded by Councilwoman Ratti, that Commissioner Jung be re-elected Vice Chair for the 2013/2014
			MOTION CARRIED
ത്	Consent Agenda	Dr. Humphreys and Chairman Smith requested that Agenda Item Nos. 8.D and 8.E., respectively, be pulled from the Consent Agenda for discussion.	
		Air Quality Management Cases:1. Unappealed Citations to the Air Pollution Control Hearing Board:	

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III DISCUSSION III	Mustang Market - Case No. 1105, Unappealed Citation No. 5317 – Staff reported Citation No. 5317, was issued to	Mustang Market on November 16, 2012, for failure to conduct the required annual performance testing 1 accordance with	Condition No. 4 of Permit to Operate 00. G02-0011, which is a major violation of Section 030 2475 of the Works County.	DBOH Regulations Governing Air Quality Management. Staff	recommends the citation be upheld and a fine in the amount of \$1,250.00 be levied as a negotiated fine.	4 Wheel Parts - Case No. 1106, Unappealed Citation	No. 5316 – Staff reported Citation No. 5316, was issued to 4 Wheel Parts on November 13, 2012, for failure to have an	asbestos aurey performed by a qualified person and submitted	to Air Quality for the issuance of an Acknowledgement of Asbestos Assessment prior to demolition/renovation of a	commercial facility, which is a major violation of	Section 030.105(b)(10) of the Washoe County DBOH Regulations Governing Air Quality Management Staff	recommends the citation be upheld and a fine in the amount of	\$2,500.00 be levied as a negotiated fine.	Quickie Mart - Case No. 1107, Unappealed Citation No. 5315	 Staff reported Citation No. 5315, was issued to Quickie Mart on November 14, 2012, for failure to conduct the required. 	annual performance testing in accordance with Condition No. 4	of Permit to Operate No. G02-0006, which is a major violation of	Section 030,2175 of the Washoe County DBOH Regulations	citation be upheld and a fine in the amount of \$1,250,00 be	levied as a negotiated fine.	Preservation Restoration Service – Case No. 1108.	Unappealed Citation No. 5318 - Staff reported Citation	No. 5316, Was Issued to Preservation Restoration Service on November 20, 2012, for failure to conduct proper asbectos	survey, provide notification to Air Quality, and using improper	work practices during removal of asbestos containing materials involved in the demolition removation of a commercial facility.	which is a major violation of Sections 030.105(B)(10) and	020.107(A), (B), and (C) of the Washoe County DBOH Regulations Governing Air Quality Management. Staff
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ACTION	Dr. Hess moved, seconded by Councilwoman Ratti, that the Consent Agenda be approved as presented in a single motion.	MOTION CARRIED					
NOISSODSIG	D. Staff recommends acceptance of the Washoe County Health District Employee Manual. E. Staff recommends appointment of Jim Kenney to the Air Pollution Control Hearing Board.		There were no cases heard this month.	Mr. Scott Mayne stated that he assists the Health District, Washoe County, Water Resources, District Attorney's office, Social Services, the TMFPD, and others in developing their federally approvable indirect cost rates. Mr. Mayne stated that he began doing this type work in 1979 when he worked for Clark County.	Mr. Mayne stated that not everyone in government uses this practice, and of those who do, not everyone uses it well. However, in his opinion, Washoe County practices the concept well and has done it well for many years.	Mr. Mayne stated that much of the indirect cost rate for the State of Nevada is direct charged out. Washoe County chooses to leave most of the central service cost in a general service agency type. Indirect costs are those costs that support the actual operating agencies of the County. For example, IT, Human Resources, and the District Attorney's office help and support all of the other departments of the County. Mr. Mayne and staff go through a three month process of identifying a lot of the costs based on federal definition for what is allocable to the operating departments of the County, including the Health District.	Mr. Mayne stated that the State of Nevada allocates approximately \$15 Million out in their state-wide cost allocation plan. Washoe County is unique in that it allocates approximately \$43 Million out in its cost allocation plan. That is because there was a personnel assessment for HR at the state level that gets charged to each operating division. There is a charge for the Attorney General's office that gets direct charged to each operating division, and so on. Washoe County has those as a Central Service Cost that they include as an indirect cost instead of a direct cost. So we are dealing with
TIME / SUBJECT / AGENDA			10. Air Pollution Control Hearing Board Cases Appealed to the District Board of Health.	11. Presentation on the Washoe County Health District's Indirect Cost Allocation Plan Methodology			

ACTION					0
DISCUSSION	outside entities and people see what our indirect cost rate is; the cost of administrative cost to general operating costs. Washoe County's is very high because we do this Central Service Cost rather than direct charge, and that goes down to the Health District. The Health District's indirect cost rate was built out of this Central Service allocation at the County level, but it also includes the administrative structure of the Health District, and we are taking it down to the Division level to give each division an individual indirect cost rate. Those rates are based upon federal definitions of what is an administrative indirect cost versus a direct cost.	Dr. Hess asked that Mr. Mayne define "direct cost" and "indirect cost." Mr. Mayne stated that indirect costs are those activities that benefit multiple operating units or supervises and assists all operating units of the department. We can go down to lower levels than that, but Mr. Mayne is trying to be general in nature. The County Cost Allocation Plan is approximately 150 pages of calculations. The Health District's Indirect Cost Policy is only about 6 or 7 pages, but it is based upon the County's COWCAP. Mr. Mayne offered to meet with any Board Member who would like a more in depth discussion of the methodology.	Dr. Hess stated that he is concerned about how high the Health District's Indirect Cost Rates are, because in his experience in working with grants, there is no way that the federal government, or virtually any grantor, would reimburse at those rates.	Mr. Mayne stated that the Health District staff is very educated and does a very good job of separating allowable and unallowable costs as defined by OMB Circular A-87, which is the basis for these calculations. There is also an associated implementation guide. Based on these federal guidelines, Health District staff identifies who is administrative and who is not administrative. Following the federal methodology takes care of these issues in generating the rate. Staff and Mr. Mayne follow those rules in developing the Health District's Indirect Cost Rate. The structure of the Health District determines and affects that rate. The higher than normal rates are a function of the County's accounting system and methodology, which creates an overall higher indirect cost rate. Clark County and the State of Nevada direct charge a great deal of their costs, which creates a lower overall indirect cost rate. The indirect costs are high because you do not pay directly for things like utilities, which is a policy decision by the County. Mr. Mayne reported that Staff has looked at some of these items, such as liability insurance and leases, are now being direct charged, but the two big drivers for the Health District are Facility Management (this location and utilities). IT and the OPER	
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contribution. Mr. Mayne stated that in the last few years, the IRS has required that retiree health benefits be fully funded. Mr. Mayne further stated that in preparation for this presentation, he went back and looked at the COWCAP allocation for the last few years, and in 2003 the County-wide Cost Allocation for the Health District was \$2.5 Million, so the costs of operating have really come down across the board for the County. The OPEB contribution is really driving the COWCAP. Historically, that transfer had run approximately \$4 to \$5 Million per year. In 2011, it was \$14 Million, and 2012 it was \$20 Million. There was a GASB federal accounting requirement a couple years ago that requires government entities to fully fund these obligations. The County is catching up with that requirement. When we look at the \$20 Million for FY 12, that is approximately 40% of the whole indirect cost rate.	Chairman Smith asked why the COWCAP is not based on the General Fund Transfer amount, and Mr. Mayne replied that the methodology is to allocate those costs that benefit multiple operating departments and in allocating those costs to the benefitting agency, you are able to on some grants have an indirect cost rate to access more federal funds.	Councilwoman Ratti stated that she wanted to be clear that Chairman Smith was talking about the COWCAP, which is separate and distinct from the indirect cost rate. Mr. Mayne clarified that the results of the COWCAP are used as the basis, and he then adds the administrative costs for the Health District on top of the COWCAP to generate the Health District's indirect cost rate. The theory is to identify the actual cost of running government.	Chairman Smith asked what amount the Cities annually contribute to the Health Fund, and Councilwoman Ratti replied that at present there is no annual transfer by the Cities to directly fund the Health District; however, when the Health District was originally created, there was a shifting of the tax rate, and when we looked it up last time, the General Fund Transfer from the County is now significantly more than what would be the equivalent of the shift that tax swap. So the County is in a whole lot more than the Cities, and the Cities acknowledge that.	Ms. Pam Fine, County Finance, reported that the last time she calculated it (she did not bring the figures with her today) the County portion of what the obligation was of that original tax swap was about \$3.5 Million per year, and obviously the County is funding the Health District more than double that. Sparks was around \$1.5 Million and Reno's was around \$4 Million. Councilwoman Ratti stated this is a recurring question to her, and she would like Ms. Fine to provide that analysis for her.
	contribution. Mr. Mayne stated that in the last few years, the IRS has required that retiree health benefits be fully funded. Mr. Mayne further stated that in preparation for this presentation, he went back and looked at the COWCAP allocation for the last few years, and in 2003 the County-wide Cost Allocation for the Health District was \$2.5 Million, so the costs of operating have really come down across the board for the County. The OPEB contribution is really driving the COWCAP. Historically, that transfer had run approximately \$4 to \$5 Million per year. In 2011, it was \$14 Million, and 2012 it was \$20 Million. There was a GASB federal accounting requirement a couple years ago that requires government entities to fully fund these obligations. The County is catching up with that requirement. When we look at the \$20 Million for FY 12, that is approximately 40% of the whole indirect cost rate.	contribution. 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Administrative Health Services has a 0% indirect cost rate. WIC is a specific program in that division, and they have zero cost allocated to them. He believes the disparity is what is concerning to Dr. Hess. Dr. Iser stated that his preference would be to have one indirect cost rate spread across all divisions. Mr. Mayne stated that the Health District has the ability to have one administrative indirect cost rate and still meet federal standards. Mr. Mayne stated that the drawback to utilizing one indirect cost rate is that you may have a division that provides direct service to the public that you may generate rate setting from, and therefore the rate would be smaller. Those that have a small rate may see higher costs associated with having a bloated rate applied to them. Mr. Mayne restated that a single Health District rate would be an appropriate policy if that is the policy decision made.

Councilwoman Ratti stated that clearly the OPEB contribution is a significant impact, so that makes perfect sense; however, her concern is that the administrative rate will actually become inflated because of the reduction in staff and the real possibility that Division Directors are doing work that specialist below them performed in the past, but the definition doesn't allow you to split that director into direct and indirect. Mr. Mayne stated that a time study would need to be completed to facilitate accurate recording of the percentage of time attributable to direct services versus administrative functions. Councilwoman Ratti stated that this is the first time she has heard that the Health District may have more flexibility to do a more in-depth study to determine staffing patterns and improve the indirect rate. Mr. Mayne stated that this calculation is a tool. If he had a high indirect cost rate, he would be questioning why is my admin rate so high? That is a fair question. Is it that I've got too many chiefs and not enough Indians, or is it the structure and the type of service being provided?

Councilwoman Ratti stated that there has been such a dramatic reduction in staffing over a short period of time. We refer to it as the "Swiss cheese in the org chart." The organization took what it could get to balance the budget, and we are only just now reaching the point where the economy is leveling out to where we can look at a restructure for the department because of this reality.

Mr. Mayne stated that he believes the District would see a tremendous reduction in its indirect rate if the GABS ruling requiring the OPEB funding were not the reality. Forty (40%) percent of the cost is associated with OPEB, and the cost (COWCAP) in 2013 is actually the allocation that the Health District had in 2003.

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DISC	woman Ratti questioned Mr. Mayne about how and when the County of delve into direct and indirect cost rates and stated that the DBOH er looked into the indirect cost rate, and Mr. Mayne replied that it was when Child Welfare integration occurred, and he came to Washoe It was recognized at that point that the County did not have a cost on plan. It was identified by County management at that time that the needed to develop an indirect cost rate so that they could pull in those funds for Social Services, etc. It was recognized as a good ment tool for calculating the cost of doing business and providing services, even thought the County did not fully implement these out to the operating divisions until the discussions last year. Mr. stated that he can certainly appreciate the impact of such a "charge" to lift Fund being implemented rapidly, even though the calculations en made since 2002.	hat she ishe lear she lear she lear she lear she conce the and had a table to take the linest cost in the she accurate out the she whe ated it was a she whe ated it was she is a she whe she she is a sh	stated that the RWJF CJS Grant has just been implemented, and Iser and Ms. O'Neill will allocate portions of their time to the grant. se, we are administration, but for that program, we will be direct on the grant. That allocation should reduce our internal cost in, and it will save General Fund. Dr. Iser stated that when he was County, he allocated his time to at least 12 different programs. He of do that until now.	or his pritive, it is stated the strated to the strated the strated the strates of that the strates of the stra
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	Councilwoman Ratti questioned Mr. Mayne about how and when the County began to delve into direct and indirect cost rates and stated that the DBOH has never looked into the indirect cost rate, and Mr. Mayne replied that it was in 2002 when Child Welfare integration occurred, and he came to Washoe County. It was recognized at that point that the County did not have a cost allocation plan. It was identified by County management at that time that the County needed to develop an indirect cost rate so that they could pull in those federal funds for Social Services, etc. It was recognized as a good management tool for calculating the cost of doing business and providing certain services, even thought the County did not fully implement these charges out to the operating divisions until the discussions last year. Mr. Mayne stated that he can certainly appreciate the impact of such a "charge" to the Health Fund being implemented rapidly, even though the calculations	Councilwoman Ratti stated that she really appreciated Mr. Mayne's presentation today because she learned a little something new today. Councilwoman Ratti has been concerned about jumping into the COWCAP on an expense management side and how to spread that out to be able to absorb the costs, but had not deliberated on how we bring down our indirect cost rate by being more proficient at tracking expenses. We have the opportunity to reduce the indirect cost rate being charged by this department by restructuring some of how we account for staffing? Mr. Mayne agreed that is one way to accomplish that goal. Mr. Mayne stated you could consolidate a couple operating units and spread out the administrative costs over those two operating units in one, it may reduce the percentage of the indirect cost rate. Councilwoman Ratti questioned whether it would reduce the COWCAP allocation, and Mr. Mayne stated it would not.	Dr. Iser stated that the RWJF CJS Grant has just been implemented, and both Dr. Iser and Ms. O'Neill will allocate portions of their time to the grant. Otherwise, we are administration, but for that program, we will be direct services on the grant. That allocation should reduce our internal cost allocation, and it will save General Fund. Dr. Iser stated that when he was in Nevada County, he allocated his time to at least 12 different programs. Here he did not do that until now.	Dr. Iser thanked Mr. Mayne for his presentation today. Dr. Iser stated that from a management perspective, it is his desire to implement a District-wide Indirect Cost Rate. Dr. Iser stated that the District as a whole is looking at efficiencies. We have made the strategic decision to try and keep the Division Directors on General Fund so that they can provide the kind of assistance to
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PISCUSSICN - 11.	the Legislature that may be necessary that we could not charge to a grant. Those are changes that we can make in the future.	Councilwoman Ratti stated that there is a distinction between General Fund and Restricted and indirect rate and direct rate. They are not synonymous. She questioned whether the administrative time to get to a more detailed indirect versus direct allocation of our staff would be of benefit to our constituents, tax payers, or rate payers. The strategic thing might be to not bring down our indirect rate. She is not advocating for that, but how important is it that we get to better allocation of staffing as to direct or indirect?	Dr. Hess stated that he has concern about the high rates because of the grant funding issue and competitiveness. Dr. Hess questioned the allowable rate on the PHP grants, and Dr. Todd stated that they allow 15 – 20%. Dr. Iser stated that we are implementing charging all our grants the highest allowable indirect rate. Councilwoman Ratti stated that is precisely her point. If we can	only recover 15%, where is the benefit to getting more sophisticated at doing this? Dr. Iser stated that the indirect rate is not as big a concern to him as COWCAP. Dr. Iser questioned Mr. Mayne about his statement that the federal government requires that government entities fully fund OPEB. Dr. Iser stated he does not believe that his true. County Manager Simon advised Dr. Iser that the Board of County Commissioners is considering revising their allocation to OPEB on an annual basis. Possibly Ms. Fine or Mr. Rosen can confirm that, but that was the conversation we had. It is Dr. Iser's understanding that the Board of County Commissioners can choose how	much to prefund or currently fund. Mr. Mayne stated that because this was a change in policy based on federal guidelines by GASB, county government entities have been fully funding this cost to the counties or the state historically. Allowances have been given based on a county's ability to pay. Over the years we have seen the historical contribution at \$4 or \$5 Million. Once this decision was made and they had an actuarial adilistment, they started moving toward fully funding. Mr. Mayne	does not know when that actuarial full funding will occur, but he does know that the County has been putting in the monies to meet that requirement since this decision and have increased their reimbursement to meet this requirement. Mr. Mayne stated he does believe it is a requirement.	Dr. Iser stated that he believes it is a choice of the public entity how much to pre-fund. Councilwoman Ratti stated that she is not an OPEB finance expert, but they went through this exercise at the City of Sparks, and her understanding is that you can "fully fund" but when you choose to put that
TIME / SUBJECT / AGENDA ITEM							

rating is that they have chosen to fully fund that liability. Dr. Iser further stated Tech Services, because of the amount of support the District receives from its considerations are made when calculating the COWCAP and whether a credit that his second concern about COWCAP is the charge for Tech Services. Dr. from the City of Reno; \$573,780 from the City of Sparks; and \$3,195,428 from value was \$55,951 from the City of Reno; \$9,335 from the City of Sparks; and change for some reason, such as rates changing, or the entity can choose to Dr. Iser stated that he believes one reason the County has such a high credit Dr. Furman asked whether it is taken into account the management time and Ms. Fine reported to the Board on tax allocations from the Cities of Reno and Sparks and Washoe County. Ms. Fine reported that in 1963, there was a tax Washoe County. If you include the value of the Central Service Costs for the that at this point the policy decision has been to allocate based on the Health money into that "lockbox," then you cannot get it back if your actuarial inputs swap. The Cities both agreed to give up a certain amount of ad valorem tax District at the \$8,623,891 level, with the benefit of tax value set aside for the resources used in the oversight of the EMS transport franchise. Mr. Mayne flexibility to not have that money in a "lockbox." Councilwoman Rafti stated have those discussions with those support departments. Mr. Mayne stated value to Washoe County to fund the Health District. In 1962/1963, that tax Iser stated that he believes the Health District is being double charged for internal DCAS staff. Dr. Iser questioned Mr. Mayne about whether those \$27,470 from Washoe County. In FY 12/13, those figures are \$2,315,340 discussion point within the County. Dr. Iser stated that he is beginning to this is a very complex issue for each jurisdiction to decide, but this is the approach that the City of Sparks is taking. In theory, that liability will just Councilwoman Ratti stated that to be clear the County funded the Health pay as you go. Sparks looks at a yearly impact which gives them more stated that it is not, but it is a valid question and an area for discussion. General Fund, the County funded the Health District in the amount of is possible. Mr. Mayne stated that is a challenge, and it should be a DISCUSSION Health District in the amount of \$6,084,548. grow, and grow, and grow. District's 250 user IDs. \$8,623,891 in FY13. SUBJECT / AGENDA TIME

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NOISCOSSION TO THE PROPERTY OF	Dr. Joseph Ryan, Chairman, presented to the District Board of Health regarding PMAC's role in our community; how PMAC interacts with the EMS providers in our community; and how public policy impacts the practice of medicine in our community.	Dr. Furman questioned Dr. Ryan about the current cost of EMS delivery in our community and what would be the cost if PMAC's vision of EMS delivery is fully implemented. Dr. Ryan stated that he cannot speak to dollars specifically, but he believes we spend too much in areas where we could do better with less money. Dr. Ryan stated he does not believe we need to reproduce Emergency Medical Dispatch and multiple functions within the chain from a call to 911. It is not efficient for us to do that. It is not the best quality care. Right now, trained Emergency Medical Dispatch staff is trained in protocols that offer the best outcomes. You can't do that part-time.	Dr. Ryan stated that there are four things supported by science that save people's lives; (1) Continuous, uninterrupted CPR (which trained staff will begin instructing the bystander to commence on their loved one); (2) clearing an obstructed airway when a person can't do it themselves; (3) providing a defibrillator shock; and (4) controlling external hemorrhage. Those are the four things that make a difference to save someone's life. A system that works well would provide that set of skills to the most number of people in the community acting in the public's interest who would provide that service as rapidly as possible. Anything beyond that, while more sophisticated, is also associated with a greater risk of doing it wrong. When someone provides emergency care infrequently, which we all do, because only 7% of people calling 911 have an emergency, and only 3% have a medical emergency, we can't do that well when we don't do it very frequently. Dr. Ryan suggests that we can do better with less if we focus on what the patient needs.	Councilwoman Ratti asked Dr. Ryan to introduce "PMAC" and explain to the audience its mission and structure. Dr. Ryan stated that PMAC is a committee that meets on a quarterly basis. PMAC most typically meets at Renown. The people who are on the committee are appointed by the organization that they represent. Each hospital has a standing seat on the committee, along with the medical director for each EMS agency and the fire departments. Dr. Ryan stated that he was appointed by REMSA. We have standing membership from Family Medicine in our community who Dr. Ryan believes is appointed by the Medical Society, and the Urgent Care providers, and for quite a long time there was a representative from the Board of Health, and PMAC believes
SUBJECT/ AGENDA	Presentation regarding the Prehospital Medical Advisory Committee ("PMAC")	Boar Comments		
TIME /	12.			

The SublectivageNDA That was valuable, so we at the Board of Health. Councilwoman Ratti asked reviewed that recorreported that several ment has been made available, and made recommendation anticipates doing that, and to the community and the stated that because PMAA healthcare organizations, review of the medical care have an umbrella under who because of PMAC's organizations to because of PMAC's organizations to because of PMAC's reacross the organizations to be because of PMAC's reacross the organizations to be stated that the principates doing that the principates of purple stated that the principates doing that the principates of purple stated that the principate of the cost money. The CAD to solution. Dr. Ryan stated that the principate are dispatclared and Acceptance of the proper specialist. It is enforcement needs while a medical problem. Begional Emergency Medical Services Authority: A. Review and Acceptance of the proper specialist. It is enforcement needs while a medical problem. Mr. Jim Gubbels, Vice Pre methority or proper provinty Onember and December, November for Priority One provember for Priority One provember and December.	that was valuable, so we asked Dr. Iser to be the PMAC representative from the Board of Health. Councilworman Ratit asked Dr. Ryan if PMAC as an organization has reviewed the har Tibala recommendations and made any findings, and Dr. Ryan reported that several members of PMAC has not formally reviewed it as a group and made available, but PMAC has not formally reviewed it as a group and made available, but PMAC has not formally reviewed it as a group and made available, but PMAC has not formally reviewed it as a group and made available. But PMAC has not formally reviewed it as a group and made leader and Dr. Ryan further stated that and Dr. Ryan stated PMAC would if it would be useful to the community and the decisions that need to be made. Dr. Ryan further leathrane organizations. PMAC does not have the ability to provide quality reviewed for the medical care that is provided. Hospital-based organizations with the case provided. Hospital-based organizations within the law DMAC's granizational structure be in place across the organizations to improve our ability to deal with the care provided. Dr. Ryan stated that the problems he sees between geography, the multiple univisitions to improve our ability to deal with the care provided. Dr. Ryan stated that the majority of 91 calls are for law enforcement. The next largest group of 91 calls are for law medical calls. 7% are actual emergencies and only 3% of those calls are life-threatening emergencies. Dr. Ryan stated that the modern dispatch centers have been provided (as, law enforcement. The mack largest group of 91 calls are for law enforcement. The material emergencies and only 3% of those calls are life-threatening emergencies. Dr. Ryan stated that the modern dispatch centers areas (it., law enforcement fire, macking provided that the modern dispatch organization or specialist. It is not possible for a generalist to be great at what law enforcement meeds while at the same time understanding and doing well with a copies of the November and December. Sultz Op
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operational plan, and it will move forward as of December 31. All the planning we have done will now be implemented. REMSA has hired 9 internal paramedics. They start their training period on January 8. It will be a 16-month training program, and we are currently in the process of working with our community clinics and partners to look at how they will work within those clinics. We are also now having conversations with the hospitals on how they	
	operational plan, and it will move forward as of December 31. All the planni we have done will now be implemented. REMSA has hired 9 internal paramedics. They start their training period on January 8. It will be a 16-month training program, and we are currently in the process of working with our community clinics and partners to look at how they will work within those clinics. We are also now having conversations with the hospitals on how the

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NOISCUSSION TO THE PARTY OF THE	will work with them. Mr. Gubbels offered to do a short presentation to the DBOH on the Innovation Grant and how the three integration pieces will be implemented into the community.	Chairman Smith asked the Board members if they would like to see that presentation and received consensus.	Mr. Gubbels reported that the Fitch and Washko Reports are completed, and they have been delivered to REMSA. The REMSA Board will accept the reports at their next meeting, and then we will deliver them to the Chairman of the District Board of Health.	Councilwoman Ratti asked for clarification on the second report, and Mr. Gubbels stated that it is the Washko Report, and that is the name of the consultant, and the Washko Report is the one that goes through the 38 recommendations included in the TriData Report.	Dr. Iser presented the EMS timeline since the last meeting of the District Board of Health on November 15.	Related Action in January: January 7, 2013 Managers' Meeting, which included Dr. Iser, Dr. Todd, and Ms. Akurosawa, the Fire chiefs, and some deputy city managers and others. What we agreed to do there was to set up a process to look at the 38 recommendations contained in the TriData Report. Ms. Akurosawa has developed a spreadsheet that sets out the 38 recommendations and the Health District's position on those recommendations, a copy of which is in your packet.	The next Managers' Meeting was on January 23, 2013. We began going through the individual TriData items to understand all comments from each jurisdiction. In the next month's presentation, Dr. Todd and Dr. Iser will present the Health District's view on those recommendations.	Mr. Slaughter was tasked with developing an agenda for the February 11 concurrent meeting. Someone representing Fire will make a presentation on the 38 Recommendations as they relate to REMSA, and the Sheriff will make a presentation on Dispatch, and Dr. Iser volunteered and was tasked with drafting a narrative on what the EMS agency/authority would look like.	Dr. Iser asked that Dr. Todd present on the Health District's comments on the 38 Recommendations. Dr. Iser stated that they have received comments
SUBJECT / AGENDA)		Presentation Regarding 38 Recommendations in the Tri-	Data Report; and Presentation, Discussion, and Possible Direction to Staff regarding Emergency Medical Services ("EMS"), Including Recommendations Contained in the TriData Report and Various Other FMS Studies			
TIME					4.				

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DISCUSSION	from each Fire jurisdiction also, but are not yet at liberty to share those comments publicly.	Councilwoman Ratti asked if Dr. Iser was expecting action on these recommendations today, and Dr. Iser replied only if that is the Board's desire. Councilwoman Ratti stated that without a more in depth review, she is not ready to take action on this report.	Dr. Todd reported that his goal is to orient the Board to the document and the process that the group with which Dr. Iser is working is taking.	Dr. Hess asked if there is proposed action on the agenda for the February 11 th meeting, and Dr. Iser responded that he has not yet seen an agenda, but Mr. Slaughter may discuss with each entity a proposed action to be taken. Dr. Iser stated that he does not believe any action should be taken at the February 11 th meeting, but he is not sure the position of each group.	Chief Hernandez reported to the Board that at the Managers' and Stakeholders' meeting the group progressed through only about ¼ of the document, and it is the intent to fully vet the document and get recommendations from each respective political entity and combine the comments into one and submit that to the Board of Health as well as the councils of each entity for comments, recommendations, suggestions, or action.	Councilwoman Ratti questioned if that would be done by the 11 th , and Chief Hernandez stated he did not see how that could be accomplished in that time frame. Dr. Iser stated that part of the February 11 th meeting is designed to orient the new members of each governing body to the EMS issues, and Dr. Cohen will present at the concurrent meeting. Chief Hernandez stated that John Slaughter was directed to draft an agenda item to address bringing the new members up to date on the issues, and Councilwoman Ratti stated that is her understanding as well.	Dr. Randall Todd presented Agenda Item No. 14 to the Board for their review and oriented the Board to the design and layout of the document. Dr. Todd noted that not every recommendation in the TriData Report was targeted at the REMSA Franchise. Dr. Todd stated that this document was sent out to all of the stakeholders and asked that they put in their comments, concerns, suggestions, or opinions in different colors so that when we went back to the meeting we could then attempt to form consensus on the issues. That is what really got started yesterday. We did not include those comments in this report
	from each Fire jurisd comments publicly.	Councilwoman Ratti asked if Dr. Is recommendations today, and Dr. I Councilwoman Ratti stated that wi ready to take action on this report.	Dr. Todd reported the process that the grou	Dr. Hess asked if the 11 th meeting, and Dr. Mr. Slaughter may di Dr. Iser stated that h February 11 th meetin	Chief Hernandez rep Stakeholders' meetir document, and it is th recommendations fra comments into one a councils of each entir action.	Councilwoman Ratti quest Hernandez stated he did r frame. Dr. Iser stated that orient the new members o Cohen will present at the John Slaughter was direct new members up to date the nuderstanding as well.	Dr. Randall Todd pre and oriented the Boa noted that not every the REMSA Franchis of the stakeholders a suggestions, or opini meeting we could the really got started yes
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ACTION							Dr. Hess moved, seconded by Dr. Furman, to approve and adopt the revisions to the Washoe County Portion of the Nevada State	Implementation Plan to meet the NO ₂ I-SIP requirements of the Clean Air Act	MOTION CARRIED
NOISSE DISCUSSION.	for you since they are just initial starting points, and there is a lot more discussion that needs to take place. Dr. Iser did want to include the Health District's initial starting position for your review so that if you did have concerns or wish to aim staff in a different direction, you would have the ability to do that.	Mr. Daniel Inouye begin a the presentation on the proposed revisions to the Washoe County Portion of the Nevada State Implementation Plan to meet the Nitrogen Dioxide Infrastructure SIP requirements of the Clean Air Act.	quorum. The meeting was recessed at 2:50 pm.	Chairman Smith reconvened the meeting of the District Board of Health at 2:56 pm.	Mr. Inouye stated that the EPA establishes health based national ambient air quality standards for six criteria pollutants including Nitrogen Dioxide. The Clean Air Act directs states to address basic requirements to implement, maintain, and enforce these standards. Many of the Clean Air Act elements relate to the general information and authorities that constitute the "infrastructure" of a state's air quality management program. States are required to submit an Infrastructure SIP within three years after promulgation of a new or revised standard.	This I-SIP is a summary of current air quality management elements in Washoe County's portion of the Nevada Nitrogen Dioxide SIP. It includes air quality regulations and programs demonstrating the Health District's ability to meet these Clean Air Act requirements.	Mr. Inouye reported that if the I-SIP is approved and adopted, it will be submitted to the EPA through the Nevada Division of Environmental Protection as a revision to the Washoe County portion of the Nevada NO ₂ SIP.	Chairman Smith opened the Public Hearing and called for anyone who wished to speak. No one appeared to speak. Chairman Smith closed the public hearing and reopened the meeting of the District Board of Health.	Chairman Smith queried the DBOH for comments or action.
SUBJECT / AGENDA		PUBLIC HEARING: Proposed approval and adoption of the revisions to "The Washoe County Portion"	of the Nevada State Implementation Plan to meet the Nitrogen Dioxide	Infrastructure SIP requirements of Clean Air Act	Section 110(a)(2)".			Board Comment	
TIME		15.							

AGTION		Councilwoman Ratti moved, seconded by Dr. Hess, Smith, to adopt the revisions to the Washoe	County Transportation Conformity Plan, as presented.	MOTION CARRIED			
NOISSION DISCORSION	Mr. Inouye presented a staff report regarding the approval and adoption of the revisions to the Washoe County Transportation Conformity Plan. Mr. Inouye reported that the Clean Air Act requires that long and short-range transportation plans prepared by local metropolitan planning organizations (MPO) conform to local air quality SIPs. The RTC of Washoe County is the local MPO. Transportation Conformity SIPs are the federally enforceable plans that ensure this evaluation occurs.	The Washoe County Transportation Conformity Plan has been revised to be submitted to the EPA as the Transportation Conformity SIP for Washoe County. The Transportation Conformity Plan details each stakeholder's role and responsibility when transportation conformity analysis is required. Each stakeholder was involved in the development of the document.	Chairman Smith opened the Public Hearing and called for anyone who wished to speak. No one appeared to speak. Chairman Smith closed the public hearing and reopened the meeting of the District Board of Health.	Chairman Smith queried the DBOH for comments or action.	Chairman Smith stated that he would like to see a subcommittee formed to analyze the long term financial stability of the Health District and options available to it. Chairman Smith stated that Dr. Humphreys has expressed interest in being on such a subcommittee.	Councilwoman Ratti asked what the scope of the committee would be, and Dr. Iser responded that since his time at the Health District, the Health District has been under huge amounts of stress primarily related to financial instability, and Dr. Iser would like a subcommittee who would advise the Health District by exploring a variety of options available from grants for funding or reorganization tactics that were referred to in our earlier discussion here today. The subcommittee needs to look at how we can decrease costs, increase revenues, or find other sources of revenues in the long run.	Councilwoman Ratti clarified that the subcommittee would not look at any short term budget issues or impede the current budget, and Dr. Iser confirmed that would not be within the scope of the subcommittee. Councilwoman Ratti asked if this subcommittee would look at the organizational structure of the Health District and the authority under which it operates, and Dr. Iser answered in the affirmative.
SÚBJECTTAGENDA	PUBLIC HEARING: Proposed approval and adoption of the revisions to "The Washoe County Transportation Conformity Plan."		Board Comment		Discussion and Possible Appointment of a Subcommittee to Meet as Needed to Provide Direction	to the DBOH and Staff on the Future of the Health District and Its Financial Stability	
TIME /	9				17.		

councils since they are delegating their authority to have a health department should be thoughtful about the representations from each of the jurisdictions. Should that committee come forward with recommendations that affect the stakeholders on the committee early on to see it turn into something viable something that would change the structure of the Health District, then we jurisdictions that recommendation would have to be sold to the individual to this body at this time, Councilwoman Ratti would suggest having the Councilwoman Ratti stated that if the subcommittee would consider rather than an "intellectual exercise."

significant to the structure of the Health District which includes the governing structure, it is going to have to be a more robust effort than a subcommittee. Councilwoman Ratti stated if we are truly interested in doing something

address some issues facing the Health District that could be brought back to the Board, and then if the Board determines they are worth pursuit, then the Chairman Smith stated that at this point we are looking for ideas to really effort could be stepped up. Councilwoman Ratti asked what the form would be to remain a subcommittee without a quorum, and Ms. Admirand stated that any subcommittee would be subject to the Open Meeting Law. Ms. Admirand stated that even if they are not taking action, they would be making recommendations to this Board, and it is very clear under the Open Meeting Law that such a committee would be subject to the Open Meeting Law. Dr. Iser then stated that it would require Ms. O'Neill's and Ms. Admirand's attendance also.

Councilwoman Ratti recommended again that the other member be one of the Dr. Hess stated that for this type exploration that would inhibit discussion, and Councilwoman Ratti stated that it is intended to help keep the public informed. elected appointments to the Board. Dr. Iser questioned whether he could ask committee, and Ms. Admirand replied in the affirmative. The action today will Commissioner Jung and Councilwoman Zadra if they would like to be on the be the appointment of Dr. Humphreys and Councilwoman Ratti to this Councilwoman Ratti stated that she would like to be considered, and committee

Dr. Iser reported that he has asked each Division within the Health District to appoint someone to support this committee in its exploration.

form a committee to explore appointed at a subsequent District and nominated Dr. seconded by Dr. Hess, to the financial stability and additional member to be Chairman Smith moved, Councilwoman Ratti as structure of the Health meeting of the DBOH. members, with one Humphreys and

MOTION CARRIED

TIME	SUBJECT FAGENDA	DISCUSSION	ACTION
18.	Presentation, Discussion, and Possible Direction to Staff Regarding the 2013 Legislative Session	Dr. Iser reported that there is nothing new to add at this point other than to inform the Board that a Legislative Update will be a standing item on future agendas. Dr. Iser further reported that there have been multiple requests from the County to look at bills that might have a potential fiscal impact on the Health District.	
		Dr. Iser stated that we will bring a report to the Board each month on the activities staff is tasked with during this process.	
19.	Review and Acceptance of the Monthly Public Health Fund Revenue and	Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for December 2012, stating that Staff recommends the Board accept the report.	
	Expenditure Report for December, 2012	Ms. Stickney directed the Board to pool revenue and tire dollars revenue and that both of these are simply timing issues. Staff will be finalizing ETCs as we go into the budget preparation season.	Dr. Hess moved, seconded by Councilwoman Ratti, to accept the Health Fund
	Board Comments	Dr. Hess questioned if the grants usually run this far behind in reimbursement, and Ms. Stickney stated that most of the grants work on a reimbursement cycle, and all of them will be balanced in Period 13 prior to close out of the budget year. Dr. Hess questioned the Medicaid billing, and Ms. Stickney reported that the initial application was rejected and staff has resubmitted under new guidelines.	Revenue and Expenditure Report for December, 2012, as presented. MOTION CARRIED
20.	Discussion and Possible Direction to Staff Regarding FY 14 Health Fund Budget	Eileen Stickney, Administrative Health Services Officer, presented the budget updates to the Board. Ms. Stickney reported that the County did approve the CIP project to remove the planters from the Lobby.	
		Ms. Stickney also reported that the meetings with program staff and the Division Directors to prepare budgets will begin next week. Staff will present the FY 14 Health Fund Budget to the Board at the Special Budget Meeting on March 7 at 1:00 pm.	
21.	Staff Reports and Program Updates		
	A. Director – Epidemiology and Public Health Preparedness	Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.	

ACTION			×						
NOISSION	Dr. Todd reported that the influenza year is rather exceptional across the country. Washoe County has not had such an experience to date; week three is the first week that Washoe County as exceeded the threshold, and we seem to be on somewhat of an upward trend. We did not exceed the threshold at all last year.	The G2.4 Syndey strain of Norovirus has been in the news quite a bit. We do not yet know if our outbreak was part of the Sydney strain. Testing is still underway.	Mr. Steve Kutz, Director, Community and Clinical Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.	Mr. Kutz reported the additional influenza vaccine is on order, but we do have vaccine available even with the increase in activity. The Sexual Health Program developed an STD Outbreak Response Plan. We are at Level II (3 cases in a 3 month period) for active Syphilis cases. We have notified the	District Health Officer and the State STD Program, and we will meet with the Epidemiology Program tomorrow afternoon to look at data and put together an EPI News to alert our health care community.	Dr. Iser reported that he met with Ms. Simon last week, and she asked that the Health District provide influenza vaccine to County employees, and we are working in collaboration to vaccinate the County employees.	Mr. Kutz reported that he just met with HR and was told to prepare for approximately 50 immunizations, and Mr. Kutz believes that is something the program can absorb.	Dr. Hess stated that looking at the MCAH Program Report he is concerned that the budget has been cut so much. He is curious how that has affected home visitations since the peak in 2006. Dr. Hess also questioned how the program gets its referrals.	Mr. Kutz asked Ms. Hunter to come forward and make the presentation on the Home Visitation Program, and Dr. Iser reported that this report is in response to Chairman Smith notifying Dr. Iser last month that Dr. Furman would like a report on the Program.
TIME / SUBJECT / AGENDA			B. Director – Community and Clinical Health Services					Board Comments	

AGTION										
Noiscassion	Chairman Smith stated that what he asked for was an agenda item. Ms. Admirand stated that it is okay to discuss as an update, but no action can be taken on it. If the Chairman would rather have action it can be agendized that way next month or Ms. Hunter can give her presentation today.	Dr. Furman stated that he would like it to be agendized as an action item next month. Dr. Furman stated that it is fine with him if Ms. Hunter makes her presentation today, but it might be better to have it next month so that the other board members will have the benefit of the presentation prior to the vote.	Dr. Hess asked Ms. Hunter if the report would address the year-to-year statistics he discussed earlier, and if those statistics are available to him for a Medical Society meeting.	Ms. Hunter stated that she would be happy to provide for the Board even individual presentations if they would like.	Councilwoman Ratti stated that she would like to hold the presentation until the action to afford the other members the benefit of the presentation.	Dr. Furman stated that he would like to make some comments. Ms. Admirand recommended that Dr. Furman make all his statements and comments at the time the action will be taken to keep the record complete. Dr. Furman stated that when agendized he will propose that this program be abolished and not funded.	Ms. Admirand advised Dr. Furman that the proper time to address his concerns will be under Agenda Item No. 22 – Issues for Future Agenda Items.	Mr. Kutz clarified that the Board has the report, and Ms. Hunter will bring the presentation to the February meeting, and the agenda item will be for possible action.	Mr. Robert Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.	Mr. Kevin Dick, Division Director, Air Quality Management, presented the monthly Division Director's Report, a copy of which was placed on file for the record.
TIME / SUBJECT / AGENDA									C. <u>Director – Environmental</u> <u>Health Services</u>	D. <u>Director – Air Quality</u> <u>Management</u>

ACTION

DISCUSSION

SUBJECT / AGENDA

TIME /

Legar P. Isen moorpains

JOSEPH P. ISER, MD, DrPH, MSc DISTRICT HEALTH OFFICER

PEGGY F. O'NEILL,
RECORDING SECRETARY



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



DATE:

February 28, 2013

TO:

District Board of Health

FROM:

Kevin Dick, Director, Air Quality Management

SUBJECT:

Jackson Food Store #134 - Case No. 1110

Unappealed Citation No. 5234

Agenda Item: 8. A. 1. a.

Recommendation

Air Quality Management Staff recommends that Citation No. 5234 be upheld and a fine of \$1,500 be levied against Jackson Food Store #134 for failure to complete the required repairs to the Phase II vapor recovery equipment within the specified timeframe. Failure to complete the repairs necessary to maintain the Phase II vapor recovery equipment is a violation of Condition No. 3 of Permit to Operate No. G01-0009 and constitutes a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.2175, Operations Contrary to Permit. This is a negotiated settlement.

Recommended Fine: \$2,700.00

Negotiated Fine: \$1,500.00

Background

On December 7, 2012, Air Quality Specialist II Wallace Prichard conducted a routine inspection of the gasoline dispensing equipment located at the Jackson Food Store #134 located at 735 South Meadows Parkway in Reno. During the inspection, Specialist Prichard noted that nozzles No. 2, 3, and 7 had damaged face seals which compromise the effectiveness of the Phase II vapor recovery equipment. Condition No. 3 of Permit to Operate No. G01-0009 states:

To reduce evaporative loss all components of the Phase I and Phase II vapor recovery systems shall be installed and maintained in accordance with California Air Resources Board (CARB) Executive Orders, or New York State Department of Environmental Conservation approvals.

The facility was given written notification to repair the face seals within five (5) days and contact Specialist Prichard when the repairs were complete. Specialist Prichard did not receive any notification of the repairs being completed.

On December 13, 2013, Specialist Prichard returned to the facility to determine if the required repairs had been completed. Upon re-inspection, Specialist Prichard found the entire face seal had been removed from nozzle No. 2 and the pump had not been taken out of service. Specialist Prichard also confirmed the repairs to nozzles No. 3 and 7 had not been completed. Specialist Prichard contacted the store manager, Mark Armstrong, to inform him of the non-compliant equipment. Mr. Armstrong stated that he thought the repairs had been completed earlier in the week. Based on the results of the re-inspection, Specialist Prichard issued Notice of Violation Citation No. 5234 for a major violation of Section 030.02175, Operations Contrary to Permit.

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225 www.washoecounty.us/health February 28, 2013 DBOH/Jackson Food Store #134 /Case 1110 Page 2

Settlement

On January 15, 2013, Senior AQ Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Prichard and, by phone, Mr. Richard Wright, Environmental Manager for Jackson Food Stores. After consideration of all of the facts presented in the case, including the issuance of a written notice to repair the nozzles within five (5) days, Senior Specialist Cerfoglio proposed that Citation No. 5234 be upheld with a fine of \$1,500. Mr. Wright agreed to the condition of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

As a follow up, the required repairs were completed by 1500 hours on December 13, 2012, following the issuance of the Notice of Violation.

Alternatives

- The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 5234.
- The Board may determine to uphold Citation No. 5234 and levy any fine in the range of \$0 to \$10,000 per day.

In the event the Board determines to change the proposed penalty, the matter should be continued so that Jackson Food Store representatives may be properly noticed.

Kevin Dick, Division Director Air Quality Management

KD/DC: ma

Jan. 15. 2017 9:56AM

No. 9293 P. 1

0134



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

FAX "208-888-5131

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION

Date: January 15, 51013	
Company Name:	Food Store # 134
Address: 735 S. Manda	wo Pkun Rans
Notice of Violation No.: 5234	Case No.; /// 0
The staff of the Air Quality Management Health Department issued the above references and the state of the st	renced citation for the violation of
Sendelson Failure to	reduce exaposative less.
A settlement of this matter has been negreesulting in a penalty amount of \$	otlated between the undersigned parties OO
be submitted to the District Board of Heal meeting on February 38 301	th for review at the regularly scheduled
* RYUSS Signature of Company Representative	Dennis A. Carfoglio Signature of District Representative
* Richard Winglit Frint Name	DENNIS A. CERFOGLIO
* EUUVOUMENTA! MANAGEN	SR. AIR QUALITY SPEC.
* 100 Rine 200	Witness Freches
Witness	Witness

P.O. BOX 11130 Reno, NV 89520-0027 . * (775) 784-7200 . FAX (775) 784-7225

Washoe County Air Quality Management Permitting & Enforcement Branch Recommended Fine Calculation Worksheet

Company Name	Jacks	on's Food Store#	134		
Contact Name	Richar	rd Wright			
Case <u>1110</u>	NOV	5234	Complaint	CMF	212-0208
Violation of Section	030.2	175 Operations C	ontrary to Permit		
I. Base Penalty as	specified in the	he Penalty Table	= \$	5,000	
II. Severity of Viola	tion/Intent				
A. Public Healtl	n Impact				
1. Degree of (The degree Minor – 0.5	of which the person	n/company has deviate 75 Major – 1	ed from the regulatory r .0 Adjustment		ts)
3 of 8 nozzles	out of complianc	e, Failure to repair	within specified time	frame	
Toxicity of Criteria PollutHazardous Ai			Adjustment	Factor	<u>-1</u>
		alth Risk (Proximity 5x Significant – 2x	to sensitive environme Adjustment		p) 1
Total Adjustm	nent Factors (1	x 2 x 3) = _	0.5		
B. Adjusted Ba					
Base Penalty	5,000	_ x Adjustment F	actor0.5	==	\$ 2,500
C. Multiple Day	s or Units in V	/iolation			
Adjusted Pen	alty	_x Number of D	ays or Units	=	\$ N/A
D. Economic B	enefit				
	s \$ <u>200</u> narge + \$30 each f		ts \$	* =	\$ 200
Adjusted Base Penalty	\$ 2500	+ Economic Ber	nefit \$ 200	= \$	2,700

III. Penalty Adjustment Consideration

A. Degree of Cooperation Excellent corporate support	(0 – 25%) +/- <u>-10</u> rt, repair completed immedia	% ately	
B. Mitigating Factors (0 –1. Negotiated Settlement2. Ability to Pay3. Other (explain)		%	
C. Compliance History No Previous Violations (0)	– 10%)	4	-10%
Similar Violation in Past 12	2 months (25 - 50%)	+	%
Similar Violation within pas	st 3 year (10 - 25%)	+	<u></u> %
Previous Unrelated Violation	on (5 – 25%)	+	%
Total Penalty Adjustme	ent Factors – sum of A, B	, & C	-45% <u>%</u>
IV. Recommended Fine			
Penalty Adjustment:			
\$ 2,700 x Penalty Subtotal (From Section II) Adjusted Penalty:	-25 % Total Adjustment Fac (From Section III)	= itors	\$1,215 Total Adjustment Value
\$ 2,700 +/ Penalty Subtotal (From Section II)	/(-) \$ 1,215 Total Adjustment Value (From Section III)		<u>\$ 1,485 → \$1,500</u> Recommended Fine
Dennis Verfogli	id		1-15-2013
Air Quality Specialist			Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

tion	1 st Violatio	<u>n</u>		2 nd Violation
Visible Emissions	\$ 1,000			\$ 2,500
Dust Control (fugitive)	250			750
Open Fires	500			1,000
Fire Training	500			1,000
Incinerator	1,000			2,000
Woodstoves	500			1,000
Odors	1,000			2,000
Gasoline Transfer (maintenance)	1,000			2,000
Diesel Idling	500			1,000
Emergency Episode	1,000		· ·	2,000
	Dust Control (fugitive) Open Fires Fire Training Incinerator Woodstoves Odors Gasoline Transfer (maintenance) Diesel Idling	Visible Emissions \$ 1,000 Dust Control (fugitive) 250 Open Fires 500 Fire Training 500 Incinerator 1,000 Woodstoves 500 Odors 1,000 Gasoline Transfer (maintenance) 1,000 Diesei Idling 500	Visible Emissions \$ 1,000 Dust Control (fugitive) 250 Open Fires 500 Fire Training 500 Incinerator 1,000 Woodstoves 500 Odors 1,000 Gasoline Transfer (maintenance) 1,000 Diesel Idling 500	Visible Emissions \$ 1,000 Dust Control (fugitive) 250 Open Fires 500 Fire Training 500 Incinerator 1,000 Woodstoves 500 Odors 1,000 Gasoline Transfer (maintenance) 1,000 Diesel Idling 500

II. Major Violations - Section 020.040

(per day or event)

_		_		
Sour		~ 4 -		
2011	TO I	· ate	O	III V

		Oource oategor	y .
Regulation 030.000	Violation Construction/Operating without Permit (per major process system or unit/day)	Minor \$ 5,000	<u>Major</u> \$ 10,000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	5,000	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$10,000	\$ 10,000
030.000	Construction Without a Dust Control Permit Project Size – Less than 10 acres Project Size – 10 acres or more	\$ 500 + \$50 per acre \$1,000 + \$50 per acre	
III. Major V	iolations - Section 030.107 Asbestos		
A. Asbestos S	ampling & Notification	\$ 5,000 - \$10,000	
	control Work Practices y or event)	\$ 5,000 - \$10,000	
· · · · · · · · · · · · · · · · · · ·	Containment & Abatement	\$ 5,000 - \$10,000	



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512 (775) 784-7200



NOTICE OF VIOLATION

NOV 5234	DATE ISSUED: 12/13/20/2
ISSUED TO: Jackson Food Store PHONE #:	(775) 851-2570
MAILING ADDRESS: 735 S. Meadows PKupity/ST:	ReNO, NV. ZIP: 89511
NAME/OPERATOR: Jackson Foods PHONE #:	
PERMIT NO. GOI-0009 COMPLAINT	TNO. CMP12-0208
YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON/2 //3 //2_YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE VOTE OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEME MINOR VIOLATION OF SECTION:	WASHOE COUNTY DISTRICT BOARD ENT: ION OF SECTION: TING W/O PERMIT TION OF PERMIT CONDITION
□ OTHER □ OTHER	
VIOLATION DESCRIPTION: Failure to make	
timely manner. Violation of	
#3 Reduce evaporative loss on LOCATION OF VIOLATION: Pumps #2, 3, and	
POINT OF OBSERVATION: Damaged face se	lo
Weather:	Wind Direction From: N E S W
Emissions Observed: (If Visual Emissions Performed - See attached Plume	e Evaluation Record)
violation within hours/days. I hereby acknowledge r) you are hereby ordered to abate the above receipt of this warning on the date indicated.
CITATION: You are hereby notified that effective on hereby ordered to abate the above violation within to request a negotiated settlement meeting by calling (775) 784-7200. You are further of this Notice of Violation, you may submit a written petition for appeal to the Washoe Obivision, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition wision of this Notice of Violation to the District Board of Health with a recommendation signature. SIGNING THIS FORM IS NOT AN ADMISSION Signature. SIGNING THIS FORM IS NOT AN ADMISSION Signature. PETITION FOR APPEAL FORM PROVIDED	County Health District, Air Quality Management ithin the specified time will result in the submisfor the assessment of an administrative fine.
H-AIR-09 (Rev. 04/12)	

AIR QUALITY MANAGEMENT
PERMIT TO OPERATE # G01-0009
ISSUED TO JACKSON'S FOOD STORES #134
LOCATED AT 735 SOUTH MEADOWS PARKWAY, RENO NV 89511



PERMIT TO OPERATE

An Air Pollution Emission Source

G01-0009

No.

Issued By Air Quality Management Division, Washoe County Health District

	P.O. Box 11130, Reno, Nevada 89520-0027 • Phone (775) 784-7200
ISSUED TO:	JACKSON'S FOOD STORES #134 Gen Air - Gasoline
ADDRESS:	3450 E COMMERCIAL CT, MERIDIAN ID, 83642
LOCATION:	735 SOUTH MEADOWS PKWY, RENO, NV 89511
	VERED UNDER THIS PERMIT GASOLINE DISPENSING FACILITY WITH BALANCE PHASE II VAPOR IRY, 8 GASOLINE NOZZLES
THE CON	DITIONS OF OPERATION LISTED ON THIS PERMIT SUPERCEDE ALL PREVIOUS PERMIT CONDITIONS
A. ALTER B. POSTII equipm C. MODII D. RECOI produce availab E. EQUIP with DI F. ACCES necessa ADDITION 1: The annua weeks prior to 2: All gasolir Health Regul	NS OF OPERATION LISTED ON THIS PERMIT: (ATIONS: This permit becomes void upon any change of ownership or address or any alteration of permitted equipment. (NG: This permit shall be posted on or near the equipment listed above. This permit shall be made readily available at all times while the operating. (STICATION OF EQUIPMENT: Any modification of the equipment other than normal repair and maintenance will require a new permits. (RDS: Any records of operation which effect the potential of the source to emit air pollutants, such as fuel or products consumed, produced, hours of operation, chemicals or supplies used in source operation, must be maintained for a period of at least 5 years and made let to the Control Officer upon request. (MENT FAILURE: All upset or breakdown conditions resulting in increased emmissions or air pollutants shall be reported in compliants strict regulations, Section 020.075 and 020.076. (SS: The Control Officer will be provided access to the facility to inspect operations and equipment covered under this permit whenever to determine compliance with this permit and any other air pollution limitations specified in District regulations. (AL CONDITIONS: (Althroughput/consumption figures must be submitted in writing to the A.Q.M.D. no later than the 20th of the month, approximately 6 of the expiration date of the permit. (Internation date of the permit.)
3: To reduce accordance was approvals.	evaporative loss all components of the Phase I and Phase II vapor recovery systems shall be installed and maintained in with California Air Resources Board (CARB) Executive Orders, or New York State Department of Environmental Conservation
balance phase must also be	ressure Decay Test must be completed once every three (3) years to demonstrate compliance with the CARB Executive Orders for all vapor recovery systems. Once the monthly distribution of gasoline exceeds 100,000 gallons, the Pressure/Vacuum Vent Valves tested once every three (3) years to demonstrate compliance with the NESHAP Subpart CCCCCC. The AQMD must be notified at least or to the test(s).
5: A flow lin	niter is required on dispensers that have a maximum flow rate in excess of 10 gallons/minute.
6: All hoses, seals must be	boots, faceplates/flexible cones, nozzle shut off mechanisms, check valves, swivels, tanks, tank fill tubes, and fill tube cap maintained in good working order with regular maintenance to prevent leakage and excess escape of vapors (i.e., no tears, eaks, or malfunctions — Section 040.080.)
vehicles hetu	ance with Section 040.095 of the Washoe County Air Quality Regulations and 40 CFR, Part 80, all gasoline dispensed to motor veen October 1 and January 31 must contain the proper amount of oxygenate and each dispenser must be properly labeled with the tement. The gasoline dispensed from this pump is oxygenated and will reduce carbon monoxide pollution from motor vehicles. The

Lospe P. Isen MO, DIPH, MS

10/31/2013

\$475.00

G01-0009

CONTROL OFFICER

EXPIRATION DATE

ANNUAL RENEWAL FEE

PERMIT NO.



PERMIT TO OPERATE

An Air Pollution Emission Source

01-0	11 11 11 1
OT C	.002

Issued By Air Quality Management Division, Washoe County Health District

P.O. Box 11130, Reno, Nevada 89520-0027 • Phone (775) 784-7200

ISSUED TO:	JACKSON'S FOOD STORES #134 Gen Air - Gasoline
ADDRESS:	3450 E COMMERCIAL CT, MERIDIAN ID, 83642
LOCATION:	735 SOUTH MEADOWS PKWY, RENO, NV 89511
RECOVE fabel must be	VERED UNDER THIS PERMIT GASOLINE DISPENSING FACILITY WITH BALANCE PHASE II VAPOR CRY, 8 GASOLINE NOZZLES clearly visible to the public on the upper two-thirds of the pump on the vertical surface near the gallonage and price meters, or leaks must be cleaned up or corrected immediately using proper waste disposal methods. (Including accumulations of fuel in rs, condensation pots, and liquid collectors).
9: "Instruction prohibited —S	ons for operating the phase II vapor recovery equipment must be posted for the customers, and must stress that ""Topping Off"" is section 040.080.C. The Air Quality Management Division's answer line phone number must be posted for customers with

10: All operations must comply with 40 CFR Part 63, Subpart CCCCCC - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Category: Gasoline Dispensing Facilities.

South Riser moorphins

comments/problems regarding the nozzles - (775) 784-7200."

10/31/2013

\$475.00

G01-0009

CONTROL OFFICER

EXPIRATION DATE

ANNUAL RENEWAL FEE

PERMIT NO.

COMPLAINT INVESTIGATION REPORT

Washoe County Air Quality Management Division

Complaint Number: CMP12-0208

Complaint Status: NOV

Source of Complaint: INVESTIGATOR

Complaint Type: PERMIT

Date Received: 12/13/2012

Time: 10:00:00 AM

Inspector: WPRICHARD

Inspector Area: 4

Complaint Description: NOV CITATION 5234 - CASE 1110 - FAILURE TO COMPLETE REPAIRS WITHIN

SPECIFIED TIMEFRAME

Address: 735 SOUTH MEADOWS PKWY RENO

Location:

Parcel Number: 16305001

Related Permit Number: G01-0009

Complainant:

WALLACE PRICHARD, AQ SPECIALIST II AIR QUALITY MANAGEMENT 1001 E 9TH ST STE B171 RENO NV 889512 775-784-7212 Responsible Party:

JACKSON'S FOOD STORES RICHARD WRIGHT 3450 E COMMERCIAL CT MERIDIAN, ID 83642 208-888-6061

Investigation:

Failure to complete repairs within specified timeframe.

The bi-annual gasoline inspection was conducted on December 7,2012 at Jackson Food Store #134. Air Quality Specialist Prichard found that three pump nozzles were out of compliance with the permit conditions during this inspection. The nozzles are a balance unit with rubber face seals at the end of the bellow. The face seals on Pump #2,#3 and #7 were damaged and required replacement. The store was given five days to replace the face seals and call Air Quality Specialist Prichard and inform him that the replacement was complete.

Air Quality Specialist Prichard had not heard from anyone after seven days he returned to Jackson Foods to check the nozzles. No repairs had been done and pump nozzle on #2 the face seal was completely missing. Specialist Prichard observed several vehicles using the #2 pump which had absolutely no vapor recovery working. None of the pump nozzles had been taken out of service.

Air Quality Specialist Prichard spoke with Mark Armstrong, the store manager and he said that the repair notice had been sent in on Friday afternoon right after he had received the notice to repair the pumps. He also though that the nozzles had been repaired earlier in the week. Mark was sure that someone from maintenance had looked at the pumps in question.

The afternoon of the 13th at 3:30 pm Specialist Prichard received a call from maintenance informing him that the repairs to the pumps had been completed and that all pumps were back in service:

Air Quality Specialist Prichard issued a Citation, #5234; Notice of Violation of Operating Permit #G01-0009 listed as Additional Condition #3: To reduce evaporative loss all components of the Phase I and Phase II vapor recovery systems shall be installed and maintained in accordance with California Air Resources Board (CARB) Executive Orders.

Enforcement Activities

 Warning Citation..: 12/13/2012
 Citation Number: 5234

 NOV.......:
 NOV Number...: 0

 Case Number....:
 1110

 Settlement.....:
 \$1,500.00

 Appealed......:
 Amount......:
 \$0.00

Status Information

Initialized By......: CALBEE Completed Date...:

Date Assigned....: 12/13/2012 Completed By.....:

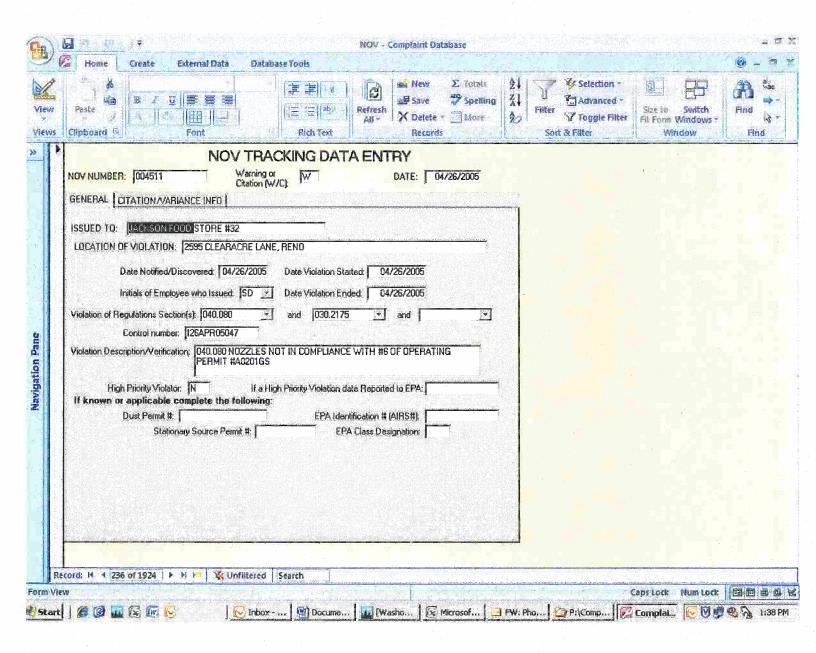
AQMD "PREVIOUS INSPECTIONS & NOTICE OF VIOLATIONS CHRONOLOGY"
FOR JACKSON FOOD STORE #134 LOCATED AT
735 SOUTH MEADOWS PARKWAY, RENO NV 89511

CHRONOLOGY OF COMPLIANCE ACTIONS

Jackson Food Stores

Notice of Violation - WARNINGS

Date 4/26/05 Store # 32 Repairs	Nozales out of compliance.
12/21/10 Store# 21 Repairs	Nogeles & Hases cracked.
5/20/11 Store# 129 Repairs	Incorrect permit equipment.
Notice of Violation - CITATIONS	
<u>Date</u> <u>Action</u> 12/13/12 <u>Citation</u> *5234	Reason Nozgles out of compliance
	Nozgles out of compleme
Details: Failure to make lister	Nozzles out of compliance
	Nozzles out of compliance
Details: <u>Failure to make lister</u> mennor. Fine days allowe	Nozzles out of compliance
Details: Failure to make lister	Nozzles out of compliance
Details: <u>Failure to make lister</u> mennor. Fine days allowe	Nozzles out of compliance
Details: <u>Failure to make lister</u> mennor. Fine days allowe	Nozzles out of compliance
Details: <u>Failure to make lister</u> mennor. Fine days allowe	Nozzles out of compliance
Details: Failur to make lister mannon. Fine days allowed Details:	Nozzles out of compliance



COMPLAINT INVESTIGATION REPORT Washoe County Air Quality Management Division

Complaint Number: CMP10-0046

Complaint Status: ASSIGNED

Source of Complaint: INVESTIGATOR

Complaint Type: PERMIT

Date Received: 12/21/2010

Time: 1:40:00 PM

Inspector: SDUGGER

Inspector Area: 3

Complaint Description: NOV WARNING 4969 - DEFECTIVE NOZZLES ON PUMPS 3 & 4; CRACKED

HOSES ON PUMPS 5,9, 10, DEFECTIVE VAPOR POPET

Address: 2001 S VIRGINIA ST RENO

Location:

Parcel Number: 01905219

Related Permit Number: C0200GS

Complainant:

Responsible Party:

Investigation:

DEFECTIVE NOZZLES ON PUMPS 3 & 4; CRACKED HOSES ON PUMPS 5, 9 & 10; DEFECTIVE VAPOR POPET

See Warning NOV #4969 for more details.

Enforcement Activities

Warning Citation ..: 12/21/2010

Citation Number: 0

NOV....:

NOV Number...: 4969

Settlement.....

Amount.....: \$0.00

Appealed....:

Upheld....:

Amount....:

Case Number....:

\$0.00

Status Information

Initialized By.....: MAMES
Date Assigned....: 12/21/2010

Completed Date...:
Completed By.....:

COMPLAINT INVESTIGATION REPORT

Washoe County Air Quality Management Division

Complaint Number: CMP11-0053

Complaint Status: COMPLETE

Source of Complaint: INVESTIGATOR

Complaint Type: PERMIT

Date Received: 05/20/2011

Time: 8:45:00 AM

Inspector: MOSBORN

Inspector Area: 5

Complaint Description: OPERATING WITHOUT A PERMIT

Address: 9530 S MC CARRAN BLVD RENO

Location:

Parcel Number:

Related Permit Number: G09-0001

Complainant:

AQ STAFF - MIKE OSBORN

1001 E 9TH ST A-115 RENO, NV 89512 775-772-7923 Responsible Party:

JACKSON FOOD STORE #129

BRITTANY BELANEY

9530 S MCCARRAN BLVD

RENO, NV 89502 775-746-9200

Investigation:

At approximately 0845 hrs., 05-20-2011, Specialist Osborn conducted a routine permit renewal inspection at Jackson Food Store #129, located at the above address. During this inspection it was observed that PTO #G09-0001 was issued for a balance phase II vapor recovery system. It was further observed that the station did in fact have a Dresser/ Wayne vac assist system in use. The inspection continued and this specialist issued Warning NOV #4873 to the Jackson Food store/Chevron station for operating without a valid permit. 10 days were given to make the necessary corrections as needed. No further action required at this time.

Enforcement Activities

Appealed.....

Status Information

Initialized By.....: MAMES Date Assigned....: 05/20/2011 Completed Date...: 05/23/2011 Completed By.....: DCERFOGLIO AIR QUALITY MANAGEMENT
VAPOR RECOVERY INSPECTION SHEET
ISSUED TO JACKSON FOOD STORE #134
LOCATED AT 735 SOUTH MEADOWS PARKWAY, RENO NV 89511
DATED DECEMBER 7, 2012

WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION VAPOR RECOVERY INSPECTION SHEET

NEVAD	la-b.	Food.	Q+ #	134	35 5 W	1. /	Plan Date	12/07/2012
TATION		P '895			0- 0. 111	esses	Permit	601-0009
WNER/OPER	. 7	A. F.	do	101	PHONE (775)	851-2	576 INSP_	Prichard
	DISPENSERS (GASOI	INF)	4	NUMBER OF I	NOZZLES (GASOLINE)		8 VN#_	
	PRODUCT GRADES (3		NOZZLES (DIESEL)		0	
OR EACH DI			DEFECT		I-OPERABLE EQ	UIPMENT		
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Olin O	2. LEAKS FTGS/SW							
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		#		#3 #4			#1	#2 #3 #4
. PRODUC	CT GRADE (UR, U	+, UP)			8. DEFECTIVI	E VAPOR POPPE	т	
	APACITY, GALLOI	NS			9. MISSING F		,	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	VAPOR CAP		_		10. DEFECTIVE		· · · · · · · · · · · · · · · · · · ·	
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	CAP NOT ENGAG CAP GASKET				13. VAULT DRA			
	IVE COAXIAL	· , .			14. FILL-VAP-S		· · · · · · · · · · · · · · · · · · ·	
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	m	ACT	regu	regne	OPERATOR (X)	21xx	Sent .	1

Unless otherwise noted all equipment must be repaired or replaced within 7 working days of the inspection date. Failure to repair or replace equipment may result in a Notice of Violation for permit conditions (Section 030.2175 - Operations Contrary to Permit. Washoe County District Board of Health Regulations Governing Air Quality Management).



Washoe County Health District



STAFF REPORT BOARD MEETING DATE: February 28, 2013

DATE:

February 15, 2013

TO:

District Board of Health

FROM:

Lori Cooke, Fiscal Compliance Officer, Washoe County Health District

775-325-8068, lcooke@washoecounty.us

THROUGH:

Eileen Stickney, Administrative Health Services Officer

775-328-2417, estickney@washoecounty.us

SUBJECT: Approval of Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Sexually Transmitted Disease (STD) Prevention and Control Program, for the period January 1, 2013 through December 31, 2013 in the amount of \$119,023 in support of the STD Program, IO 10014; and authorize the Chairman of the Board to sign.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District (District) received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division (NSHD), in the amount of \$119,023 in support of the STD Program, IO 10014. A copy of the Subgrant Award is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Sustainability, including financial sustainability, sustaining our services and infrastructure, and sustainability of our natural resources.

Approval of the Subgrant Award also supports the Health District Sexual Health Program Mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health

AGENDA	ITEM	#		
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Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

The Washoe County District Board of Health approved the Notice of Subgrant Award in support of the STD Program in the amount of \$119,023 for Calendar Year 2012 on March 22, 2012.

BACKGROUND

This grant provides funding for: personnel and benefits, and operating supplies, including lab testing.

FISCAL IMPACT

Should the Board approve the Notice of Subgrant Award budget amendments for FY13 are not necessary as this award crosses County fiscal years and there is sufficient budget authority through June 30, 2013.

RECOMMENDATION

Staff recommends that the District Board of Health approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Sexually Transmitted Disease (STD) Prevention and Control Program, for the period January 1, 2013 through December 31, 2013 in the amount of \$119,023 in support of the STD Program, IO 10014; and authorize the Chairman of the Board to sign.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Sexually Transmitted Disease (STD) Prevention and Control Program, for the period January 1, 2013 through December 31, 2013 in the amount of \$119,023 in support of the STD Program, IO 10014; and authorize the Chairman of the Board to sign.

Department of Health and Human Services HEALTH DIVISION

Health Division #:

13113

(hereinafter referred to as the DIVISION)

Budget Account #:

3219

Category #: GL #:

09 8516

NOTICE OF SUBGRANT AWARD

		HOLICE	<i>/</i> 30	DOINAIN H	WAND		
Program Name: STD Prevention and Control Program OPHIE Nevada State Health Division				Subgrantee Name: Washoe County Health District (WCHD) WCHD Project Code: 93977A George Furman, MD, Chair, (775) 328-2417			
Address: 3811 W Charleston Blvd, Suite 205 Las Vegas, NV 89102				Address: P. O. Box 11130 Reno, NV 89520			
Subgrant Period: January 1, 2013 through Dece	mbe	er 31, 2013		Subgrante EIN#: Vendor#: Dun & Bra	88-60	000138 83400Q 78-6998	
Reason for Award: To identif	y, tr	eat and control	Sexua	ally Transmit	ted Diseases (ST	D) in Washoe County.	
County(ies) to be served: ()				•			
Approved Budget Categories			,				
1. Personnel	\$	96,857			Curbananta		
2. Travel	\$					y make categorical ments up to ten percent	
3. Supplies	\$	12,480		/		al subgrant amount	
4. Equipment	\$	without amending the ag					
5. Contractual/Consultant	\$				long as the adjustment is reasonable to		
6. Training	\$	support the activities described					
7. Indirect	\$	9,686			the Scope of Work and the adjustment		
Total Cost	\$	119,023			does not alter the Scope of Work.		
Disbursement of funds will be Payment will be made upon recrequesting reimbursement for a exceed \$ 119,023.00 during the	eipi ctu	and acceptance	e of a specii	n invoice an fic to this sul	d supporting docu	ımentation specifically bursement will not	
Source of Funds: 1. Centers for Disease Control	ol ar	nd Prevention	<u>%</u>	of Funds: 100	<u>CFDA#:</u> 93.977	Federal Grant #: 5H25PS001382-05	
Terms and Conditions In accepting these grant funds, 1. Expenditures must condition 2. This award is subject 3. Recipient of these fundaments	omp	oly with appropriation of the availability of	ate st f appi	ate and/or for ropriate funces listed in Se	ederal regulations	•	
Authorized Outersates Official	_			Signature		Date	
Authorized Subgrantee Official WCHD		*					
Jon Basilio, MPH Program Manager		Charles &	ا مال	J.		1-2-2013	
Chad Westom Bureau Chief, HSPER		Chad !	Nt	stow-		1/8/13	
Richard Whitley, MS Administrator, Health Division							

HEALTH DIVISION NOTICE OF SUBGRANT AWARD SECTION A Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

- 1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
- 2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
- 3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
- 4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

- 5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
- 6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
- 7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
- 8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

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- activities that involve the use or disclosure of Protected Health Information, the *Subgrantee* agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).
- 9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
- 10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:

a. any federal, state, county or local agency, legislature, commission, council, or board;

- b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
- c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
- 11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to

a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures:

b. ascertain whether policies, plans and procedures are being followed;

- c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
- d. determine reliability of financial aspects of the conduct of the project.
- 12. Any audit of *Subgrantee*'s expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the *Subgrantee*'s fiscal year. To ensure this requirement is met Section D of this subgrant must be filled out and signed.

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HD Template: Updated 07-19-10

HEALTH DIVISION NOTICE OF SUBGRANT AWARD SECTION B

Description of services, scope of work, deliverables and reimbursement

Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

- Provide testing and clinical services to all patients, contacts, and suspects referred to or volunteering for examination, treatment, or counseling for sexually transmitted diseases (STDs) in Washoe County as specified in the budget, during the subgrant period. The services will be provided at STD clinics, Family Planning Clinics, the Juvenile Detention Center and non-traditional sites which services are provided by County-Level Community Outreach.
- Provide and supervise Communicable Disease Investigators, Public Health Nurses, Administrative Staff, and other staff necessary for the successful provision of testing and clinical services to patients, contacts, and suspects for STDs during the subgrant period.
- Provide interview and investigative services including pre and post-test evaluations of STD patients seeking STD evaluations per STD epidemiology performance standards approved by the Centers for Disease Control and Prevention (CDC) throughout the subgrant period.
- Use the Sexually Transmitted Disease*Management Information System (STD*MIS) or compatible system meeting CDC standards, reactor registry, and other records to perform the following activities related to STD investigation during the subgrant period:
 - a. program planning,
 - b. program implementation;
 - c. program evaluation; and,
 - d. Respond to recommendations for data quality improvements made by the Health Division.
- Complete and maintain an STD file system that adequately and timely documents all STD program activity conducted during the subgrant period.
- Maintain a minimum level of STD individual and community behavior change intervention activities during the subgrant period, including appropriate risk reduction education of high-risk or vulnerable populations. (For guidance, reference Healthy People 2010: Understanding and Improving Health, Focus Area 25: Sexually Transmitted Diseases.)
- Provide to the Health Division, upon request, reports regarding STD activities in Washoe County.
- Submit electronically to the Health Division the following deliverables by the deadlines listed:
 - STD*MIS Reports (Due weekly)
 - Quarterly Statistical Reports Reports should present data on all STD testing, diagnoses, treatment, and partner services conducted by the subgrantee during each quarter (by gender, race, age, etc.), including (1) infertility data (which includes the number of clients screened and treated for Chlamydia); (2) a ratio of the number of infected partners brought to treatment per the number of client interviews performed (by gender); and (3) prevalence monitoring. These reports must be presented in the format requested by the STD Program Coordinator. Reports are due to the STD Program Coordinator no later than 30 days after the end of each quarter of the subgrant period.

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- Annual Progress Reports Reports should include: (1) a brief narrative description (no more than 10 double-spaced pages) of all STD program activities conducted by the *subgrantee* for the subgrant period for CSPS and IPP, including any education, outreach, or intervention activities and their locations; (2) identification of future technical assistance or training needs (if any); and (3) copies of all products produced for the STD program with subgrant funds. These reports must be presented in the format requested by the STD Program Coordinator (See Attachment A). The annual report is due to the NSHD STD Program Coordinator no later than 45 calendar days after the end of the subgrant period (December 31st) and the interim report is due to the Program Coordinator no later than 15 calendar days after the end of the reporting period (June 30th); unless otherwise notified by the NSHD STD Program Coordinator.
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5H25PS001382-05 from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5H25PS001382-05 from the Centers for Disease Control and Prevention.

(continued on next page)

Subgrantee agrees to adhere to the following budget:

Personnel	\$ 96,858		
		\$ 31,542	0.40 FTE Disease Investigation Specialist (Kathy Hong) @ \$78,855
		\$ 39,428	0.50 FTE Disease Investigation Specialist (Linda Gabor) @ \$78,855
		\$ 25,888	Fringe Benefits (36.477%) @ \$31,542*0.36477 + \$39,428*0.36477
Travel	\$	_	
Operating/Supplies	\$ 12,479		
		\$ 12,479	1,247 Aptima NAATs tests x \$10.00 per test (IPP Funding)
Contractual	\$	-	
Indirect	\$ 9686		Indirect (10% of total personnel) @ 0.10 x 96,858
Total	\$	119,023	

- With prior approval from the NSHD STD Program Coordinator, subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work;
- Reimbursement will not exceed \$119,023 for the period of the subgrant;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- and, Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

 A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

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HD Template: Updated 07-19-10

The Nevada State Health Division agrees:

- The STD Prevention and Control Program will provide or accomplish the following items to ensure successful completion of this project, such as:
 - o Provide reimbursement of activities related to this subgrant, not to exceed **\$119,023** during the subgrant period, given receipt of appropriate documentation;
 - o Providing technical assistance, upon request from the Subgrantee;
 - Providing prior approval of reports or documents to be developed;
 - o Forwarding a report to CDC.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

- Site-visit monitoring and/or audits may be conducted by the Health Division or the Centers for Disease Control and Prevention or related staff of the *Subgrantee*'s STD program in its entirety at any time. Program and fiscal audits shall occur annually or as needed.
- The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.
 - Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.
- All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

HEALTH DIVISION NOTICE OF SUBGRANT AWARD SECTION C

Financial Reporting Requirements

- A Request for Reimbursement is due on a **monthly or guarterly** basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- 9 Reimbursement is based on <u>actual</u> expenditures incurred during the period being reported.
- 9 Payment will not be processed without all reporting being current.
- 9 Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- → PLEASE REPORT IN WHOLE DOLLARS

<u>Provide the following information on the top portion of the form:</u> Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

- A. Approved Budget: List the approved budget amounts in this column by category.
- **B. Total Prior Requests:** List the <u>total</u> expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the <u>previous</u> Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.
- C. Current Request: List the <u>current</u> expenditures requested at this time for reimbursement in this column, for each category.
- **D. Year to Date Total:** Add Column B and Column C for each category.
- E. Budget Balance: Subtract Column D from Column A for each category.
- **F. Percent Expended:** Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments MUST be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.
- * An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.

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HD Template: Updated 07-19-10

HEALTH DIVISION NOTICE OF SUBGRANT AWARD SECTION D

NEVADA STATE HEALTH DIVISION AUDIT INFORMATION REQUEST

	SIGNATURE TITLE DATE
7.	Which accounting firm conducted the audit?
6.	What time period did it cover?
5.	When was your last audit performed?
4.	How often is your organization audited?
3.	When does your fiscal year end?
2.	Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES NO
1.	Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with OMB Circular A-133. A COP OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.

Nevada Department of Health and Human Services

Health Division # 13113

Bureau Program # 3219

GL # 8516

Draw #:

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT

Program Name:	Subgrantee Name:			
STD Prevention and Control Program OPHIE, Nevada State Health Division	Washoe County Health District (WCHD) WCHD Project Code: 93977A George Furman, MD, Chair, (775) 328-2417			
Address:	Address:			
3811 W Charleston Blvd, Suite 205 Las Vegas, NV 89102	P. O. Box 11130 Reno, NV 89520			
Subgrant Period:	Subgrantee EIN#: 88-6000138			
January 1, 2013 through December 31, 2013	Subgrantee Vendor#: T40283400Q			

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in whole dollars; must be accompanied by expenditure report/back-up)

Mon	th((s)	-
-----	-----	-----	---

Calendar Year:

	Month(s):						Calc	HIC	dar Year:			
			Α	Γ	В		С		D		E	F
Approved Budget Category			Approved		Total Prior		Current		Year To		Budget	Percent
1	Personnel	Budget Requests onnel \$ 96,857 \$ 0		<u></u>	Request	Date Total		Balance		Expended		
1		\$		_		\$		\$	0	_	96,857	0%
2	Travel	\$		\$		\$		\$		\$	0	#DIV/0!
3	Operating	\$	12,480	-		\$		\$		\$	12,480	0%
4	Equipment	\$		\$		\$		\$	0		0	#DIV/0!
5	Contract/Consultant	\$	0	\$		\$	0	\$	0	\$	0	#DIV/0!
6	Training	\$		\$	0	\$	0	\$	0	\$	0	#DIV/0!
7	Indirect	\$	9,686	\$	0	\$	0	\$	0	\$	9,686	0%
8	Total	\$	119,023	\$	0	\$	0	\$	0	\$	119,023	0%
Authorized Signature Title Date Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.												
FOR HEALTH DIVISION USE ONLY												
	Program contact necessary? Yes No Contact Person:											
Pro	gram contact necessary?	· _	Yes		No C	on	tact Person:	_			· · · · · · · · · · · · · · · · · · ·	
	gram contact necessary? son for contact:					on	tact Person:					
Rea			· .						<u> </u>			
Rea Fisc	son for contact:		· · · · · · · · · · · · · · · · · · ·	S	igned:							



Washoe County Health District



STAFF REPORT **BOARD MEETING DATE: February 28, 2013**

DATE:

February 15, 2013

TO:

District Board of Health

FROM:

Lori Cooke, Fiscal Compliance Officer, Washoe County Health District

775-325-8068, lcooke@washoecounty.us

THROUGH: Eileen Stickney, Administrative Health Services Officer

775-328-2417, estickney@washoecounty.us

SUBJECT: Approval of Grant Agreement #A-00905413-0 (continuation agreement) from the U.S. Environmental Protection Agency (EPA) for partial funding in the amount of \$524,508 for the period 10/1/12 through 9/30/13 for the Air

Quality Management, EPA Air Pollution Control Program, IO 10019.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Office to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Air Quality Management Division has a Grant Agreement from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO 10019. A copy of the Grant Agreement is attached.

District Board of Health strategic priority: Promote financial accountability and stability

BCC Strategic Objective supported by this item: Sustainability, including financial sustainability, sustaining our services and infrastructure, and sustainability of our natural resources.

Approval of this Grant Agreement also supports the Health District Air Quality Program Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

AGENDA	ITEM#	

PREVIOUS ACTION

The Washoe County District Board of Health retroactively approved the District Health Officer's acceptance of the Grant Agreement for the period 10/1/11 through 9/30/12, on January 26, 2012 and two budget amendments for the period 10/1/11 through 9/30/12 on May 24, 2012.

BACKGROUND

The Grant Agreement was received on January 22, 2013. The Grant Agreement is being presented for District Board of Health approval per the new EPA procedure that does not require signature and return within 21 days of receipt.

The base grant award provides funding for salaries and benefits, training and travel, operating supplies, repairs and maintenance, minor equipment, special clothing, professional services and capital equipment.

FISCAL IMPACT

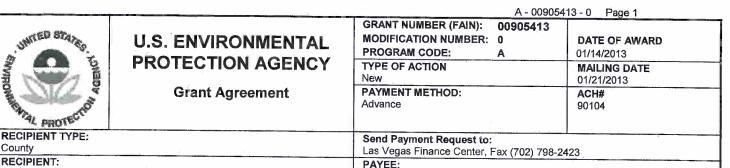
Should the Board approve the Grant Agreement, no FY13 budget amendments are necessary.

RECOMMENDATION

Staff recommends that the District Board of Health approve Grant Agreement #A-00905413-0 (continuation agreement) from the U.S. Environmental Protection Agency (EPA) for partial funding in the amount of \$524,508 for the period 10/1/12 through 9/30/13 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

POSSIBLE MOTION

Move to approve Grant Agreement #A-00905413-0 (continuation agreement) from the U.S. Environmental Protection Agency (EPA) for partial funding in the amount of \$524,508 for the period 10/1/12 through 9/30/13 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.



Washoe Cnty Dist Hith Dept

P.O. Box 11130
Reno, NV 89520
EIN: 88-6000138

PROJECT MANAGER

EPA PROJECT OFFICER

EPA GRANT SPECIALIST

Lori Cooke

Roy Ford

Renee Chan

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E-Mail: Ford Roy@epa.gov
Phone: 415-972-3997

Renee Chan
Grants Management Office, MTS-7

E-Mail: Chan.Renee@epa.gov
Phone: 415-972-3675

PROJECT TITLE AND DESCRIPTION FY-2013 Air Pollution Control Program

Washoe Cnty Dist Hith Dept

This assistance agreement provides partial federal funding in the amount of \$524,508. The purpose of this program is to provide continuing support for activities which include strategic planning and evaluation, compliance assistance, developing state implementation plans, monitoring air and emissions, rulemaking, operating permits and all other program related activities. This program will protect and improve the air quality in Washoe County and reduce the risks to human health and the environment.

 BUDGET PERIOD
 PROJECT PERIOD
 TOTAL BUDGET PERIOD COST
 TOTAL PROJECT PERIOD COST

 10/01/2012 - 09/30/2013
 10/01/2012 - 09/30/2013
 \$2,151,018.00
 \$2,151,018.00

NOTICE OF AWARD

Based on your Application dated 09/19/2012 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$524,508. EPA agrees to cost-share % of all approved budget period costs incurred, up to and not exceeding total federal funding of \$524,508. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA statutory provisions. The applicable regulatory provisions are 40 CFR Chapter 1, Subchapter B, and all terms and conditions of this agreement and any attachments.

ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)	AWARD APPROVAL OFFICE					
ORGANIZATION / ADDRESS	ORGANIZATION / ADDRESS					
U.S. EPA, Region 9 Grants Management Office, MTS-7 75 Hawthorne Street San Francisco, CA 94105	U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105					
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY						

Digital signature applied by EPA Award Official Denise Zvanovec - Grants Management Officer

DATE
01/14/2013

EPA Funding Information

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FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$	\$ 524,508	\$ 524,508
EPA In-Kind Amount	\$	\$	\$ (
Unexpended Prior Year Balance	\$	\$	\$ 0
Other Federal Funds	\$	\$	\$ 0
Recipient Contribution	\$	\$ 1,451,673	\$ 1,451,673
State Contribution	\$	\$	\$ 0
Local Contribution	\$	\$	\$ 0
Other Contribution	\$	\$	\$ 0
Allowable Project Cost	\$ 0	\$ 1,976,181	\$ 1,976,181

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	40 CFR PTS 31 & 35 SUBPT A

		_		Fiscal					
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
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Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,251,198
2. Fringe Benefits	\$483,065
3. Travel	\$42,463
4. Equipment	\$47,000
5. Supplies	\$12,700
6. Contractual	\$4,200
7. Construction	\$0
8. Other	\$59,033
9. Total Direct Charges	\$1,899,659
10. Indirect Costs: % Base Cost Allocation Plan	\$251,359
11. Total (Share: Recipient % Federal %.)	\$2,151,018
12. Total Approved Assistance Amount	\$524,508
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$524,508
15. Total EPA Amount Awarded To Date	\$524,508

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
The total approved budget includes	\$
2. \$-0- in estimated non-federal,	\$
3. non-recurrent costs.	\$
4.	\$
15.	\$
6. Cost-share requirement: 40% and MOE	\$
7.	\$
8.	\$
9.	\$
10.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

Administrative Conditions

1. Federal Financial Report (SF 425)

The final Federal Financial Report (FFR) covering the entire project period shall be submitted within 90 days after the end of the project period according to 40 CFR Part 31.23(b) and 31.41(b). The LVFC will make adjustments, as necessary, to obligated funds after reviewing and accepting a final Federal Financial Report. Recipients will be notified and instructed by EPA if they must complete any additional forms for the closeout of the assistance agreement.

For awards with cumulative project and budget periods greater than 12 months, an interim FFR covering the period from "project/budget period start date" to September 30 of each calendar year shall be submitted to the U.S. EPA Las Vegas Finance Center, 4220 South Maryland Parkway, Bldg. C, Room 503, Las Vegas, NV 89193-8515, no later than December 31 of the same calendar year.

The recipient shall identify non-federal, non-recurrent expenditures on a separate page attached to the FFR and submit it to the Grants Management Office, MTS-7. The recipient also agrees to include a statement certifying that supplanting did not occur.

2. Single Audit Act

In accordance with OMB Circular A-133, which implements the Single Audit Act, the recipient hereby agrees to obtain a single audit from an independent auditor, if it expends \$500,000 or more in total Federal funds in any fiscal year. Within nine months after the end of a recipient's fiscal year or 30 days after receiving the report from the auditor, the recipient shall submit the SF-SAC and a Single Audit Report Package. The recipient MUST submit the SF-SAC and a Single Audit Report Package using the Federal Audit Clearinghouse's Internet Data Entry System. For complete information on how to accomplish the single audit submissions, you will need to visit the Federal Audit Clearinghouse Web site: http://harvester.census.gov/fac/.

3. Central Contractor Registration/System for Award Management and Universal Identifier Requirements.

A. Requirement for Central Contractor Registration (CCR)/System for Award Management (SAM). Unless you are exempted from this requirement under 2 CFR 25.110, you as the recipient must maintain the currency of your information in the SAM until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

- B. Requirement for Data Universal Numbering System (DUNS) numbers. If you are authorized to make subawards under this award, you:
 - Must notify potential subrecipients that no entity (see definition in paragraph C of this award term) may receive a subaward from you unless the entity has provided its DUNS number to you.
 - May not make a subaward to an entity unless the entity has provided its DUNS number to you.
- C. <u>Definitions</u>. For purposes of this award term:
 - Central Contractor Registration (CCR)/System for Award Management (SAM) means the Federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the System for Award Management (SAM) Internet site http://www.sam.gov.
 - 2. <u>Data Universal Numbering System (DUNS) number</u> means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at http://fedgov.dnb.com/webform).
 - Entity, as it is used in this award term, means all of the following, as defined at 2 CFR part 25, subpart C:
 - a. A Governmental organization, which is a State, local government, or Indian tribe;
 - b. A foreign public entity;
 - c. A domestic or foreign nonprofit organization;
 - d. A domestic or foreign for-profit organization; and

e. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

4. Subaward:

- a. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
- b. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").
- c. A subaward may be provided through any legal agreement, including an agreement that you consider a contract.

5. Subrecipient means an entity that:

- a. Receives a subaward from you under this award; and
- b. Is accountable to you for the use of the Federal funds provided by the subaward.

4. Reporting Subawards and Executive Compensation

- a. Reporting of first-tier subawards.
 - 1. Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e of this award term).
 - 2. Where and when to report.
 - i. You must report each obligating action described in paragraph a.1. of this award term to www.fsrs.gov.
 - ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)
 - 3. What to report. You must report the information about each obligating action that the submission instructions posted at www.fsrs.gov specify.

b. Reporting Total Compensation of Recipient Executives.

- 1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if
 - i. The total Federal funding authorized to date under this award is \$25,000 or more;
 - ii. In the preceding fiscal year, you received-
 - (A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
 - (B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
 - iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at
 - http://www.sec.gov/answers/execomp.htm.)
- 2. Where and when to report. You must report executive total compensation described in paragraph b.1. of this award term:
 - i. As part of your registration profile at www.ccr.gov.
 - ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

- 1. Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if
 - i. in the subrecipient's preceding fiscal year, the subrecipient received-
 - (A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
 - B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and

subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at

http://www.sec.gov/answers/execomp.htm.)

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.

- ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.
- d. <u>Exemptions</u>. If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:
 - i. subawards, and
 - ii. the total compensation of the five most highly compensated executives of any subrecipient.
- e. <u>Definitions</u>. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

iv. A domestic or foreign for-profit organization;

- v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.
- 2. <u>Executive</u> means officers, managing partners, or any other employees in management positions.
- Subaward:
 - i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
 - ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").
 - iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.
- 4. Subrecipient means an entity that:
 - i. Receives a subaward from you (the recipient) under this award; and
 - ii. Is accountable to you for the use of the Federal funds provided by the subaward.
- 5. <u>Total compensation</u> means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):
 - i. Salary and bonus .
 - ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - v. Above-market earnings on deferred compensation which is not tax-qualified .
 - vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

5. Trafficking in Persons

- a. Provisions applicable to a recipient that is a private entity
 - 1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not
 - i. Engage in severe forms of trafficking in persons during the period of time that the award is

in effect:

- ii. Procure a commercial sex act during the period of time that the award is in effect; or
- iii. Use forced labor in the performance of the award or subawards under the award.
- 2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity
 - i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—
 - A. Associated with performance under this award; or
 - B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our Agency at 2 CFR 1532.
- b. Provision applicable to a recipient other than a private entity. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—
 - 1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
 - 2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either
 - i. Associated with performance under this award; or
 - ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR 1532
- c. Provisions applicable to any recipient .
 - 1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
 - 2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section: i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
 - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
 - 3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.
- d. Definitions . For purposes of this award term:
 - 1. "Employee" means either:
 - i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
 - 2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
 - 3. "Private entity":
 - i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.
 - ii. Includes:
 - A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b). B. A for-profit organization.
 - 4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102).

6. Recycled Paper

In accordance with Executive Order 13423 (Strengthening Federal Environmental, Energy and Transportation Management dated January 24, 2007), EPA Order 1000.25 and 40 CFR Part 30.16 (as applicable), the recipient shall use recycled paper and double sided printing for all reports which are prepared as a part of this agreement and delivered to EPA. This requirement does not apply to reports prepared on forms supplied by EPA, or to Standard Forms, which are printed on recycled paper and are available through the General Services Administration. The recipient shall give preference in its procurement programs funded with Federal funds to the purchase of recycled products pursuant to EPA's

guidelines, as applicable.

Any State agency or agency of a political subdivision of a State shall also comply with the requirements set forth in the Resource Conservation and Recovery Act (RCRA), Section 6002 (42 U.S.C. 6962), which requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by EPA under 40 CFR Part 247. Regulations issued under RCRA Section 6002 apply to any acquisition of an item where the purchase price exceeds \$10,000 or where the quantity of such items acquired in the course of the preceding fiscal year was \$10,000 or more.

7. Hotel and Motel Fire Safety

The recipient agrees to ensure that all conference, meeting, convention, or training funded in whole or in part with Federal funds complies with the protection and control guidelines of the Hotel and Motel Fire Safety Act (PL 101-391, as amended). Recipients may search the Hotel-Motel National Master List at http://www.usfa.dhs.gov/applications/hotel/ to see if a property is in compliance (FEMA ID is currently not required), or to find other information about the Act. (Refer to 40 CFR Part 30.18 and 15 U.S.C. 2225a, as applicable.)

8. Drug-Free Workplace

The recipient organization of this EPA assistance agreement must make an ongoing, good faith effort to maintain a drug-free workplace pursuant to the specific requirements set forth in Title 2 CFR Part 1536 Subpart B. Additionally, in accordance with these regulations, the recipient organization must identify all known workplaces under its federal awards, and keep this information on file during the performance of the award. Those recipients who are individuals must comply with the drug-free provisions set forth in Title 2 CFR Part 1536 Subpart C.

The consequences for violating this condition are detailed under Title 2 CFR Part 1536 Subpart E. Recipients can access the Code of Federal Regulations (CFR) Title 2 Part 1536 at http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=701081165f70316effa8ebf67df73de0&rgn=div5&view=text&node=2:1.2.11.11.2&idno=2.

9. Debarment, Suspension and Other Responsibility Matters

The recipient shall fully comply with Subpart C of 2 CFR Part 180 and 2 CFR Part 1532, entitled "Responsibilities of Participants Regarding Transactions (Doing Business with Other Persons)." The recipient is responsible for ensuring that any lower tier covered transaction as described in Subpart B of 2 CFR Part 180 and 2 CFR Part 1532, entitled "Covered Transactions," includes a term or condition requiring compliance with Subpart C. The recipient is responsible for further requiring the inclusion of a similar term or condition in any subsequent lower tier covered transactions. The recipient acknowledges that failing to disclose the information as required at 2 CFR 180.335 may result in the delay or negation of this assistance agreement, or pursuance of legal remedies, including suspension and debarment.

Recipient may access the Excluded Parties List System at www.epls.gov. This term and condition supersedes EPA Form 5700-49, "Certification Regarding Debarment, Suspension, and Other Responsibility Matters."

10. Reimbursement Limitation

EPA's financial obligations to the recipient are limited by the amount of federal funding awarded to date as shown on line 15 in its EPA approved budget. If the recipient incurs costs in anticipation of receiving additional funds from EPA, it does so at its own risk.

11. Management Fees

Management fees or similar charges in excess of the direct costs and approved indirect rates are not allowable. The term "management fees or similar charges" refers to expenses added to the direct costs in order to accumulate and reserve funds for ongoing business expenses, unforeseen liabilities, or for other similar costs which are not allowable under this assistance agreement. Management fees or similar charges may not be used to improve or expand the project funded under this agreement, except to the extent authorized as a direct cost of carrying out the scope of work.

12. Lobbying and Litigation Prohibition

The recipient shall ensure that no grant funds awarded under this assistance agreement are used to engage in lobbying of the Federal Government or in litigation against the United States unless authorized under existing law. The recipient shall abide by 2 CFR 225 (OMB Circular A-87), which prohibits the use of federal grant funds for litigation against the United States or for lobbying or other political activities.

The recipient agrees to comply with Title 40 CFR Part 34, New Restrictions on Lobbying. The recipient shall include the language of this provision in award documents for all subawards exceeding \$100,000, and require that subrecipients submit certification and disclosure forms accordingly. In accordance with

the Byrd Anti-Lobbying Amendment, any recipient who makes a prohibited expenditure under Title 40 CFR Part 34 or fails to file the required certification or lobbying forms shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure.

13. Utilization of Disadvantaged Business Enterprises

The recipient agrees to comply with the requirements of EPA's Program for Utilization of Small, Minority and Women's Business Enterprises in procurement under assistance agreements as set forth in 40 CFR Part 33. The EPA DBE rule can be accessed at http://www.epa.gov/osbp. In addition, the recipient agrees to make good faith efforts whenever procuring construction, equipment, services and supplies under an EPA assistance agreement, and to ensure that sub-recipients, loan recipients, and prime contractors also comply with 40 CFR Section 33.301. Records documenting compliance with the six good faith efforts shall be retained.

The recipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA by the Nevada Department of Conservation and Natural Resources, as follows:

	MBE	WBE
Construction	12%	10%
Equipment	11%	23%
Services	07%	25%
Supplies	13%	28%

By signing this financial assistance agreement, the recipient is accepting the fair share objectives/goals stated above and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market as the Nevada Department of Conservation and Natural Resources.

Pursuant to 40 CFR Section 33.404, the recipient has the option to negotiate its own MBE/WBE fair share objectives/goals. If the recipient wishes to negotiate its own MBE/WBE fair share objectives/goals, the recipient agrees to submit proposed MBE/WBE objectives/goals based on an availability analysis, or disparity study, of qualified MBEs and WBEs in their relevant geographic buying market for construction, services, supplies and equipment.

The submission of proposed fair share goals with the supporting analysis or disparity study means that the recipient is not accepting the fair share objectives/goals of another recipient. The recipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study to Tiffanie Pang, MTS-1, the Regional MBE/WBE Coordinator, within 120 days of acceptance of the financial assistance award. EPA will respond to the proposed fair share objectives/goals within 30 days of receiving the submission. If proposed fair share objectives/goals are not received within the 120 day time frame, the recipient may not expend its EPA funds for procurements until the proposed fair share objectives/goals are submitted.

A recipient of a Continuing Environmental Program Grant or other annual grant agrees to create and maintain a bidders list. A recipient of an EPA financial assistance agreement to capitalize a revolving loan fund also agrees to require entities receiving identified loans to create and maintain a bidders list if the recipient of the loan is subject to, or chooses to follow, competitive bidding requirements. Refer to 40 CFR Section 33.501 (b) and (c) for specific requirements and exemptions.

14. MBE/WBE Utilization Report

The recipient agrees to complete and submit to the Grants Management Office, MTS-7, a MBE/WBE Utilization Report (EPA Form 5700-52A), within 30 days after the end of the Federal fiscal year; i.e., by October 30 of each calendar year. Negative reports are required. Only procurements with certified MBE/WBEs are counted towards a recipient's MBE/WBE accomplishments. A final MBE/WBE report must be submitted within 90 days after the end of the project period. Your grant cannot be officially closed without all MBE/WBE reports. EPA Form 5700-52A may be obtained from the EPA Office of Small Business Program's Home Page on the internet at www.epa.gov/osbp.

15. Indirect Costs

The cost principles of 2 CFR Part 225 (OMB Circular A-87), "Cost Principles for State, Local, and Indian Tribal Governments," applies to this agreement.

The local government recipient whose cognizant federal agency has been designated by the Office of Management and Budget (OMB) must develop and submit its indirect cost rate proposal to its cognizant agency within six (6) months after the close of the governmental unit's fiscal year. If the cognizant federal agency has not been identified by the OMB, the local government recipient must still develop (and when required, submit) its proposal within that period.

Recipients are entitled to reimbursement of indirect costs, subject to any statutory or regulatory administrative cost limitations, if they have a current rate agreement or have submitted an indirect cost rate proposal to their cognizant federal agency for review and approval. Recipients are responsible for maintaining an approved indirect cost rate throughout the life of the award. Recipients may draw down grant funds once a rate has been approved, but only for indirect costs incurred during the period specified in the rate agreement. Recipients are not entitled to indirect costs for any period in which the rate has expired.

Recipients with differences between provisional and final rates are not entitled to more than the award amount. Recipients may request EPA approval to rebudget funds from direct cost categories to the indirect cost category (to grants which have not expired or been closed out) to cover increased indirect costs.

Pursuant to 40 CFR 31.26, recipient agrees to comply with the audit requirements prescribed in the Single Audit Act Amendments, and revised OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," including Subpart C Section 305(b) which addresses the restriction on auditors preparing indirect cost proposals.

16. Payment to Consultants

Per 40 CFR Part 31.36(j), EPA's participation in the salary rate (excluding overhead and travel) paid to individual consultants retained by recipients or by a recipient's contractors or subcontractors shall be limited to the maximum daily rate for a Level IV of the Executive Schedule, to be adjusted annually. The Federal Executive Schedule (i.e., Salary Table) is located at: http://www.opm.gov/ocal This limit applies to consultation services of designated individuals with specialized skills and if the terms of the contract provide the recipient with responsibility for the selection, direction, and control of the individuals who will be providing services under the contract at an hourly or daily rate of compensation. This rate does not include overhead or travel costs and the recipient may pay these in accordance with its normal travel practices.

Subagreements with firms or individuals for services which are awarded using the procurement requirements in 40 CFR Part 31, are not affected by this limitation unless the terms of the contract provide the recipient with responsibility for the selection, direction, and control of the individuals who will be providing services under the contract at an hourly or daily rate of compensation. See 40 CFR Part 31.36(j)(2).

17. Procurement

The recipient will ensure all procurement transactions will be conducted in a manner providing full and open competition consistent with EPA regulations under 40 CFR Part 30.43, 31.36 or 35.6555, as applicable. In accordance with 40 CFR Part 30.45, 31.36(f) or 35.6585, as applicable, the grantee and subgrantee(s) must perform a cost or price analysis in connection with every procurement action, including contract modifications.

18. Cost-Share Requirement and Maintenance of Effort

The required minimum recipient cost share for this assistance agreement is 40% of total project costs, or Maintenance of Effort (MOE) level of \$1,451,671 (final MOE from FY-2012), whichever is greater. EPA agrees to pay up to 60% of total eligible project costs, not to exceed the Total Approved Assistance Amount, provided that the recipient's MOE level is maintained. The assistance agreement may reflect a percentage shown under the "Notice of Award" section which is based on estimated costs requested in the recipient's application.

Programmatic Conditions

- P1. This award represents PARTIAL funding in the amount of \$524,508 for Fiscal Year 2013 (FY-2013). Full funding of this assistance agreement at the estimated FY-2013 amount is not guaranteed and is subject to the availability of funds. In the event that additional funding is not received, the recipient's final performance (progress) report submitted in accordance with 40 CFR 31.40 shall also address which workplan tasks were not accomplished as a result of the reduction in EPA funding.
- P2. The work includes the performance of environmental measurement. A Quality Assurance Plan (QAPP) for the Washoe County District Health Department (WCDHD) for CO, O3, NOx, Sox, PM2.5, and PM10 was conditionally approved by EPA and the WCDHD on March 7, 2011. Within 120 days of grant award, the WCDHD should address all remaining concerns with its QAPP and submit it for final approval. Measurement activity may proceed under the existing conditionally approved QAPP while the revised QAPP is being prepared.

- P3. The recipient shall submit mid-year and end-of-year progress reports to the EPA Project Officer. The mid-year report is due no later than 30 calendar days after the end of the 2nd Federal fiscal quarter (April 30) and the 4th Federal fiscal quarter (October 31). These reports should include brief information on each of the following areas: 1) a comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement workplan for the period; 2) the reasons for slippage if established outputs/outcomes were not met; and 3) additional pertinent information, including, when appropriate, analysis and formation of cost overruns or high unit costs.
- P4. EPA may terminate the assistance agreement for failure to make sufficient progress so as to reasonably ensure completion of the project within the project period, including any extensions. EPA will measure sufficient progress by examining the performance required under the workplan in conjunction with the milestone schedule, the time remaining for performance within the project.
- P5. Consistent with local, state, and federal grant procurement rules, recipient shall, when feasible, purchase environmentally preferable products/services and hold conferences/meetings using environmentally preferable measures. Environmentally preferable products/services and environmentally preferable measures include those that have a lesser or reduced effect on the environment when compared with competing products, services, or measures that serve the same purpose. This comparison may consider raw material acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance, or disposal of the product or service. In addition, environmentally preferable measures for conferences/meetings apply to large gatherings of ten or more persons.
- P6. Unless the event(s) and all of its components (i.e., receptions, banquets and other activities that take place after normal business hours) are described in the approved workplan, the recipient agrees to obtain prior approval from EPA for the use of grant funds for light refreshments and/or meals served at meetings, conferences, training workshops, and outreach activities (events). The recipient must send requests for approval to the EPA Project Officer and include: (1) An estimated budget and description for the light refreshments, meals, and/or beverages to be served at the event(s); (2) A description of the purpose, agenda, location, length and timing for the event; and (3) An estimated number of participants in the event and a description of their roles.

Recipients may address questions about whether costs for light refreshments and/or meals for events are allowable to the recipient's EPA Project Officer. However, the Agency Award Official or Grant Management Officer will make final determinations on allowability. Agency policy prohibits the use of EPA funds for receptions, banquets and similar activities that take place after normal business hours unless the recipient has provided a justification that has been expressly approved by EPA's Award Official or Grants Management Officer.

Note: U.S. General Services Administration regulations define light refreshments for morning, afternoon or evening breaks to include, but not be limited to, coffee, tea, milk, juice, soft drinks, donuts, bagels, fruit, pretzels, cookies, chips, or muffins. (41 CFR 301-74.11)

-- End of Agreement --



Washoe County Health District



STAFF REPORT BOARD MEETING DATE: February 28, 2013

DATE: February 15, 2013

TO: District Board of Health

FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District

775-325-8068, lcooke@washoecounty.us

THROUGH: Eileen Stickney, Administrative Health Services Officer

775-328-2417, estickney@washoecounty.us

SUBJECT: Approval of Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2013 through December 31, 2013 in the amount of \$99,223, for the Immunization Program Grant (IOs 10028 & 10029), and authorize the Chairman of the Board to sign.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Health District received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division (NSHD), which provides for grant funding for the ongoing Immunization Program, IOs 10028 & 10029. A copy of the Subgrant is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Sustainability, including financial sustainability, sustaining our services and infrastructure, and sustainability of our natural resources.

Approval of the Subgrant Award also supports the Health District Immunization Program Mission to promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

AGEN	DA	IT	EM	#	

PREVIOUS ACTION

The Washoe County District Board of Health retroactively approved District Health Officer approval of Amendment #1 to the Calendar Year 2012 Notice of Subgrant Award on June 28, 2012. No action has been taken this fiscal year.

BACKGROUND

The NSHD has received "Round 1" of funding from the Centers for Disease Control and Prevention (CDC). As such, the Notice of Subgrant Award reflects the subgrant period of January 1, 2013 through December 31, 2013, but funding of \$99,223, or approximately one-third of the anticipated funding level of \$292,556.

FISCAL IMPACT

No budget amendments are necessary as sufficient budget authority is available through 6/30/13.

RECOMMENDATION

Staff recommends that the District Board of Health approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2013 through December 31, 2013 in the amount of \$99,223, for the Immunization Program Grant (IOs 10028 & 10029), and authorize the Chairman of the Board to sign.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2013 through December 31, 2013 in the amount of \$99,223, for the Immunization Program Grant (IOs 10028 & 10029), and authorize the Chairman of the Board to sign.

Department of Health and Human Services HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #:

Health Division #:

3213 20

Category #: GL #:

8516

13128

NOTICE OF SUBGRANT AWARD

Program Name: Immunization Program Bureau of Child, Family & Community Wellness Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520

Subgrant Period:

1/1/2013 through 12/31/2013

Subgrantee's

EIN#: 88-6000138

Vendor#: T40283400 Q

Dun & Bradstreet#: 73786998

Reason for Award: To eliminate cases of vaccine-preventable diseases in Washoe County by raising immunization rates.

County(ies) to be served: () Statewide (X) Specific county or counties: Washoe County

Approved Budget Categories:

Approved Budget Gate	30.1001				
	VFC Ops (01)	VFC/AFIX (04)	317 Ops (00)	Pan Flu (05)	Total Cost
1. Personnel	\$56,404		\$36,014		\$92,418
2. Travel	\$200		\$2,265		\$2,465
3. Operating	\$433				\$433
4. Equipment					
5. Contractual/ Consultant					
6. Training					
7. Other	\$3,907				\$3,907
Total Cost	\$60,944		\$38,279		\$99,223

Any categorical adjustments must be approved through the Immunization Program Manager. Written permission must be obtained and can be done via email. Categorical adjustments are capped at 10%.

Disbursement of funds will be as follows:

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed \$99,223 during the subgrant period.

Source of Funds:	% of Funds:	CFDA #:	Federal Grant #:
Centers for Disease Control and	100%	93.268	1H23IP000727-01
Prevention			

Terms and Conditions

In accepting these grant funds, it is understood that:

- 1. Expenditures must comply with appropriate state and/or federal regulations.
- 2. This award is subject to the availability of appropriate funds.
- 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

Matt Smith District Board of Health Chair	Signature	Date
Erin Seward, MPH Program Manager	Exin Seward	1/4/13
Deborah A. Harris, MA, CPM CFCW Bureau Chief	Cm for	1/8/13
Richard Whitley, MS Administrator, Health Division		

HEALTH DIVISION NOTICE OF SUBGRANT AWARD SECTION A

Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

- 1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
- 2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
- 3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
- 4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

- 5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
- 6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
- 7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
- 8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

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- 9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
- 10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
- 11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.
- 12. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year. To ensure this requirement is met Section D of this subgrant must be filled out and signed.

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NOTICE OF SUBGRANT AWARD **SECTION B**

HEALTH DIVISION

Description of services, scope of work, deliverables and reimbursement

The intent of this subgrant is to perform activities deemed effective in improving immunization coverage and to reduce hepatitis B disease among children and adults. The activities addressed in this contract are required under the federal Immunizations and Vaccines for Children Grant, CFDA 93.268, administered by the Centers for Disease Control and Prevention, and identified within the Immunization Program Operations Manual (IPOM) dated 1/1/2013 - 12/31/2017. Funds from the CDC are received in Rounds. Therefore, this subgrant only has enough funds for four months. Subgrant will be amended with additional funds when the Nevada State Immunization Program also receives additional funds from the CDC.

Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

CHAPTER A - PROGRAM STEWARDSHIP AND ACCOUNTABILITY

VFC SITE VISITS

VFC site visits ensure that federally provided vaccine is stored and handled appropriately. Please note that for every VFC site visit (if the provider practice is large enough) an AFIX assessment is also required. All county VFC/AFIX Coordinators are required to work closely with state Provider Quality Assurance Manager.

e stewardship	Goaf: Enhance stewardship and accountability for all publicly purchased vaccine and VFC and Section 317 funding.	Section 317 fundi	
	Activities	Date Due Bv	Documentation
	1) Throughout 2013, state Quality Assurance Manager and	12/31/2013	Mid-Year & End-of-Year
By 12/31/2013, assure that	county coordinators are responsible for conducting site visits		Progress Benort
	on a minimum of 75% of enrolled 317 & VFC providers. State		
comply with VFC Program	and county are responsible for their specific jurisdiction.		• Within 30 days of the VEC
requirements though annual	Every month, state and county coordinators are responsible		site visit submit the following
compliance site visits to at	for conducting a minimum designated amount of VFC site		documentation for oits
least 75% of active VFC-	visits. This will help coordinators meet their goal of 75%. The		completed:
enrolled providers and other	following are required for VFC site visits:		VEC Areas of Non
	a) Utilize the most current VFC site visit questionnaire and		Compliance
	VFC non-compliance checklist as provided by the Nevada		O Doet visit letter
	State Immunization Program (NSIP).	1	
	b) Conduct VFC site visits on 100% of newly enrolled VFC		Submit by the fifth (5th) day of
	providers,		each month the manifer
	c) Conduct VFC site visits on newly enrolled VFC providers		month's Co-CASA export on
	no sooner than ninety (90) days and no later than 120		The site of decision of between the state of the site
	days of completion of enrollment.		the Mein

- Utilize the VFC site visit questionnaire and original	reporting sheet to note deficiencies while conducting	site visits with newly enrolled providers.	d) Provide technical assistance and/or follow-up visits as	directed by the NSIP.

CHAPTER B - ASSESSING PROGRAM PERFORMANCE

AFIX ASSESSMENTS

AFIX is a continuous quality improvement process that is used to improve provider practice and raise immunization coverage rates. Please note that for every VFC site visit (if provider practice is large enough) an AFIX assessment is also required. All county VFC/AFIX Coordinators are required to work closely with state Provider Quality Assurance Manager.

Goal: Assess program perfor	Goal: Assess program performance for program improvement.		
Objectives	Activities	Date Due By	Documentation
(IPOM B-3)	1) Throughout 2013, state Quality Assurance Manager and	12/31/2013	Mid-Year & Fnd-of-Year
By 12/31/2013, work with	county coordinators will conduct AFIX assessments on all		Progress Report
VFC providers on quality	VFC providers who immunized 10 or more children born in		Within 30 days of the
improvement processes to	2009. The following will be conducted with each AFIX visit:	•	VFC/AFIX site visit submit the
increase coverage levels	 a) Utilize Nevada WebIZ to conduct AFIX assessments or 		following documentation for
and decrease missed	directly enter immunization records into the most current		site visits completed:
opportunities using AFIX	Co-CASA module as provided by the CDC.		O Provider AFIX feedback
components, as appropriate	b) Generate the summary reports for the immunization		report (Submitted after a six
and move toward use of IIS	series (4:3:1:3:3:1 & 4:3:1:3:3:1:4) as selected by the		month follow up visit)
as primary source of data	CDC and complete "Visit Information" tab of Co-CASA.		O AFIX Series Summary
for provider coverage level	c) Generate the single antigen report to complete the		
assessment by the end of	information on the "Visit Information" tab of Co-CASA.		Single Antigen Benort
the project period.	d) Promote coalition reminder/recall program and NILE		Submit by the fifth (5th) day of
	activities during site visits.		each month the previous
	e) Perform AFIX assessments for all Nevada WebIZ users in		month's Co-CASA export on
	jurisdiction for the annual Silver Syringe Awards.		an FTP site as designated by
	 Coordinate with Nevada State Immunization Program 		the NSIP
	staff to conduct an AFIX assessment on all VFC		
	providers/users that use the Nevada WebIZ.		
(IPOM B-1d)	1) Throughout 2013, conduct AFIX immunization assessments	12/31/2013	Mid-Year & End-of-Year Progress
By 12/31/2013, promote	on WIC clients to determine up-to-date status with a focus on		Report
evidence-based strategies.	children 2 years of age and younger. Utilize reminder/recall feature in Nevada Wehl7		
	Goal = increase rates by 15%		

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PROVIDE STATE OF THE STATE OF T	2) Throughout 2013, conduct 6 adolescent AFIX assessments	19/21/9012	Mid Voor o End of Voor Br
	on providers below 75% in Washoe County on 1 Tdap. 1	0102/10/21	Mid-Teal & Elid-Ol-Year Progress
	MCV4, 3 HPV (females only) on 13-17 years olds. Follow-		
	ups will be conducted 6 months after the original visit. Utilize		
	reminder/recall feature in Nevada WebIZ.		
	Goal = increase rates by 15%.		
	3) Throughout 2013, conduct AFIX immunization assessments	12/31/2013	Mid-Year & End-of-Year Progress
	on licensed child care centers that have enrollments of at		Report
	least 15 two-year olds. Conduct at least 3 educational		
	sessions to improve child care staffs' ability to accurately		
	review immunization records, with appropriate use of		
	reminder/recall feature in Nevada WebIZ, and exclusion as	:	
	necessary.		
	Goal = increase rates by 15%.		

CHAPTER C - ASSESSING ACCESS TO VACCINATIONS

PERINATAL HEPATITIS B PREVENTION

Perinatal Hepatitis B prevention coordinators. All county Perinatal Hepatitis B Coordinators are required to work closely with the state Perinatal Hepatitis B Coordinator. Based on the success of past endeavors of Hepatitis B disease reduction among both children and adults, the CDC seeks to eliminate Hepatitis B virus transmission in the United States. However this goal cannot be achieved without the assistance from the immunization grantees, especially the

infants born to HBsAg positive mothers. Case, infant and contact information including serology, HBIG and hepatitis B vaccination dates All jurisdictions are required to use the Perinatal Hepatitis B Module within Nevada WebIZ to conduct case management activities for all must be documented in this module,

The annual Perinatal Hepatitis B Prevention Assessment is due to Doug Banghart no later than March 1, 2013.

Goal: Work with partners, a	Goal: Work with partners, as appropriate, to assure coordination of the following activities in order to prevent perinatal hebatitis B transmission	er to prevent penn	latal hebatitis B transmission
Objectives	Activities	Date Due Bv	Date Due By Documentation
(IPOM C-5a)	1) Throughout 2013, educate prenatal, postpartum, and	12/31/2013	Mid-Year & End-of-Year Progress
By 12/31/2013, identify	pediatric providers on the importance of screening all women		Report
HBsAg-positive pregnant	during every pregnancy for HBsAg.		
women.	2) Throughout 2013, improve mechanisms to identify women	12/31/2013	Mid-Year & End-of-Year Progress
	who are HBsAg-positive and pregnant.		Report
	3) Throughout 2013, identify household and sexual contacts.	12/31/2013	Mid-Year & End-of-Year Progress
	Offer testing and Hepatitis B vaccination.		Benort

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Mid-Year & End-of-Year Progress Report	Mid-Year & End-of-Year Progress Report	Mid-Year & End-of-Year Progress Report	Mid-Year & End-of-Year Progress Report	Mid-Year & End-of-Year Progress Report	Mid-Year & End-of-Year Progress Report	Mid-Year & End-of-Year Progress Report
12/31/2013	12/31/2013	12/31/2013	12/31/2013	12/31/2013	12/31/2013	12/31/2013
1) Throughout 2013, provide technical assistance to each birthing hospital to establish mechanisms to confirm women's HBsAg status at time of delivery and, if a woman presents for delivery without documentation or HBsAg status is unknown, establish policies or mechanisms to immediately test for HBsAg status.		3) Throughout 2013, review mechanisms for birthing hospitals to routinely provide documentation of date and time of HBIG and hepatitis B vaccine administration to exposed newborn to the infant's identified health care provider and the Perinatal Hepatitis B Prevention Program.		5) Throughout 2013, provide technical assistance to each birthing hospital to develop policies or procedures for administering the first dose of hepatitis B vaccine to all infants born to HBsAg-negative women before hospital discharge or, for infants weighing less than 2,000 grams, at one month or hospital discharge, whichever comes first.	 Throughout 2013, review and improve mechanisms and implement remind/recall of infants enrolled in the Perinatal Hepatitis B Prevention Program so that they receive all required vaccine doses of the hepatitis B vaccine series on schedule. 	 Throughout 2013, review and improve protocols to actively follow up with families that do not receive the full hepatitis B vaccine series according to the most current ACIP- recommended childhood immunization schedule.
(IPOM C-5b) By 12/31/2013, prophylax newborns with hepatitis B vaccine and HBIG.		.)			(IPOM C-5c) By 12/31/2013, increase timely completion of doses two and three.	

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	3)	Throughout 2013, review and improve mechanisms to ensure that the Perinatal Hepatitis B Prevention Program receives documentation of administration data (mm/dd/yyyy) for all hepatitis B vaccine doses administered to identified infants born to HBsAg-positive women.	12/31/2013	Mid-Year & End-of-Year Progress Report
(IPOM C-5d) By 12/31/2013, increase post-vaccination serology.	1	Throughout 2013, identify contributing factors that prevent infants from obtaining post-vaccination serologic testing (PVST) within the ACIP-recommended testing and time frame.	12/31/2013	Mid-Year & End-of-Year Progress Report
	5		6/30/2013	Mid-Year & End-of-Year Progress Report Copy of action plan
	က်	,	12/31/2013	Mid-Year & End-of-Year Progress Report
	4	Throughout 2013, develop and implement mechanisms that remind/recall infants enrolled in the Perinatal Hepatitis B Prevention Program to receive PVST when due.	12/31/2013	Mid-Year & End-of-Year Progress Report
	5)	Throughout 2013, review and improve protocols that actively follow up with families of infants that do not obtain PVST according to the ACIP recommendations.	12/31/2013	Mid-Year & End-of-Year Progress Report
	(9		12/31/2013	Mid-Year & End-of-Year Progress Report
	<u> </u>		12/31/2013	Mid-Year & End-of-Year Progress Report
	8	vaccine series. Throughout 2013, review and improve mechanisms to obtain and document date of infant's PVST and results from appropriate sources (i.e., family, lab, health care provider, etc.).	12/31/2013	Mid-Year & End-of-Year Progress Report

"This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1H23IP000727-01 from the Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to:

Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 1H23IP000727-01 from the Centers for Disease Control and Prevention.

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When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs

funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the otal costs of the project or program that will be financed by nongovernmental sources.

The following individuals agree to this Scope of Work;

Erin Seward, MPH Nevada Immunization Program Manager MIN DELLA

Candy Hunter, RN, PHN, M.Ed. **CCHHS Director**

Date

Subgrantee agrees to adhere to the following budget (1/3 of anticipated budget):

	VFC Ops (01)	VFC/AFIX (04)	317 Ops (00)	Pan Flu (05)	Total Cost
Personnel	\$56,404		\$36,014		\$92,418
VFC/AFIX Site Visits	56,404		¥4		
Peri Hep B			1,662		
Adolescent AFIX			9,677		
WIC			12,513		
Child Care Centers			12,162		
Travel	\$200		\$2,265		\$2,465
VFC/AFIX Site Visits	200				
Adolescent AFIX			66		
Child Care Centers			66		· · · · · · · · · · · · · · · · · · ·
NIC & State IZ Conf			2,133		
Operating	\$433				\$433
VFC/AFIX Site Visits	433	A.			
Equipment					
Contractual/					
Consultant					
Training					
Other	\$3,907				\$3,907
VFC/AFIX Site Visits	3,907			_	
Total Cost	\$60,944		\$38,279		\$99,223

The following activities will be paid for out of the following sub-orgs:

ACTIVITIES	1VFC Ops (01)	VEG/AFIX (04)	317 Ops (00)	Pan FII (05)
VFC/AFIX Site Visits	X			
Perinatal Hepatitis B			X	
Adolescent AFIX			X	
WIC			X	
Child Care Centers			Χ	
Travel to NIC & State			X	
IZ Conference				

- Funds are awarded to the Nevada State Immunization Program throughout the year in ROUNDS from the CDC. Therefore subgrants will be amended with additional funds when further rounds are received from the CDC.
- Any categorical adjustments must be approved through the State Immunization Program Manager. Written permission must be obtained and can be done via email.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0). Rates can be found at www.gsa.gov.
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of
 official travel. Meals cannot be claimed within 50 miles of the official workstation.

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the thirtieth (30th) day of each month for the prior month's actual expenses.
- The maximum available through this subgrant is \$99,223.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Reimbursements will not be processed without all mandatory reporting documents such as:
 - a. Request for Reimbursement Form
 - b. Reimbursement Worksheet
 - c. Receipts for supplies, travel, equipment, and other items purchased. Only allowable purchases per the 2013-2017 Immunization Program Operations Manual (IPOM) will be accepted for reimbursement. Any unallowable items purchased will not be reimbursed. IPOM can be found at www.cdc.gov/vaccines/vac-gen/policies/ipom/default.htm.
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below.
- Submit one hard copy via postal mail of your original, signed Request for Reimbursement,
 Reimbursement Worksheet and copies of receipts.
- Mid-Year and End-of-Year Progress Reports are required and must be submitted to state Immunization Program Manager via email. Any additional items that are required for documentation (flyers, reports, etc.) may be submitted via email or postal mail. Mid-Year Progress Report is due no later than 7/12/2013. End-of-Year Progress Report is due no later than 2/14/2014. This does not need to be a large narrative. Please see attached template.
- Monthly submission of CoCASA data is due the fifteenth (15th) day of each month for the prior month.
 In addition, Areas of Noncompliance paperwork should be submitted within 30 days of the VFC site visit. Please submit the originals to the state Provider Quality Assurance Manager via postal mail.
- Reimbursement will not be processed without all reporting being current.
- Reimbursement will only be claimed for expenditures approved within the Notice of Subgrant Award.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

 A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

Page 12 of 15 HD Template: Updated 07-19-10

The Nevada State Health Division agrees:

- To provide technical assistance to subgrantee, upon request.
- Reimburse subgrantees for Scope of Work accomplished per subgrant upon proper documentation from subgrantee.
- Submit reimbursement request to Nevada State Health Division's Fiscal Services within five business days but only upon receipt of all mandatory reporting documents.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

 Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.

All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

HEALTH DIVISION NOTICE OF SUBGRANT AWARD SECTION C

Financial Reporting Requirements

- ❖ A Request for Reimbursement is due on a <u>monthly or quarterly</u> basis, based on the terms of the subgrant agreement, no later than the 30th of the month.
- * Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- * Reimbursement may only be claimed for expemdotires approved within the Notice of Subgant Award.

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

- A. Approved Budget: List the approved budget amounts in this column by category.
- **B. Total Prior Requests:** List the <u>total</u> expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the <u>previous</u> Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount is this column equals zero.
- **C.** Current Request: List the <u>current</u> expenditures requested at this time for reimbursement in the column, for each category.
- D. Year to Date Total: Add Column B and Column C for each category.
- E. Budget Balance: Subtract Column D for Column A for each category.
- F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments MUST be completed (including all approving signatures) 30 days prior to the end of the subgrant period.

*An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.

Page 14 of 15 HD

HEALTH DIVISION NOTICE OF SUBGRANT AWARD SECTION D

NEVADA STATE HEALTH DIVISION AUDIT INFORMATION REQUEST

Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with OMB Circular A-133. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
 Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES _____ NO ____

	SIGNATURE	TITLE			DATE
7.	Which accounting firm conducted t	he audit?	·		
6.	What time period did it cover?				+1
5.	When was your last audit perform	ned?			_
4.	How often is your organization a	udited?			
3.	When does your fiscal year end?		·	· .	
	during your most recent fiscal year	ar? YES	NO		



Washoe County Health District



STAFF REPORT BOARD MEETING DATE: 2/28/13

DATE:

February 15, 2013

TO:

District Board of Health

FROM:

Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District

775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County

Health District, 775-328-2417, estickney@washoecounty.us

SUBJECT: Ratification of Interlocal Agreement between the Washoe County Health District (WCHD) and the Board of Regents of the Nevada System of Higher Education on Behalf of the University of Nevada Cooperative Extension to utilize WCHD facilities for the "All 4 Kids©: Resiliency in the Obesogenic Environment" research project for the period upon approval by all parties through June 30, 2013, unless extended by the mutual agreement of the Parties; in no event shall this agreement extend beyond June 30, 2018; and if approved, authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. A copy of the Interlocal Agreement is attached.

District Board of Health strategic priority: Be assured that mandates are met and needed services are delivered.

BCC Strategic Objective supported by this item: Achieving long term financial sustainability (County budget, resources, etc.)

PREVIOUS ACTION

The District Board of Health ratified an Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education on Behalf of the University of Nevada Cooperative Extension to utilize WCHD facilities for the "All 4 Kids©: Resiliency in the Obesogenic Environment" research project for the period upon approval by all parties through June 30, 2013 on December 20, 2012.

AGENDA ITEM #___

District Board of Health meeting of February 28, 2013 Page 2

The Board of Regents did not approve the Agreement and requested the following revisions:

- 1) Requested limit on extensions to no more than 5 years,
- 2) Added language where Washoe County Health District holds harmless the University of Nevada Reno.

BACKGROUND

In September 2012, faculty from the University of Nevada, Reno – Cooperative Extension department contacted the Women, Infants, and Children (WIC) program manager to identify an opportunity to partner on the "All 4 Kids©: Resiliency in an Obesogenic Environment" research project.

This is a multi-state project researching obesity with Nevada (specifically UNR) taking the lead. The project has received approval from the University of Nevada, Reno's Institutional Review Board. English-speaking mothers of a child aged 3-10 who is currently not pregnant that volunteer will be interviewed and asked a series of questions. The interview will be administered solely by UNR research staff, consists of approximately 300 questions, and is typically 30-45 minutes though some may last a little longer and include questions about play behavior, eating behaviors, and general family life (parenting styles, routines, and economics). Mothers may refuse to answer any of the questions. As part of the interview, the researcher will measure the height and weight of the mother and child (where available). No invasive procedures will be conducted on any human subjects. In exchange for completing the interview, the mother will receive \$35 worth of educational incentives (a Dr. Seuss book, jump ropes, and produce bags). The interviews are confidential and tracked via an identification number and analyzed as part of the whole not individually. UNR's goal is to complete 100-150 subject interviews over the next several months.

Attached are flyers that will be posted and provided to certifying WIC staff to share with clients who want to take it with them.

Upon request of the Board of Regents, revisions pertaining to the indemnification language and term of the agreement were made. The revised Interlocal Agreement has been reviewed and approved by the Washoe County Risk Manager and Deputy District Attorney.

FISCAL IMPACT

Should the Board approve this item, there will be no additional fiscal impact to the adopted FY 13 budget.

RECOMMENDATION

Staff recommends ratification of Interlocal Agreement between the Washoe County Health District (WCHD) and the Board of Regents of the Nevada System of Higher District Board of Health meeting of February 28, 2013 Page 3

Education on Behalf of the University of Nevada Cooperative Extension to utilize WCHD facilities for the "All 4 Kids©: Resiliency in the Obesogenic Environment" research project for the period upon approval by all parties through June 30, 2013, unless extended by the mutual agreement of the Parties; in no event shall this agreement extend beyond June 30, 2018; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to ratify the Interlocal Agreement between the Washoe County Health District (WCHD) and the Board of Regents of the Nevada System of Higher Education on Behalf of the University of Nevada Cooperative Extension to utilize WCHD facilities for the "All 4 Kids©: Resiliency in the Obesogenic Environment" research project for the period upon approval by all parties through June 30, 2013, unless extended by the mutual agreement of the Parties; in no event shall this agreement extend beyond June 30, 2018; and if approved, authorize the Chairman to execute.

Do you speak English? Do you have at least one child aged 3-10? Are you currently NOT pregnant?

If yes...

The How Families Eat and Play Team would like to invite you to participate in a research study.

To participate in the study, you will be asked to complete a one-time, 30-45 minute interview here at the WIC Office. You will be asked questions about your child's eating and play behavior as well as general family life. As part of the interview, we will measure your height and weight as well as that of your child (if they are available).

Participants will be given \$35 worth of educational incentives including a Dr. Seuss book, produce green bags, and a jump



If you are interested,

please talk to your WIC staff

for more information!



University of Nevada Cooperative Extension



A Contract Between Washoe County Health District Acting By and Through Its HEALTH DEPARTMENT (hereinafter referred to as the WCHD) P.O. BOX 11130 Reno, Nevada 89520

And

BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION
On behalf of the University of Nevada Cooperative Extension
(hereinafter referred to as University)
University of Nevada, Reno
Reno, Nevada 89557

WHEREAS, the University desires to have access to community and clinical public health opportunities for a research project; and

WHEREAS, the WCHD conducts several community and clinical public health programs which would be enhanced by the services of the University research; and

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the parties;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

CONTRACT TERM. This Contract shall be effective upon approval of the University and the Washoe County Health District, through June 30, 2013, unless extended by the mutual agreement of the Parties for the "All 4 Kids©: Resiliency in an Obesogenic Environment" research project. In no event shall this agreement extend beyond June 30, 2018.

<u>TERMINATION</u>. This Contract may be terminated by either party prior to the date set forth in paragraph (1), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason County, State and/or Federal funding ability to satisfy this Contract is withdrawn, limited, or impaired. This Contract may also be renegotiated in the event of a reduction in the anticipated County, State, or Federal funding revenue required to satisfy this Contract.

<u>NOTICE</u>. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

<u>INCORPORATED DOCUMENTS</u>. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments:

ATTACHMENT A: SCOPE OF RESEARCH PROJECT (See Attachment A)
ATTACHMENT B: WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VACCINE AND TB
SCREENING REQUIREMENTS (See Attachment B)

BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

<u>LIMITED LIABILITY</u>. The parties will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 354.626.

INDEMNIFICATION

To the extent limited in accordance with NRS 41.0305 to NRS 41.039, the University shall indemnify, defend and hold harmless WCHD from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses, including attorney fees, arising either directly or indirectly from any act or failure to act by the University or any of its officers or employees, which may occur during or which may arise out of the performance of this Agreement. The University will assert the defense of sovereign immunity as appropriate in all cases, including malpractice and indemnity actions. The University's indemnify obligation for actions sounding tort is limited in accordance with the provisions of NRS 41.035 to \$100,000 per cause of action.

To the extent limited in accordance with NRS 41.0305 to NRS 41.039, the WCHD shall indemnify, defend and hold harmless the University from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses, including attorney fees, arising either directly or indirectly from any act or failure to act by the WCHD or any of its officers or employees, which may occur during or which may arise out of the performance of this Agreement. The WCHD's indemnify obligation for actions sounding tort is limited in accordance with the provisions of NRS 41.035 to \$100,000 per cause of action.

<u>FORCE MAJEURE</u>. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

<u>HIPAA</u>. As covered entities, the parties acknowledge the applicability of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 ("HIPAA") to any covered functions, which may be performed pursuant to this Agreement.

<u>WAIVER OF BREACH</u>. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

<u>SEVERABILITY</u>. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

<u>ASSIGNMENT</u>. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

<u>PUBLIC RECORDS</u>. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

<u>CONFIDENTIALITY</u>. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

<u>PROPER AUTHORITY</u>. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the service set forth in this agreement.

GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Contract.

ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by Washoe County's legal advisor.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

APPROVED BY BOARD OF HEALTH

	On		Chairman	
Washoe County Board of Health		Date	Title	
ATTEST:		•		
	On			
		Date		
For the BOARD OF REGENT	S OF THE N	EVADA SYSTEM C	F HIGHER EDUCATION	
On behalf of the Univ	ersity of Neva	ada Cooperative Ex	tension	
		1.1		
	On	1/14/200	Accord A August	30 L
THE THE		7 / 9/3	ASSOC. V.P., BUSINES	la store
THOMAS L. JUDY		² Date	Title F/A	IANUG

ATTACHMENT A SCOPE OF RESEARCH PROJECT ("All 4 Kids©: Resiliency in an Obesogenic Environment") COOPERATIVE EXTENSION

Responsibilities of the Parties

- The parties agree to jointly plan for the utilization of the WCHD's facilities for research projects as part of preparation of public health and other related professionals. The maximum number of research staff and the specific period shall be jointly determined after consideration of the District's facilities and adequacy, extent and variety of research experiences available.
- Both parties agree that research staff are not considered employees of the Washoe County Health District under this Agreement and therefore waive any and all claims to benefits otherwise provided to employees of the County, including, but not limited to any personal, liability or worker's compensation insurance from the County.

Responsibilities of the University

- University shall maintain oversight of research staff participating in research opportunities through WCHD programs.
- 2. University shall ensure that all research staff carry and have evidence of adequate group medical insurance prior to the participation in any research project at the WCHD.
- 3. University shall ensure that vaccine and TB screening requirements have been met for all research staff prior to the beginning of a research project on site at the WCHD based on individual research activities/placement. The requirements for each research staff are contained in Attachment B: WASHOE COUNTY HEALTH DISTRICT VACCINE AND TB SCREENING REQUIREMENTS FOR STUDENTS/INTERNS/RESIDENTS.
- 4. University shall comply with all applicable laws, ordinances and regulations of governmental entities having jurisdiction over matters which are the subject of this Agreement. Further, pursuant to NRS Chapter 239B, University shall require background checks for research team personnel participating in the activities covered by this Agreement. The University will pay any cost associated with the background investigation. The results of these background checks which shall be made available to WCHD may result in removal of a participant from the program, at WCHD's discretion, or termination of this Agreement.
- 5. University shall immediately upon notice remove any research staff or faculty from WCHD program under this Agreement whom WCHD determines, in its reasonable discretion, imposes an unreasonable risk of harm to personnel, clients, property or to him/herself, or who violates WCHD policies, regulations or procedures despite warning.
- 6. Jenna Hayes or Madeleine Sigman-Grant will be the liaison officers and the principal contacts between WCHD and University for purposes of administration of this Agreement.

- University agrees to comply with all aspects of the Code of Federal Regulations, Title 45
 Public Welfare; Department of Health and Human Services; Part 46 Protection of Human
 Subjects.
- 8. Provide posters (one-page, preferably color, including participation incentives) and "take aways" for potential participants explaining the project and inviting participation with University contract information.
- 9. Allow WIC participants who want information or choose to participate in the project to do after their WIC Services or appointment.
- 10. Provide reception of potential participants, and explanation of the project, answer questions, and check-in of survey participants.
- 11. Recruit all participants, conduct all surveys, and perform heights and weights using n portable equipment brought in.
- 12. Provide any needed copies of immunizations records, TB test results, fingerprinting, etc. required by District Health prior to interactions with the public on premises.
- 13. Provide a summary report of a subset of the data, in other words the data provided by WIC subjects, for describing Washoe County Health District participants in terms of parenting styles, feeding styles, impact of economic strain, and use of routines (family meals, holidays, etc.). The report will include percentages in all of the categories for each of the measures for each of the WIC clinics surveyed and will be available in 2014 or early 2015.
- 14. Not interfere with operations of the WIC clinic nor activities of Washoe County Health District outside of what is specifically agreed upon.

Responsibilities of the WCHD

- WCHD shall have sole responsibility for establishing the policies, regulations and
 procedures applicable to its operations and activities. It shall notify University of all policies,
 regulations and procedures that it expects University's personnel and research staff to
 adhere to while on WCHD premises or conducting activities in WCHD facilities. WCHD may
 notify University personnel and research staff directly without prior notice to University of
 policies, regulations and procedures if circumstances prohibit such prior notice.
- 2. WCHD shall maintain its facilities that are open to University personnel and research staff in compliance with applicable local, state and federal laws and regulations and accreditation requirements, if any.
- 3. WCHD will provide physical facilities as necessary to the administration of this Agreement and to the conduct of the research experiences conducted under the auspices of this Agreement, within the limits of the District.
- 4. WCHD administration and personnel recognize their responsibility to maintain a research environment of high quality in which sound research projects can occur.

- WCHD will provide research opportunities for research staff within the limits of WCHD. The
 emphasis shall be on research rather than services without disruption of usual WCHD
 activities.
- WCHD shall appoint a liaison officer and notify University of same. Such officer shall be the principal contact between WCHD and University for purposes of administration of this Agreement.
- 7. WCHD may remove and restrict from entry upon its premises University personnel, research staff who it determines, in its reasonable discretion, impose an unreasonable risk of harm to WCHD personnel, clients, property of him/herself, or who violates WCHD policies, regulations or procedures despite warning. WCHD shall exercise reasonable efforts under the circumstances to notify University of its intent to remove or restrict prior to taking action and shall notify University as soon thereafter as is reasonable.
- 8. Will post posters and "take aways" provided by University at each WIC site reception area and give same to certifying WIC staff to share with clients who want to take it with them.
- Allow University project staff access to WIC clients on Thursday and Fridays at the Ninth St. location and any week day at the South Reno location by mutual agreement of dates and times.
- 10. Allow the University staff person to utilize a clip board and existing seating in the WIC reception area to provide information to potential participants, answer questions, and make appointments for interviews for the project.
- 11. Provide space inside the WIC office area for the project staff to interview clients.
- 12. Allow University project staff the opportunity to recruit participants for one to two minutes at the end of scheduled WIC nutrition education classes.
- 13. Not provide reception services for the University project or any explanation of the project nor check-in survey participants.
- 14. Not provide any translation services to the project.

WCHD personnel shall not be obligated to participate in the research experiences of research staff referred to WCHD hereunder except to the extent agreed between University and WCHD. To the extent WCHD personnel are engaged in the supervision of research staff experiences they shall adhere to the research experience requirements established under the authority of this Agreement and shall make such reports and provide such information specified therein.

Scheduling and Tracking Research Staff Placements

The University shall select, in consultation with the District, research experiences to which the research staff will be assigned from among those research opportunities made available by the WCHD. The University and the WCHD shall mutually determine dates and times for the use of these facilities by such research staff. (This research is faculty research only and is not associated with any University course.)

Communication between School and District Program Staff

School and the District have appointed the following principal contacts for all communications in connection with this Exhibit:

Contact for the Health District
Joseph P. Iser, MD, DrPH, MSc
District Health Officer
Administrative Health Services
PO Box 11130
Reno, NV 89520
775-328-2416

Email address: jiser@washoecounty.us

Contact for Cooperative Extension Jenna T. Hayes, M.S. Cooperative Extension

University of Nevada, Reno 1664 N. Virginia St, MS 0281 Reno, NV 89557

ATTACHMENT B

WAHSOE COUNTY HEALTH DISTRICT VACCINE AND TB SCREENING REQUIREMENTS* FOR RESEARCH STAFF

	9 th Street and Off-site Clinical Areas	9 th Street Non-Clinical Areas	Off-site Non-Clinical Areas
MMR	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Recommended (2 doses if born during or after 1956)
Tdap	Required if 2 or more years since last Td booster	2007 – Recommend for next Tetanus booster	2007 – Recommend for next Tetanus booster
Varicella	Required (vaccine or history of chicken pox)	Recommended	Recommended
Influenza	Required during October – March	Recommended	Recommended
Approved TB Screening	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	N/A
Hepatitis B	If possible human blood exposure during rotation	If possible human blood exposure during rotation	If possible human blood exposure during rotation

^{*} Requirements are based on staff activities and location.



Washoe County Health District



STAFF REPORT **BOARD MEETING DATE: 2/28/13**

DATE:

February 15, 2013

TO:

District Board of Health

FROM:

Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District,

775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health

District, 775-328-2417, estickney@washoecounty.us

Recommend approval of donation of one 50 gallon tank with boom to the **SUBJECT:** Churchill County Mosquito Vector and Weed Control District with a current market value estimated at \$200.00.

SUMMARY

Pursuant to NRS 244.1505, Board of County Commissioners (BCC) may donate to a governmental entity for any purpose which will provide a substantial benefit to the inhabitants of the county. As the policy making board for the Washoe County Health District, this approval is first being brought forth for District Board of Health approval and will be scheduled for BCC approval.

District Board of Health strategic priority: Be assured that mandates are met and needed services are delivered.

BCC Strategic Objective supported by this item: Achieving long term financial sustainability (County budget, resources, etc.)

PREVIOUS ACTION

In FY12 the Board approved a donation of pesticide (Golden Bear Oil) to the Churchill County Mosquito Vector and Weed Control District with a market value estimated at \$386.00

BACKGROUND

Per Washoe County Health District Vector Borne Disease Program staff, they have two 50 gallon tanks with booms that are over 20 years and are no longer used in the program. These were used for liquid pesticide applications. With pesticide used in these units it is recommended by program staff to surplus them to agencies who use pesticide/herbicide products. The Churchill County Mosquito Vector and Weed Control District and Washoe County Parks Department has expressed interest in receiving one unit each. Should this donation valued at approximately \$200.00 be approved, Churchill County Mosquito Vector and Weed Control District will pick up the tank with boom from the Washoe County Health District.

AGENDA ITEM#

District Board of Health meeting of February 28, 2013 Page 2

FISCAL IMPACT

There is no fiscal impact associated with the donation of one 50 gallon tank with boom.

RECOMMENDATION

Staff recommends approve of donation of one 50 gallon tank with boom to the Churchill County Mosquito Vector and Weed Control District with a current market value estimated at \$200.00.

POSSIBLE MOTION

Move to approve the donation of one 50 gallon tank with boom to the Churchill County Mosquito Vector and Weed Control District with a current market value estimated at \$200.00.



Washoe County Health District



ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE:

February 8, 2013

TO:

District Board of Health

FROM:

Bryan W. Tyre, P.E.

SUBJECT:

Reappointment of Ronald Anderson, P.E., to the Sewage, Wastewater and

Sanitation (SWS) Hearing Board

Recommendation

The Environmental Health Services staff recommends that the District Board of Health reappoint Ronald Anderson, P.E., to the Sewage, Wastewater and Sanitation Hearing Board for a three-year term expiring February 2016.

Background

Mr. Anderson has served as a valuable member of the SWS Hearing Board for 12 years. He has expressed an interest in another three (3) year appointment. His technical expertise and common sense often provide insight to the SWS Hearing Board and his knowledge of on-site system design contributes to the understanding of unique sewage disposal variance requests.

Fiscal Impact

There will be no fiscal impact to the District associated with this reappointment.

Alternatives

The Board may decide not to reappoint Mr. Anderson and direct staff to consider other candidates and advertise for additional applicants.

Bryan W. Tyre, P.E.

Senior Licensed Engineer

Environmental Health Services Division



REMSA

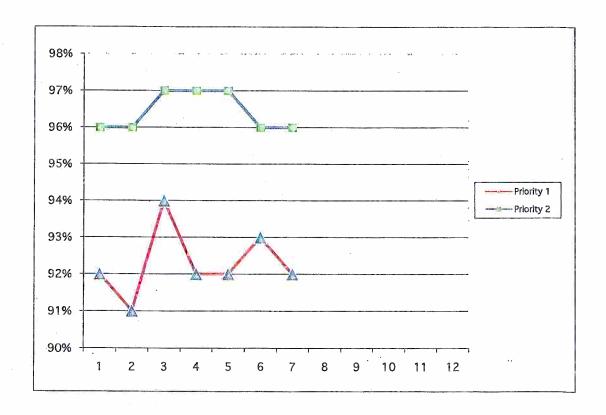
OPERATIONS REPORTS

FOR

JANUARY 2013

Fiscal 2013

Month	Avg. Response Time	Avg. Travel Time	Priteritay il	Priority 2
Jul. 2012	5 mins. 46 secs.	4 mins. 48 secs.	92%	96%
Aug.	5 mins, 59 secs.	4 mins. 56 secs.	91%	96%
Sept.	5 mins. 46 secs.	4 mins. 48 secs.	94%	97%
Oct.	5 mins. 34 secs.	4 mins. 40 secs.	92%	97%
Nov.	5 mins. 38 secs.	4 mins. 42 secs.	92%	97%
Dec.	5 mins. 56 secs.	4 mins. 58 secs.	93%	96%
Jan. 2013	5 mins. 48 secs.	4 mins 50 secs.	92%	96%
Feb.				
Mar.				
Apr.				
May				
June 2013				



Care Flight

Month	dealers !	ଓ ଓ ସେ ବିଧାର	AMEL SILL	MIDAVOL
Jul-12	10	\$69,730	\$6,973	\$6,973
Aug.	17	\$140,090	\$8,241	\$7,771
Sept.	12	\$95,505	\$7,959	\$7,829
Oct.	3	\$20,775	\$6,925	\$7,764
Nov.	11	\$81,919	\$7,447	\$7,698
Dec.	3	\$19,774	\$6,591	\$7,639
Jan. 2013	6	\$40,326	\$6,721	\$7,550
Feb.			\$0	\$7,550
Mar.		v - 4x	\$0	\$7,550
Apr.			\$0	\$7,550
May			\$0	\$7,550
June			\$0	\$7,550
াতাল্ড	62	\$468,119	\$7,550	\$7,550

Adjusted Allowed Average Bill -

\$7,393.00

REMSA Ground

Month	apedients.	Gross Sales	AVEL BILL	YID AVOL
Jul-12	3222	\$3,256,558	\$1,011	\$1,011
Aug.	3305	\$3,381,910	\$1,023	\$1,017
Sept.	3088	\$3,190,456	\$1,033	\$1,022
Oct.	3234	\$3,322,716	\$1,027	\$1,024
Nov.	3015	\$3,094,421	\$1,026	\$1,024
Dec.	3164	\$3,269,747	\$1,033	\$1,026
Jan. 2013	3376	\$3,477,783	\$1,030	\$1,026
Feb.			\$0	\$1,026
Mar.			\$0	\$1,026
Apr.			\$0	\$1,026
May			\$0	\$1,026
June			\$0	\$1,026
Totals	22404	\$22,993,591	\$1,026	\$1,026

Allowed ground avg bill -

\$1,028.00

CARE FLIGHT OPERATIONS REPORT FOR JANUARY 2013



CARE FLIGHT OPERATIONS REPORT JANUARY 2013 WASHOE COUNTY

- In Town Transfer:3 Ground ITTs were completed
- ❖ Outreach, Education, & Marketing:
 ➢ 0 Community Education & Public Events

Statistics

Washoe County Flights

Total Flights: Total Patients	# patients 6 6
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	6
Hospital Transports	0
Cardiac	2
Trauma	2
Medical	2
Pulmonary	0.
High Risk OB	0
Neuro	0
Pediatrics	0
Newborn	0
Full Arrest	0
Surgical	0
Total	6



REMSA GROUND OPERATIONS REPORT FOR JANUARY 2013



GROUND AMBULANCE OPERATIONS REPORT

January 2013

	Total Number Of System Respons	ses	5535	
•	Total Number Of Responses In W No Transport Resulted	hich	2165	
	Total Number Of System Transpo	rts	3370	
2. CA	LL CLASSIFICATION REPORT:			
Car	diopulmonary Arrests		2%	
Med	dical		45%	
OB			1%	
	chiatric/Behavioral		4%	
	nsfers		20%	
Tra	ıma		24%	
	Trauma – MVA	5%		
	Trauma – Non MVA	19%		
Unk	nown/Other		4%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

100% Full Arrest Ground Charts

100% Pediatric ALS and BLS Ground Charts

100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

100% of cardiopulmonary arrests

- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
 - o ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 2931 PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
1/3/2013	EMS CES 911 Training Site	5
1/8/2013	REMSA	15
1/15/2013	EMS CES 911 Training Site	1
1/17/2013	Casey Quinlan	1
1/25/2013	EMS CES 911 Training Site	1
1/28/2013	EMS CES 911 Training Site	1

Advanced Cardiac Life Support Recert

Date	Course Location	Students
1/23/2012	REMSA	4
12/27/2012	John Mohler & Co	1
1/4/2013	Riggs Ambulance	1
1/5/2013	EMS CES 911 Training Site	2
1/8/2013	Nampa Fire Department	7
1/10/2013	Eastern Plumas Healthcare	2
1/10/2013	Nampa Fire Department	8
1/11/2013	REMSA	8
1/11/2013	John Mohler & Co	4
1/12/2013	EMS CES 911 Training Site	2
1/14/2013	EMS CES 911 Training Site	2
1/18/2013	Tahoe Pacific Hospital - SM	3

1/19/2013	Saint's Same Day Surgery - REMSA	12
1/21/2013	EMS CES 911 Training Site	1
1/22/2013	EMS CES 911 Training Site	1
1/25/2013	John Mohler & Co	19
1/25/2013	Saint Mary's Regional Medical Center	6
1/28/2013	EMS CES 911 Training Site	1
1/29/2013	Zack Marcus	1

Advanced Cardiac Life Support Skills

Date	Course Location	Students
1/3/2013	REMSA	1
1/14/2013	REMSA	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
1/4/2013	REMSA	6

Basic Life Support Instructor

Date	Course Location	Students
12/19/2012	Barrick Cortez - REMSA	15
12/20/2012	Barrick Cortez - REMSA	15
1/8/2013	Nevada Division of Forestry - REMSA	6

Nevada First Responder

Date	Course Location	Students
11/26/2012	Ralston Foods - REMSA	4
12/19/2012	RR Donnelley - REMSA	4

Health Care Provider CPR

Date	Course Location	Students
1/23/2012	REMSA	9
12/17/2012	HGH	6
12/20/2012	Airport Fire Department	1
1/3/2013	REMSA	8
1/5/2013	Riggs Ambulance	7
1/5/2013	REMSA	1
1/6/2013	Jennifer Kraushaar	1
1/7/2013	Willow Springs	10
1/7/2013	Milan	23
1/7/2013	Nevada Division of Forestry - REMSA	6
1/9/2013	Milan	23
1/9/2013	REMSA	8
1/10/2013	Eastern Plumas Healthcare	6
1/10/2013	CPR Plus	3
1/11/2013	Great Basin College	13
1/11/2013	NDOC	1
1/11/2013	NDOC	1
1/12/2013	Majen	1
1/12/2013	Jennifer Kraushaar	1
1/12/2013	REMSA	8
1/13/2013	EMS CES 911 Training Site	5
1/13/2013	Jennifer Kraushaar	5
1/14/2013	Lassen CPR Plus	6
1/14/2013	Riggs Ambulance	6

1/15/2013	REMSA	10
1/16/2013	Milan	17
1/16/2013	Kenny Cohen	3
1/16/2013	EMS CES 911 Training Site	2
1/16/2013	Nevada Legislative Counsel	3
1/17/2013	Barrick Domincan Republic	5
1/19/2013	Nye County Sheriff's	8
1/20/2013	Tyler Teese	3
1/20/2013	Kevin Elliott	1
1/21/2013	EMS CES 911 Training Site	14
1/22/2013	Lassen CPR Plus	3
1/23/2013	EMS CES 911 Training Site	1
1/23/2013	Regent Care Center Reno	7
1/24/2013	Nye County Sheriff's	1
1/25/2013	CPR Plus	4
1/25/2013	CCNN	12
1/26/2013	Silver Lake Volunteer Fire Dept	3

Health Care Provider, Employee

Date	Course Location	Students
1/15/2013	REMSA	1
1/21/2013	REMSA	1
1/23/2013	REMSA	1
1/29/2013	REMSA	1
1/30/2013	REMSA	1
1/31/2013	REMSA	1

Health Care Provider Recert

Date	Course Location	Students
12/13/2012	Eastern Plumas Healthcare	5
12/20/2012	REMSA	4
1/1/2013	EMS CES 911 Training Site	1
1/2/2013	Riggs Ambulance	1
1/7/2013	REMSA	9
1/8/2013	EMS CES 911 Training Site	1
1/10/2013	Tahoe Forest Hospital	1
1/10/2013	REMSA	10
1/10/2013	REMSA	1
1/11/2013	Great Basin College	1
1/14/2013	Tahoe Forest Hospital	1
1/15/2013	Tahoe Forest Hospital	5
1/16/2013	WCSD	2
1/17/2013	REMSA	10
1/17/2013	Nevada Air Guard	1
1/18/2013	Tahoe Forest Hospital	2
1/18/2013	Tahoe Forest Hospital	1
1/19/2013	REMSA	9
1/19/2013	Saint's Same Day Surgery - REMSA	10
1/21/2013	Tahoe Forest Hospital	1
1/22/2013	EMS CES 911 Training Site	1
1/23/2013	EMS CES 911 Training Site	1
1/25/2013	Tahoe Forest Hospital	1
1/29/2013	Tahoe Forest Hospital	3

1/30/2013	REMSA	10
1/31/2013	Riggs Ambulance	2
1/31/2013	EMS CES 911 Training Site	2

Health Care Provider Skills

Date	Course Location	Students
12/14/2012	Tahoe Pacific Hospital - SM	1
1/3/2013	REMSA	.1
1/3/2013	REMSA	1
1/7/2013	Willow Springs	2
1/7/2013	Tahoe Pacific Hospital - SM	1
1/14/2013	Tahoe Pacific Hospital - SM	1
1/15/2013	REMSA	1
1/16/2013	Willow Springs	12
1/16/2013	REMSA	1
1/18/2013	Tahoe Pacific Hospital - SM	1
1/21/2013	Tahoe Pacific Hospital - SM	1
1/23/2013	Riggs Ambulance	1
1/23/2013	Tahoe Pacific Hospital - SM	1
1/24/2013	REMSA	3
1/25/2013	John Mohler & Co	1
1/25/2013	REMSA	2
1/26/2013	Tahoe Pacific Hospital - SM	1
1/28/2013	REMSA	1
1/29/2013	REMSA	3
1/30/2013	REMSA	4

1/30/2013	Tahoe Pacific Hospital - SM	1
1/30/2013	Riggs Ambulance	2
1/31/2013	REMSA	1

Heart Saver CPR/AED

Date	Course Location	Students
9/29/2012	Heather Paige	6
1/2/2013	Majen	1
1/2/2013	Majen	1
1/5/2013	Nevada Air Guard	6
1/5/2013	REMSA	7
1/5/2013	Ronald Oliver	9
1/6/2013	Nevada Air Guard	6
1/9/2013	Majen	5
1/9/2013	WCSD	4
1/10/2013	WCSD	6
1/12/2013	WCSD	4
1/14/2013	WCSD	6
1/14/2013	WCSD	6
1/15/2013	WCSD	6
1/16/2013	REMSA	7
1/16/2013	Majen	14
1/16/2013	City of Sparks	5
1/16/2013	WCSD	4
1/17/2013	Nevada Air Guard	6
1/18/2013	IGT	11
1/20/2013	Ronald Oliver	6

1/22/2013	WCSD	6
1/23/2013	Hope Academy Reed High School	4
1/23/2013	WCSD	6
1/25/2013	Elko County School District	6
1/26/2013	Majen	1
1/26/2013	WCSD	3
1/28/2013	Nevada Legislative Counsel	8
1/28/2013	Majen	9
1/29/2013	WCSD	5
1/29/2013	UNR EHS	12
1/30/2013	WCSD	5
1/31/2013	Erica Krysztof	4
1/31/2013	WCSD	5

Heart Saver CPR/First Aid

Date	Course Location	Students
10/29/2012	NDOC	6
10/31/2012	NDOC	4
11/7/2012	Otto Bartel	7
1/2/2013	Majen	2
1/2/2013	Majen	1
1/3/2013	SNJC	1
1/4/2013	SNJC	6
1/5/2013	REMSA	7
1/8/2013	Majen	9
1/9/2013	Community Living Options	3
1/9/2013	Nevada Division of Forestry	5

1/9/2013	Majen	9
1/9/2013	Susan Phillips	4
1/10/2013	Majen	3
1/10/2013	Great Basin College	7
1/12/2013	Amazon	2
1/13/2013	David Anthes	5
1/15/2013	Majen	6.
1/15/2013	Majen	2
1/15/2013	JOiN	4
1/17/2013	Nampa Fire Department	18
1/17/2013	Nampa Fire Department	12
1/19/2013	REMSA	8
1/20/2013	Nampa Fire Department	7
1/21/2013	Eagle Valley	6
1/22/2013	Majen	6
1/23/2013	Majen	1
1/23/2013	Majen	4
1/23/2013	Elko BLM	20
1/23/2013	Susan Phillips	2
1/24/2013	Sierra Nevada Job Corps	5
1/25/2013	Sierra Nevada Job Corps	6
1/25/2013	Sierra Nevada Job Corps	5
1/28/2013	Majen	5
1/29/2013	Majen	4
		1

Heart Saver First Aid

Date	Course Location	Students
1/8/2013	Milan	23
1/10/2013	Milan	21
1/10/2013	Nye County EMS	1
1/14/2013	EMS CES 911 Training Site	1
1/16/2013	WCSD	6
1/17/2013	Milan	18
1/21/2013	EMS CES 911 Training Site	8
1/25/2013	CCNN	13
1/28/2013	Majen	1

Heart Saver Pediatric CPR/First Aid

Date	Course Location	Students
1/12/2013	REMSA	9
1/12/2013	Jennifer Kraushaar	2
1/19/2013	Alex MacLennan	10

Pediatric Advanced Life Support

Date	Course Location	Students
1/17/2013	Casey Quinlan	1
1/23/2013	REMSA	13

Pediatric Advanced Life Support Recert

Date	Course Location	Students
10/10/2012	Eastern Plumas Healthcare	2
1/6/2013	EMS CES 911 Training Site	2

1/7/2013	EMS CES 911 Training Site	5
1/9/2013	Nampa Fire Department	11
1/11/2013	Nampa Fire Department	11
1/22/2013	REMSA	7
1/30/2013	EMS CES 911 Training Site	5

Pediatric Advanced Life Support Skills

Date	Course Location	Students
1/15/2013	REMSA	1
1/25/2013	Riggs Ambulance	1
1/31/2013	REMSA	1

International Trauma Life Support

Date	Course Location	Students
1/15/2013	REMSA	12

CE Courses

Date	Course Location	Students
1/23/13	Mental Health Care - REMSA	19
1/31/13	Mental Health Care - REMSA	23

Ongoing Courses

Date	Course Description / Location	Students
1/3/12	REMSA Education-Paramedic	15
8/14/12	REMSA Education - Paramedic	13
1/8/13	REMSA Education- EMT	26

1		
	Total Students This Report	1235

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
1/15/13	KOLO Channel 8 Moms Everyday Interview	1 Staff

Safe Kids Washoe County

Date	Description	Attending
1/8/13	Safe Kids monthly Coalition meeting, Sparks.	13 volunteers, 1 staff
1/8/13	Join Together Northern Nevada Coalition monthly meeting, Reno.	1 staff
1/9/13	Safe Kids USA Advisory Council monthly teleconference.	1 staff
1/15/13	Coral Academy of Science Safety Committee meeting, Reno.	9 volunteers, 1 staff
1/16/13	Water Watcher Whistle committee meeting, Reno.	2 volunteers
1/16/13	Immunize Nevada Coalition monthly meeting, Reno.	2 staff
1/18/13	Maternal Child Health Coalition of Northern Nevada monthly meeting. Regina Washington was elected co- chair.	1 staff
1/22/13	Safe Kids Worldwide conference call regarding new logo and branding.	2 staff
1/24/13	Meeting with Emily Stratton from Immunize Nevada to discuss outreach to rural communities for Cribs for Kids and Text For Baby.	1 staff

Public Relations

Date	Description	Attending
1/29/13	Press release to the media regarding the Nevada Bicycle and Pedestrian Advisory Board award to Safe Kids Washoe County for Organization of the Year for the Ready to Walk N' Roll Summer Camps.	
1/29/13	Interview with KOH Radio regarding above award.	1 staff

Meetings

Date	Description	Attending
1/3/13	Strategic Planning with Community Outreach 1/3/13 department.	
1/8/13	Safe Haven subcommittee teleconference meeting hosted by State of Nevada Health Division.	1 staff
1/10/13	Employee Resource Team	1 staff
1/14/13	United Way Health Council site visits and interviews.	1 staff volunteer
1/15/13	United Way Community Involvement Council teleconference.	1 staff volunteer
1/16/13	Social Work presentation to the Community Paramedics class.	1 staff
1/21/13 - 1/23/13	Nevada State EMS Department's First Medical Director's Summit, Incline Village. Melissa Krall presented on the EMS for Children Program and Injury Prevention programs in Nevada.	1 volunteer
1/30/13	United Way Health Council site visits and interviews.	1 staff volunteer
1/31/13	United Way Health Council site visits and interviews.	1 staff volunteer



GROUND AMBULANCE AND CARE FLIGHT INQUIRIES FOR JANUARY 2013

INQUIRIES

January 2013

There were no inquiries in the month of January.



GROUND AMBULANCE CUSTOMER SERVICE FOR JANUARY 2013

	GROUND AMBU	LANCE CUSTOMER COMMENTS	S JANUARY 2013
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	The whole thing.		
2	Everything! you were finally able to convince the patient to go to Renown in the ambulance.	You cannot improve on anything.	
3	Responded fast and tried to help	Just keep being quick to respond.	Very respectful and helpful.
4	Everything!	l can't imagine	Very professional and friendly.
5	The crew was great! They were transporting the patient. We felt good letting her go with them.		
6	Prompt and professional		continue same service.
7	Keep what you're doing! you are outstanding!		
8	Taking care of patient		
9	Gave information about my condition Very nice and caring paramedics in		Good service
10			
11	Very pleasant personnel		
12	Everything	Keep up the good work.	
42	Vary professional and helpful	It was a transport call. Less people could have	
14	Very professional and helpful Response almost immediate	been utilized.	
	Everything	replace furniture in original place	
	Everything		
	Reassuring	Make contact by phone easier	it was generally good and the paramedics were great.
	Everything. The guys that came out this time	wake contact by phone easier	I am grateful that your are there when I need you! Your paramedics and the fire dept did a whole lot more for me
	were very professional and helpful.	Don't be so shy.	than the ER staff at Renown did!
19	Compassionate, efficient Professional and caring. Explained situation to	Did everything well.	
20	put patient at ease.		I felt the service was very good.
21	You were very kind and thoughtful.		
22	They were very fast and competent in helping the patient		
	Everything	Nothing	Care was very good
	Paramedics were very nice and professional and arrived very quickly.	Notunig	also envisore una acceptata a un da como de la como de
	Everything	Not a thing	The paramedic was very helpful
26		I need help w/ this. No one gets the phone. Medication took, not returned. It is missing. Return medication bag/locate it for me. It is not at the hospital.	
27	Went smoothly		
28	Yes I am really appreciated REMSA know little	Don't know	Thanks
29	sign language and explained it to me about EKG and etc before brought me to the ER.		
30	I was out of it mostly, but they did the very best and got me there fast	They did the very best	
	Very professional	Your people did the very best	
32	Very friendly, calm, and professional		Ambulance arrived in a timely manner
33	Your EMT's were very kind and professional to me. They made me feel safe.		
	The dispatch stayed on the phone with me till the REMSA came, they were extremly calming and efficient. Everyone was very helpful and courteous.	Everything was wonderful	They took very good care of me and were very cool with my figures coming along with me. The young man asked me who my Cardiologist was, didn't have one. But got one, and I needed a pacemaker. Saved my life.
	I'm klostrophobic but they let me walk out and try to get in myself. They're friendly and		Excellent service. They let someone go with me, so I'm not
	explain everything. You provided a calming moment in a very confusing and scary time. They were very professional when notifying my spouse by phone.		alone.
38	Awesomel Thank you!		
	1		Good service -2

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments	
40	On time	Same		
		Just keep being the consument professionals	It was fabulous Thank you for all you do. I an a very	
41	you I would not be here!! Thank you!!	you are.	greatfull customer.	
42			I felt I had the best of care.	
43	Everything!		Kind, caring, and upstanding young men. Clearly competent.	
-10	The people that picked me up helped calm	Things were handled very well. I don't know	rund, carring, and opstanding young mon ordary competent.	
44	me. They were very kind.	what else could be expected.	Thank you for being there.	
	The crew was very capable. They were calm	The disc state as sylvested.	than journer bond arons.	
45	in a very bad situation.			
46	Everything	Stay as officient as you are		
	Thank you for your help in this scary life	Stay as efficient as you are.		
	event.			
-71	OYOTO			
	Everything. They were extremely kind to me,			
	even the I assured them I did not need an		Thanks very much for the great servicel I am fine and doing	
48	ambulance (I did).		well.	
-10	anibararios (1 dia).			
			On 12/13/12, my medication bag was taken from the home	
49			and is still missing. Please call me regarding this.	
			We felt everyone was proficient and helpful. The person that	
	Made us feel that everything was being done		stayed on the line with me was calming and a major part of	
	that could be and all would be fine.	Nothing I can think of.	our experience.	
	Courteous, helpful, knowldgeable about what			
-	what was happening.			
52	Everything			
53	Quick arrival, quick action	Nothing		
- 11			In the second se	
54	Examine cause of incident, was well.	Strap me in tighter at lifting on to the ambulance	ın general, ali was well.	
	Used compassion, and kindness as I am old	Harris and a lateral and the second		
55	and have many medical problems.	Have warm blankets (temperature wise)	Service was excellent	
56	Transport me to Renown Rast		Good show, good professional service.	
- 50	Transport nie to Neriowi Nast	Not charge so much. I.E. Taking someone's	Good Show, good professional service.	
57	I don't remember very well what happened.	blood pressure is not Advanced Life Support	You listen very well the the patient's wishes.	
		bioda presente la notritavantea Ene Gappore		
58	Careing		They well quilfed and did all that needed to be done	
59	Very, very excellent in all areas!	You are the best!	The best care every where!	
60	Thoughtful			
-00	modificat	Nothing I can think of . You have done a great		
61	You just are great people.	job each time you came here!!		
62	Everything! Showed up in the show Christmas night,			
	drove to Renown on snowy freeway. Thanks!			
03	They were very helpful and explained things			
	well.	Not sure.		
07	Got me quickly to the emergency room at	Not duic.		
	Renown, allowed my son to accompany me	Your team was truly professional.		
-	Tronouni, and trouble to decompany the	Tour tour mad traily professional.	Very good crew. Telling me everything they were doing all the	
66	Everything, I had a heart attack and lived.		way to the hospital.	
-	Polite and professional staff. Seemed very		Trail to the hopital	
	caring.			
	Fast response, polite and professional			
69	Good, tender loving care.			
70	Everything	Nothing	Good service	
_		· · · · · · · · · · · · · · · · · · ·		
	Everything, great service! Everyone was polite, courteous, very well			
	taking me to the hospital from rehab and back	•		
	when I was finished.	Nothing		
	Took care of my wife. I was so freaked out,	Nothing.	Dispatcher kept me calm enough to help my wife and prep	
	everything went in a blur.	Nothing, my wife is alive.	house before medics arrived.	
	Crossaning from area olds.	prounting the traces alive.	I have used your service several times, it is real good, thank	
74	Everything was fine	Stay like you are	you.	
	You talked and calmed me down.			
	Everything from your prompt arrival to		1	
	Everything from your prompt arrival to transport to the hospice			
76	transport to the hospice			
76 77	transport to the hospice Everything			
76 77	transport to the hospice	Nothing, you did it all	You were great.	
76 77 78	transport to the hospice Everything Everything			
76 77 78 79	transport to the hospice Everything Everything Everything	Nothing, you did it all Keep on doing well	You were great. It's all good	
76 77 78 79	transport to the hospice Everything Everything Everything Listened, understood situation, responded to			
76 77 78 79	transport to the hospice Everything Everything Everything			
76 77 78 79	transport to the hospice Everything Everything Everything Listened, understood situation, responded to	Keep on doing well	It's all good	
76 77 78 79 80	transport to the hospice Everything Everything Everything Listened, understood situation, responded to request from me.	Keep on doing well I thing the service has too be more soon. Take 1	It's all good	
76 77 78 79 80	transport to the hospice Everything Everything Everything Listened, understood situation, responded to	Keep on doing well	It's all good	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
83	Very good	Can't think of anything	
	Trip was comfortable, no problems.		
	This occurred during terrible weather!		I was having a gall bladder attack the the paramedics got me
85	Everything!	Keep doing the same!	to the hospital. These 2 paramedics should be commended!
	Everything!	Thank you for all you do!	Congratulations on the Federal award you received!
1	Little Transport	Mother was monitored and assessed quickly.	Congratuations on the received
87	Everything. Got there is a hurry	She went to hospital.	
	Everything was easy. You made us feel like		
88	everything would be fine.	Keep doing everything well.	You all at REMSA are great at what you do. Thank you!
89	Everything was great	Nothing	Very good
90	Everything	Not a thing	
	Everything!		Dealt know what we would do without you!
			Don't know what we would do without you!
92	Everything Oxygen to me to help me breath. Kindness	Nothing	All care and service was exceptional
	and support on the trip to the hospital. Thank		
93	you.		
	Everything was fine.		
34	Everything was me. Everything was good. Your staff is very polite		My bills go directly to W.C.S.S. so I don't know too much
95		Nothing	about billing.
	Everything. The paramedics took great care of		
96	the patient. Response time was fast.		The paramedics were very professional, and caring.
97	Totally professional as always	Keep up the good work.	
	After I was again lucid, it was good.		
98	Communication.	Communicate w/ family.	
			An old people's residence doesn't need ambulance AND fire
	Too much anticipated service required	Limit service as needed.	truck!
	Prompt arrival, showed kindness and compassion		
100	Compassion	Nothing, the staff and crew were very	
101	Response was very timely.	professional.	
	Everything	Keep up the good work.	
	Everything was great and very helpful and	Nothing, they were all prefect and kind and	We would gladly recommend REMSA to anyone! They're
	assuring	courteous.	precious and great in our hour of need!
	Over all very good service.		
105	The crew was very pleasant. kept me informed of what they were doing.		
106	Helped me stay calm.		
	The EMT's that came to my house were very		
	friendly and knowlegable and were able to		
107	answer all my questions.		
	Minimal time to reach ailing patient from the		
	time the 911 phone call was placed.		
	Ambulance team was kind, courteous, helpful, professional, caring and dedicated.	Mathina thank weed	Also, the team was very sensitive and caring of family
		Nothing, thank you!	members concerns.
109	All of the above	I'm satisfied	Good care and service.
	Caring for the patient, hooking up it, monitor		A Very professional crew. One crew member came back to the ER to check on my welfare after I was there for a couple
	for vitals		hours.
	Everything	You do it	Very good.
	Very good service	<u> </u>	Good communication
	Everything. Patient thought the ambulance		
113	service was wonderful.		
111	Personable, calm		
17	Very professional medics who took me to		
115	Renown. Were very kind and assuring to me.	·	
116			Excellent
	Effectively positioned me on gurney and		
	carried me on gurney to ambulance, spoke to		1
	carried me on gurney to ambulance, spoke to me. This was very good! Professional.		
117		Nothing	The people that took care of me were very professional
117 118	me. This was very good! Professional. As stated above	Nothing	The people that took care of me were very professional.
117 118	me. This was very good! Professional. As stated above Everything	Nothing I don't know how it could be better	The people that took care of me were very professional. Came so quickly, very professional
117 118 119	me. This was very good! Professional. As stated above Everything Team was quick, thorough, professional and		
117 118 119 120	me. This was very good! Professional. As stated above Everything Team was quick, thorough, professional and courteous, under weird circumstances for me.		Came so quickly, very professional
117 118 119 120 121	me. This was very good! Professional. As stated above Everything Team was quick, thorough, professional and courteous, under weird circumstances for me. Excellant		
117 118 119 120 121	me. This was very good! Professional. As stated above Everything Team was quick, thorough, professional and courteous, under weird circumstances for me. Excellant Warmed me up, made me laugh 2 help feel	I don't know how it could be better	Came so quickly, very professional
117 118 119 120 121	me. This was very good! Professional. As stated above Everything Team was quick, thorough, professional and courteous, under weird circumstances for me. Excellant Warmed me up, made me laugh 2 help feel better		Came so quickly, very professional
117 118 119 120 121 122 123	me. This was very good! Professional. As stated above Everything Team was quick, thorough, professional and courteous, under weird circumstances for me. Excellant Warmed me up, made me laugh 2 help feel better Your people are very professional and caring.	I don't know how it could be better	Came so quickly, very professional
117 118 119 120 121 122 123	me. This was very good! Professional. As stated above Everything Team was quick, thorough, professional and courteous, under weird circumstances for me. Excellant Warmed me up, made me laugh 2 help feel better Your people are very professional and caring. Everything. Your staff were efficient, gracious,	I don't know how it could be better	Came so quickly, very professional
117 118 119 120 121 122 123	me. This was very good! Professional. As stated above Everything Team was quick, thorough, professional and courteous, under weird circumstances for me. Excellant Warmed me up, made me laugh 2 help feel better Your people are very professional and caring.	I don't know how it could be better	Came so quickly, very professional

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What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments	
126	Awesome job!	None.		
127	All care and service was done well.	Everything was fine	None	
128	All care and service	All was fine.	All fine.	
	The responders seemed knowledgeable, capable, and caring. There were two trips to		· William	
120	my house that day. Both times this response was excellent.			
130	Your people are very professional. Informative at scene. Described my condition			
	(heart) extremely well. Good transport to			
	hospital.	Can't think of a thing.		
133	All aspects.	For general transport between hospitals should b=have been MedExpress & not charged over \$600. You didn't provide any emergent care. REMSA also did not pick her up for over 2 hours.		
134	Got here fast and did their jobs well.		All I can say is thank you.	
135	Everything	Nothing		
136			Always excellent	
137	Everything was done very well. Thank you.			
	Thank you!			
	You were kind and considerate and very helpful.			
140	Everything	You're doing great	Thank you, THANK YOU!	
141	Made me confident I was receiving good care.			
142	Speed and efficiency	You did great!		
1	Everything	Be aware that patient is probably scared.	· · ·	
144			appreciate and do thank the whole team.	
	Got there to help me in a very short period, and was very professional.	Nothing that I can think of.	The only thing I didn't like was getting stuck with a needle 3 times in one arm.	
146	Very concerned and caring people.			
	Staff was very helpful and polite. Very nice people!			
	Treated on site. Transported to hospital			
		Took a longer route than necessary NOT		
149	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	DIRECT!!		
	Total satisfaction.			
	Reassuranced me	Service was very good	PERFECT!	
	Everything My mom is 85 and the REMSA attendants			
	were very compassionate towards her.			
	They were caring and nice to someone who was irritated and in pain. Very professional as		It would just be nice to have warm blankets or blankets that	
154		Nothing.	are warmer. Thank you.	
	I called them and they were here fast.			
156	Brought me an anti-anxiety pill.			
157	REMSA has always been helpful.	Keep up the good work!		
158	Very helpful			
159	On time	Same		
160	The transport team did a fine job.			
161	Service was excellent.		Good.	
	you got him there safely.			
	Easy, gentle and encouraging with my wife, care and efficient. Not an emergency, but		I was able to guide our driver to the quickest way to our home. Perhaps he let me to keep me from worrying about my	
163	moved quickly.	Based on this experience, nothing.	wife. If not, consider installing an updated GPS.	
164	Everything	Stay the same!		
165	Everything			
166	Courteous, efficient			
	Responded quickly	Nothing, the staff were the best!	Great job!	
	Voll Ware Vary hainful courtecite to the national		1	
168	You were very helpful, courteous to the patient and easy to work with.			
168	You were very helpful, courteous to the patient and easy to work with. Offered comfort and stability. The ride was safe and secure.	Continue what you are doing :)	Care-giving was great and you loaned out a blanket that still is very comforting.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
171	Everything	Its all good :)	No problems
172	Most everything		
173	Your people always treat me well.		
174	Everything	Nothing	I was very pleased with your service.
	Everything	Everything was excellent.	
	The ambulance was here within minutes	Everyaming was excellent.	Thank you
	Put me at ease while I was being transported		Thank you
	to St. Mary's ER.		
178	Was very happy with service.		
179	Calm communication.		
180	Your EMT's were efficient and friendly. They did a great job.		
	Everything		It's such a wonderful service. We have never had to have this kind of help before. "Old soldiers never die. They just fade away."
	All service very professional and polite.	Very satisfied	sure I was taken to my husband from the emergency waiting room and inquired about my husband on a couple of occasions.
183	Everything You showed up quickly, got me to the hospital	Hopefully, you won't have to.	Would like to have a choice of hospital.
	quickly, and communicated the process to my		
184	boyfriend very well.	You were perfect.	This was my first and only ride and involvement with the
			EMT's. I couldn't have asked for a better experience.
185	Everything	Nohting Just keep on doing what you are with the same	Everyone was very nice and informative.
186	Your people are kind and wonderful.	wonderful people.	Excellence!
187	Was very helpful	Charge less for no insurance, no money, no job.	
188	Compassion. Trying to help me. I didn't know how bad I was hurt.		
	I felt the crew worked hard and cared about	All was done well for us. The crew even came to	
1 1	the patient's life. They were all so comforting to me.	visit the patient in the hospital and that meant a lot.	
	Everything.		
	Everything		
	Was in agony. Tried very hard not to hurt one		
	more.		
193	Everything Got me the medical services I needed fast,		
	efficiently and safely.	Can't think of anything. Keep up the good work.	No questions.
	Everything. They made me feel comfortable, safe, and well taken care of.	Keep doing what you're doing.	
	Responded pretty quickly. Got me stabilized	Reep doing what you're doing.	
196	and to Renown w/ minimum discomfort.		Did your job just fine. This can be a scary experience, but they were kind and
197	Very professional, gentle, kind.		professional. Thank you.
400	Everything was handled extremely well! NO		
	complaints! Notify me when ambulance arrived with my		
Ì	wife and directed me to the place (room) she was placed and very nice while waiting for her	Have snacks available for waiting family members. Better chairs in room beside patient. Comfort, they were not.	The doctor and nurse was very helpful with questions and
	arrival. Everything	Controls, triey were flot.	care.
	Everything Everything		
	Everything		
			I ended up having a miscarriage. My 11 year old daughter & 6 year old son wittnessed me in pain. They were crying and upset, not one of the many men tried to comfort them. They were laughing and joking in front of my children. My daughter was visibly crying, upset & worried. The joking & laughing did not help the situation at all. These gentlemen need training in "caring" & compassion. I know they see all sorts of situations day in and day out but they still need to
203	Got me to the hospital.	Be professional & not joking and laughing when the patient is obviously in pain.	show a little "heart". If you have no more compassion, then maybe consider another profession. Thank you.
		are patient is obviously in pain.	mayoo oonada anoma profession. Hidik you.
	Everything Staff listened to details of issue and made		
205	patient comfortable with pillow and blanket	No suggestions. Great work	Service was prompt and professional - as always.
206	Everything	Keep up the same work	-2

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
207	Your paramedics were polite and reassuring.		
	Your crew were gentle and kind. Everything went well and we won't hesitate to call you		
	again if need be. Crew was very helpful in getting me up and down to the elevator since I had trouble		The service was great. Thank you for being there for us.
-	moving.		E U. A.
210	Everything	I can think of nothing more than what you do	Excellant and professional, polite. Well done.
	Polite and helpful	now.	Very good.
	Caring, kind, and came quickly. All your combined efforts and attended extended to me and my family summed up to our comfort and made our transport bearable. Continue to provide superb service and care		
	to all under your care. Explained what might be wrong and made		
214	patient feel confident From the first minute to the last goodbye, I have never met with staff with skill and care!		God bless you. Prompt, professional, and caring all at the
	Thank you.	time, I must be an expert is all I can say.	same time.
-	Took very good care of me		All staff was very good and helpful.
	Everything! Customer service was great. Prompt		
	Everything was great		
	Arrived quickly and acted politely		
	This program has been very beneficial to the Nugget. This year we had another heart attack and the guick response saved the individual.		
	Got me there safly		
	I was very glad to see all your smiling faces, you made me feel so comfort and save.	Nothing, you did everything. I know you must have been very tired at midnight. Thank you.	Thank you, keep smiling. You are a beam of light in this dark world. I am a old German girl, please excuse my English.
	Great job getting him comfortable and to the	The Poor For and actiniaring its Thank you.	
224	hospital. Your staff was very kind and knew where and		Thank you very much for taking care of my Uncle.
	what they were doing. Hats off! Helping me quickly and attending to all my		
	needs. The service was excellent. Thank you.		Excellent service.
227			You are always courteous
228	Everything was great		
229	All went well.		
230	Moved patient around with minimum pain.		
	Very caring and helped to calm me. Teh paramedics were prompt, professional, compassionate, provided good care and had	Nothing.	
232	great "bedside manners". Due to the late hour, I asked them to be quiet		you are great! Thank you for your help.
233	when arriving and leaving to and from my place, and they did. Extremely efficient, everything went like clock	Do the same.	
	work. Extremely happy with the service.		
	Excellent service		
	Everything I thought everyone involved was courteous and professional, and really friendly.	I simply have no complaints.	I am so appreciative of the service that day. There's really nothing to comment on.
-	Everything.	, ompry naro no complaints.	resumg to definition of the
	You literally save my life. It came down to seconds. I was "flat lined" upon arrival, your medical care/treatment in the ambulance indisputably saved my life with no brain damage. Your work was excellent. Thank you is not nearly enough. I am truly, eternally grateful. I was a fireman/EMT prior to federal agent. You absolutely walk on water.		Totally outstanding. I thank you so much. God bless all of you.
	Services	Very good	Polite service
241			All medics were great! I want to thank all of them for their help.
		\$1000.00 per block transported seems quite high for a 3 block trip.	- -

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
243	Quick response, professional.		
244	The crew was very professional and friendly. They made sure she was warm	Nothing.	They knew she can't hear well, so they spoke loudly and ver close to her. Thank you so much.
	Everything	Nothing	Nothing
246	You responded quickly and diagnosed my symptoms fast.		
	As a retired California firefighter, the crew was very professional. They not only cared for me,		
247	but my wife also!	Keep the standards up. It was appreciated.	No comment, but thanks!!
248	Service couldn't be better.	I won't hesitate to call you again if we need help again.	Thank you, The service was just fine.
		Lost her hearing aid in transport - an \$1,100.00	
249	Everything	loss.	
250	Everyuning	Nothing. You were wonderful.	My wife and I are the neighbors living in directly back of the patient an
251			were designated by her as the people to be called first when her activated her "Life Alert" emergency system. As such, I have been called several times (5 in the month of December) to her house to help her up from falls. It was on this call, New Year's Eve, that she consented to go in the hospital. The REMSA crew that responded along with the Truckee Meadows Fire crew from station 16 provided a most professional and compassionate level of care to the patient while at her house. As far as her treatment in the ambulance, I cannot personally attest to. There was a second REMSA crew interaction with her. The evening after being transferred from the hospital to the rehab center she stated protesting being there, and a REMSA unit was dispatched. When my wife and I arrived at the rehab center to check of her, we saw that she was letting everyone know that she didn't want to be "in that place". The medics in attendance, I could tell, were exasperated with the situation, but were treating he with courtesy and respect while explaining that his was the best place for her to be to ge the care that she needed. I would like to add that I worked 25 years at a fire engine operator for both the Truckee Meadows FPD and the Reno FD until retirement. And over the years have worked closely with many of the REMSA crews. I have always witnessed top rate care and service provided by them.
252	Helped me in and out the ambulance. Was concerned about how I felt. Very professional. Responded quickly with every effort put forth		
	to ensure maximum comfort and info supplied regarding questions. You were on time	Keep up the good work. What you do now is great.	Your care and service provide a profound sense of safely, security, and confidence.
	Was very prompt, professional, efficient,		
	competent, courteous, friendly, caring. The service was fantastic and couldn't have	Better? I'm alive. Everyone did a super job!	
256	been any better.	Thank you so much.	Excellent service! Again, thank you for saving my life.
	Doctor was great	You did well.	Everything great.
	You always do well in your service		I have made several trips with you, always good service.
	Excellent		Greatl
	Everything You were there when we needed you!!	Everything went well Thank youl!	All went very well. Very, very nice.
262		Thank you!	
	Everything	Nothing	Excellent
	Everything	Nothing	Excellent
	Everything	Nothing	Excellent
	I had a nose bleed and they helped to stop it.	Everything was great.	Thank you for everything they did.
	Everything	I know of nothing	The staff was excelent
	The dispatcher listened to me when I said what I could see.	Nothing.	I think you should keep doing what you are doing. Very helpful and polite.
	The crew was very nice and helpful and very kind to all of us.		
	Everything		All personnel was excellent.
271			I was too sick to care but I was grateful for their care.
	Care for my father on his last flight. Allowed me to talk to him and answered my questions.		
		They did need	I have 2 occasion and they have done a great job. Thank
273 274	Your job The patient said the EMT was very helpful in keeping his mind off the pain. He was friendly, too	They did great	you.
275		Nothing	
	The team was excellent - no improvement		

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
	Your response was quick and very professional. Efficient and very courteous. Very professional Everything! Explained things very well, arrived	Fire Dept response team was also very helpful.	
279	fast!	Continue what you do.	
280	Yes		
281	Made me feel at ease. The EMT's were fun!		
282	The male EMT did everything right. I was very injured, in shock, and his soothing, competent manner helped calm me.	Retrain or fire the female EMT until she learns how to have empathy or at least learns how to fake it!	There was a male and female crew. The male was so kind and helpful! The female was a JERK and stressed me and my husband out even more! She acted like she didn't want to be there and like I was a nuissance!
283	Explained things very well. Arrived fast.	Just continue being there for us.	
284	All care was provided professionally.		
285	You were great Everything. Care of patient, explaining issues,		
286	making everyone comfortable.	Cant' think of anything.	
287	Everything	Continue to use Fords.	
288	I was very impressed with the teamwork and caring my child received! Not only professional, but compassionate as well.	???? I was very happy with the service.	The personnel had already stabilized my child's arm and fully explained everything I needed to know. I really appreciated how I was treated as well.
289	Made me as comfortable as possible		My experience was good considering I was far from home and in a lot of pain.
290	Ali		
291	Cared for me, knew what was to be done.	None that I can think of.	
292	Help me to stay calm. Also helpful with my husband.		Stay the same.
293	Keeping me calm.	Put my IV in better and not blow my vain.	Over all they did well and very polite.
294	Very professional		Very good.
295	Everything was fine.	Keep doing what you are doing.	
296	I've never had a reason to complain about anything! Thank you!		
297	In all of my REMSA rides the EMT's and all the personnel involved were very efficient, communicated well and made me feel safe.	I cannot think of anything you staff could have done better in ANY of my REMSA rides.	I am very satisfied with the care I received and only wish I could thank the men and women who saved my life.
298	Got me to the hospital as soon as possible.		When in great pain, it's hard to observe what's going on. All you want is some relief.
299	All was well.		
300	Everything	Nothing	
	Professional, efficient, knowlegeable	Keep up the good work	Excellent service.
302	Great	Miss bumps in road while doing IV's.	
303	Everything.		
304	Found all my meds and correctly wrote them down and gave to the ER staff - care for me perfectly.		Very pleased with service and care.



CARE FLIGHT CUSTOMER SERVICE FOR JANUARY 2013



CARE FLIGHT CUSTOMER COMMENTS JANUARY 2013			
What Did We Do Well	What Can We Do To Serve You Better	Description / Comments	
1 Everything	Nothing	Am very pleased with the service.	
2 You got me to the hospital and saved my life.			
Arrived and departed at both hospitals really fast. The crew members were just wonderful 3 and supportive to me in my hour of need.	Can't think of anything they could have done better.	Please notify both Care Flight nurses that my husband did pass away on 12/21/12.	



REMSA PUBLIC RELATIONS REPORT FOR JANUARY 2013

PUBLIC RELATIONS

January 2013

ACTIVITY	RESULTS
Negotiated and placed and ran Silver Saver ads on TV to publicize year round enrollment	Spots began running in January.
Set-up interview with Vickie Fisher for KOLO's Moms Everyday program to discuss car seat safety.	The segment ran multiple times in January.
Write press release and radio script for February's CPR/run event at Scheels. Coordinated interviews with JW Hodge after information was released to the media.	KOH, Channel 2 and RGJ ran stories regarding the event and run.
Worked with City of Sparks to obtain a proclamation for REMSA regarding their CPR event and run in February.	JW Hodge and Jim Gubbels received the proclamation the last week of January.
Took media calls regarding the ambulance that was shot with a BB gun.	All TV stations and the Reno Gazette Journal ran the story.
Wrote and distributed a press release regarding an award Safe Kids received from NDOT.	KOH interviewed Melissa regarding the story.



WHEREAS. Heart disease affects men, women, and children of every age and race in the United States and continues to be the leading cause of death in America; and

WHEREAS, Approximately 295,000 emergency medical services-treated out-of-hospital cardiac arrests occur annually nationwide. Roughly 92 percent of sudden cardiac arrest victims die before being discharged from a hospital. Sudden cardiac arrest results from an abnormal heart rhythm in most adults, often ventricular fibrillation. Unfortunately, only 31.4 percent of out-of-hospital cardiac arrest victims receive bystander cardiopulmonary resuscitation (CPR).

WHEREAS, The REMSA Center for Pre-hospital Education has dedicated itself to quality education that prepares our community to provide lifesaving skills including CPR. REMSA has trained more than 15,000 individuals in northern Nevada in the past year how to conduct proper CPR techniques in order to save lives.

WHEREAS. Prompt delivery of CPR more than doubles the victim's chance of survival by helping to maintain vital blood flow to the heart and brain, increasing the amount of time in which an electric shock from a defibrillator may be effective.

WHEREAS, An automated external defibrillator (AED), even when used by a bystander, is safe, easy to operate and, if used immediately after the onset of sudden cardiac arrest, highly effective in terminating ventricular fibrillation so the heart can resume a normal, effective rhythm.

WHEREAS. For every minute without bystander CPR, survival from witnessed cardiac arrest decreases 7-10 percent. The interval between the 911 telephone call and the arrival of Emergency Medical Services personnel is usually longer than five minutes; therefore, a cardiac arrest victim's survival is likely to depend on a public trained in CPR and AED use and access to these lifesaving devices.

NOW, THEREFORE, I GENO MARTINI, Mayor of the City of Sparks, Nevada, do hereby proclaim February 9TH 2013,

"SAVE A HEART DAY"

In and for the City of Sparks, Nevada, and urge all citizens to show their support for life-saving education and the fight against Sudden Cardiac Arrest and commemorate this day by taking time to learn the life-saving skills of CPR. By increasing awareness of the importance of CPR and the use of AED units to reduce death and disability from cardiovascular disease, we can save thousands of lives each year.

IN WITNESS WHEREOF, I have set my hand and caused the Seal of the City of Sparks, Nevada, to be affixed this 16TH day of January 2013.

GENO R. MARTINI, Mayor

ATTEST.

FERESA GARDNER, City Clark

REMSA to offer free CPR training



Published: 1/16 11:39 am Updated: 1/16 11:40 am

SPARKS, Nev. (KRNV & MyNews4.com) — In honor of February's National Heart Month, the Regional Emergency Medical Services Authority (REMSA) will conduct its sixth annual Save a Heart free CPR Awareness Training event and health fair from 10 a.m. until 2 p.m. on Saturday, Feb. 9 at Scheels in Sparks. Free hand-only CPR awareness courses begin at the top of every hour.

New to this year's event is Running Red for Heart, a 5K run sponsored by Northern Nevada Medical Center to benefit the American Heart Association. The run begins at 8 a.m. and all runners are asked to wear all red running gear. Awards will be given for best-dressed runner during a special awards ceremony where hands-only CPR will also be taught to participants. Registration is \$30 and is available at active.com.

Health Expo will include:

- -Northern Nevada Medical Center providing free blood pressure checks, and other screenings including onsite physicians and medical experts.
- -Point of Impact Child Safety Seat Checkpoint that will be held in the Scheels' parking lot starting at 9 a.m. Limited to the first 30 cars.
- -Fitness demonstrations and experts from Kaia FIT, local gyms, and Scheels.
- -United Blood Services Onsite Blood Donations.
- -American Heart Association, Saint Mary's, and Renown offering heart healthy education.

More than 900 people per day in the United States die from Sudden Cardiac Arrest. People trained to provide CPR in the community and knowledge about heart healthy living will greatly improve the chances of survival for these victims.

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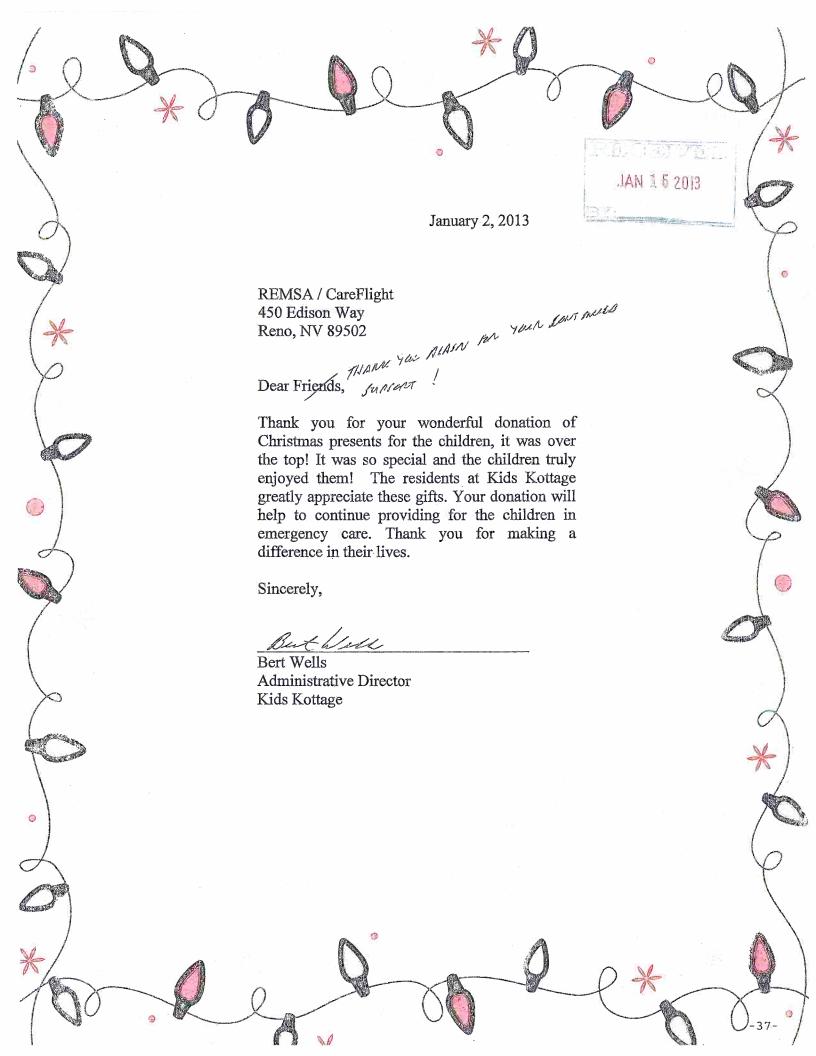
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Washoe County Health District



STAFF REPORT BOARD MEETING DATE: February 28, 2013

DATE:

February 15, 2013

TO:

District Board of Health

FROM:

Lori Cooke, Fiscal Compliance Officer, Washoe County Health District

775-325-8068, lcooke@washoecounty.us

THROUGH:

Eileen Stickney, Administrative Health Services Officer

775-328-2417, estickney@washoecounty.us

SUBJECT: Public Hearing – Proposed approval and adoption of revisions to the Health Department Fee Schedule, specific to:

- a. Administrative Health Services Division,
- b. Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management,
- c. Community and Clinical Health Services Division, and;
- d. Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction.

SUMMARY

The Washoe County District Board of Health must approve changes to the Health Department Fee Schedule. Revisions are being proposed to the Department Fee Schedule, specific to:

- a. Administrative Health Services Division,
- b. Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management,
- c. Community and Clinical Health Services Division, and:

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d. Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction.

A copy of the proposed schedule is attached.

District Board of Health strategic priority: Promote financial accountability and stability

BCC Strategic Objective supported by this item: Sustainability, including financial sustainability, sustaining our services and infrastructure, and sustainability of our natural resources.

PREVIOUS ACTION

At the October 27, 2011 District Board of Health (DBOH) Meeting, the Proposed FY13 Department Fee Schedule was presented and approved.

BACKGROUND

The Health Department's Fee Schedule was implemented in FY 82/83 as a result of the Legislative Process. The Interim Legislative Committee on Local Government and Finance reviewed and approved the methodology used to calculate the Department's fees. We have consistently maintained the approved Legislative methodology during revisions to the Fee Schedule. The methodology has been revisited by the AB538 Interim Study Committee in 1996 and has been re-affirmed.

The methodology of the Health District is to certify the amount of time it takes to perform the activities associated with the fee. Then the most current personnel rate (salaries & benefits) is multiplied by the time. The calculated figure is multiplied by the Health District approved Indirect Cost Rate Agreement and the Washoe County Health District Indirect Cost Rate (CoCAP), both prepared with a federally-approved methodology by an independent contractor for Washoe County, the Health District, Social Services, & Family Support. The resulting amount has any direct expenses added and the fee is rounded to the nearest whole dollar.

Revisions to the current Department Fee Schedule have been prepared in accordance with previous District Board of Health direction to recoup the cost of performing activities to the extent possible, including all applicable indirect costs, and to bring forward the fee schedule annually to more timely account for fluctuations in Health District costs.

The presented fee schedule was prepared to account for changes in total personnel costs (salaries and benefits), the amount of staff time necessary to perform the activity and the indirect cost rate. The fee calculations represent a weighted compilation of the following factors:

- An increase in the PERS required contribution from 23.75% to 25.75%
- A decrease of 1% in the hourly wage of each employee to account for one-half of the PERS increase
- An increase in the average health insurance cost per employee, effective July 1, 2010 o From 2013 to 2014, the average health insurance cost increase is forecast at ~5%
- Total indirect cost rates applied to the fees, including Department Rate, Divisional Rate, Department CoCAP Rate and Divisional CoCAP Rate.

A fee justification notebook includes the methodology for each fee. The proposed fee schedule revisions are attached.

Since the last District Board of Health approval on October 27, 2011, the Community and Clinical Health Services Division requested nine (9) interim revisions that were approved by the Administrative Health Services Officer (AHSO). The requests reflected changes to the fees for:

- 1) Updated lab costs (x2)
- 2) Updated vaccine costs, cost of personnel, direct supplies, indirect cost rate, and update the Influenza and Pneumococcal immunization fees consistent per the agreement with community providers for the upcoming season (x3)
- 3) To include pharmaceuticals and lab services excluded from the adopted FY13 fee schedule (x3)
- 4) To include, re-activate, update procedure codes due to addition of pharmaceuticals and/or process changes (x1)

The Public Hearing Notice was noticed in the Reno Gazette Journal on January 22 (Tue.); January 23 (Wed); and January 25 (Fri) of 2013. On January 29, 2013, 8,878 notices were sent to Washoe County Reprographics to be mailed to affected permit holders, businesses, as well as other identified stakeholders and members of industry, giving notice of the proposed revisions.

The proposed fee schedule for each division was posted to the Health Department Internet on Tuesday, January 29, 2013.

Business impact statements have been prepared in accordance with NRS 237.090 and are attached. If approved the proposed revisions to the fee schedule will have an effective date of July 1, 2013.

The FY13 budgeted revenue structure of the Washoe County Health District is as follows:

- Permitting Fees & Charges for Services
 14%
- Federal, State and Other Restricted Revenue 37%
- Washoe County General Fund Transfer 49%

FISCAL IMPACT

Based upon activity levels anticipated there will be a net <u>increase</u> in FY14 revenues in the following amounts:

Full Cost Recovery

AHS	AQM	CCHS	EHS	EPHP	DEPARTMENT
					TOTAL
\$-0-	\$366,446	\$-0-	\$368,993	\$-0-	\$735,439

Regarding CCHS fees, clients pay based on a schedule of discounts using an income-based sliding scale based on federal poverty guidelines. As such, CCHS revenues have no anticipated revenue increases based on collection rates (versus fee rates).

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve and adopt the proposed revisions to the Health Department Fee Schedule that represent Full Cost Recovery, specific to:

- a. Administrative Health Services Division,
- b. Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management,
- c. Community and Clinical Health Services Division, and;
- d. Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe county District Board of Health regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas;

Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction.

POSSIBLE MOTION

Move to approve the proposed revisions to the Health Department Fee Schedule that represent Full Cost Recovery, specific to:

- a. Administrative Health Services Division,
- b. Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management,
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ALTERNATIVES

The District Board of Health may elect to approve, deny, modify, or revise the proposed fee schedule(s).

WASHOE COUNTY COMPTROLLER

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STATE OF NEVADA COUNTY OF WASHOE

Being first duly sworn, deposes and says: That as the legal clerk of the Reno Gazette-Journal, a daily newspaper of general circulation published in Reno, Washoe County, State of Nevada, that the notice referenced below has published in each regular and entire issue of said newspaper between the dates: 01/22/2013 - 01/25/2013, for exact publication dates please see last line of Proof of Publication below.

Subscribed and sworn to before me

Signed:

JAN 2 5 2013

GINA BRILES

GINA BRILES

Notary Public - State of Nevada

Appointment Recorded in Washoe County

No: 11-6105-2 - Expires October 10, 2015

Proof of Publication

PUBLIC NOTICE ON PROPOSED REVISIONS TO THE WASHOE COUNTY HEALTH DISTRICT FEE SCHEDULE NOTICE OF PUBLIC HEARING The Washoe County Health District is proposing revisions to the District's Fee Schedule. Revisions are specific to the Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction. THE PUBLIC HEARING will be held on Thursday, February 28,

Ad Number: 1000793763

Page 1 of 2

2013. Interested persons who wish to comment should attend the District Board of Health meeting on Thursday, February 28, 2013, at 1:00 p.m. in Auditorium B, at the Washoe County Health District, 1001 East 9th Street, Building B, Reno. Written comments may be submitted to the Washoe County District Board of Health, P.O. Box 11130, Reno, Nevada, 89520. Questions or comments regarding the proposed revisions may be addressed to the Washoe County Health District, Administrative Health Services Division, Attention: Fees, P.O. Box 11130, Reno, NV 89520. Administrative Health Services can be contacted by telephone at (775) 328-2410 or via email at publichealthfees@washoecounty.us or healthweb@washoecounty.us. Disabled members of the public who require special accommodations or assistance at the meeting(s) are requested to notify Health Administration by calling (775) 328-2400, or in writing to Washoe County Health District, P.O. Box 11130, Reno, Nevada 89520. The proposed fee schedule will be available at www.washoecounty.us/health. If approved, the proposed fee schedule is recommended to be effective July 1, 2013. No. 793763 Jan 22, 23, 25, 2013

PUBLIC NOTICE ON PROPOSED REVISIONS TO THE WASHOE COUNTY HEALTH DISTRICT FEE SCHEDULE Notice of Public Hearing

The Washoe County Health District is proposing revisions to the District's Fee Schedules Revisions are specific to the Community and Clinical Health Services Division? Air the Community and Clinical Health Services Division Air Quality Management Division in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments, Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation, Washoe County District Board of Health Regulations Governing the Prevention of Vector Borne Diseases Washoe County District Board of Health Regulations Invasive Body Description Stabilishments, Invasive Body Description Stabilishments Diseases Washe County District Board of Health Regulations.
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County District Board of Health Regulations. Governing Solid Waste Management, and the Washoe County District Board of Health Regulations Governing Well Construction:

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Ad Number: 1000793763

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NOTICE OF PUBLIC HEARING

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PUBLIC NOTICE ON PROPOSED REVISIONS TO THE WASHOE COUNTY HEALTH DISTRICT FEE SCHEDULE

NOTICE OF PUBLIC HEARING

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The proposed fee schedule will be available at www.washoecounty.us/health. If approved, the proposed fee schedule is recommended to be effective July 1, 2013.

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Page #	Description	Cu	posed Fee	Dis Dir Inc	ealth strict ect & lirect	proposed				
3		J	Fee	 ree	U	osts	<u>fee)</u>			
1	MP3 Recordings of Public Meetings	\$	1.00	\$ -	\$	-	\$	per .		

Air Quality Management

Page#		Cı	urrent Fee 7/1/12	Pr	oposed Fee		Health District Direct & Indirect Costs	(ir	County Indirect Indirect Indirect Indirection
1	Plan Review - Fuel Burning Equipment Only	\$	72.00	\$	107.00	\$	75.00	\$	32.00
1	Plan Review - < 100 tons per year	\$	525.00	\$	785.00	\$	551.00	\$	234.00
1	Rlan Review - < 100 tons per year Synthetic Minor Source-NEW (broken out)	\$	_	\$	2,333.00	\$	1,637.00	\$	696.00
1	Plan Review - > 100 tons per year	\$	6,829.00	\$	29,562.00		20,741.00	\$	8,821.00
2	Small Stationary Source Operating Permit	\$	153.00	\$	229.00	\$	161.00	\$	68.00
3	Stationary Source Operating Permit	\$	168.00	\$	252.00	\$	177.00	\$	75.00
3	Annual Emission Fee (source emitting > 2 lbs/day)	\$	15.00	\$	16.00	\$	16.00	\$	-
4	Stationary Source Toxics Permit	\$	71.00	\$	108.00	\$	76.00	\$	32.00
4	Annual Toxic Emission Fee (source emitting > 1 lb/day)	\$	6.00	\$	6.00	\$	6.00	\$	-
5	Operating Permit Transfer Fee (person to person)	\$	43.00	\$	65.00	\$	46.00	\$	19.00
6	Late Permit Application Processing Fee	\$	190.00	\$	284.00	\$	199.00	\$	85.00
7	Gasoline Service Station Permit Fee (base plus per nozzle)					ľ		T .	00.00
	Base Fee (per permit)	\$	11.00	\$	16.00	\$	11.00	\$	5.00
	Per Nozzle	\$	37.00	\$	56.00	\$	39.00	\$	17.00
8	Asbestos Assessment Plan Review	\$	56.00	\$	83.00	\$	58.00	\$	25.00
9	Notification of Asbestos App/Removal Fees:					Ė		•	
9-a	Non-NESHAP Demolition	\$	146.00	\$	218.00	\$	153.00	\$	65.00
9-a	260<520 Linear ft or 160<320 sq ft	\$	300.00	\$	448.00	\$	314.00	\$	134.00
9-a	520<1000 Linear ft or 320<1000 sq ft	\$	662.00	\$	989.00	\$	694.00	\$	295.00
9-a	>1000 Linear or Square Feet	\$	1,632.00	\$	2,438.00	\$	1,710.00	\$	728.00
9-a	Facility Annual Notification	\$	3,441.00	\$	5,143.00	\$	3,608.00	\$	1,535.00
10	Building Plan Review	\$	49.00	\$	73.00	\$	51.00	\$	22.00
	Initial Registration of Neutral Inspectors-NEW (broken out)	\$	_	\$	199.00	\$	139.00	\$	60.00
12	Annual Renewal of Neutral Inspectors	\$	89.00	\$	66.00	\$	46.00	\$	20.00
	Woodstove Certificates-NEW (broken out)	\$	-	\$	50.00	\$	35.00	\$	15.00
14	Woodstove Notice of Exemption	\$	13.00	\$	19.00	\$	13.00	\$	6.00
15	Geothermal Well Drilling Permit	\$	333.00	\$	525.00	\$	368.00	\$	157.00
16	Air Quality Variance Request	\$	460.00	\$	688.00	\$	483.00	\$	205.00
17	Dust Control Plan Review (base plus per acre)					·		•	
	Base Fee (per permit)	\$	33.00	\$	50.00	\$	35.00	\$	15.00
	Per Acre	\$	108.00	\$	161.00	\$	113.00	\$	48.00
18	Expert Witness Fee (per hour)	\$	253.00	\$	378.00	\$	265.00	\$	113.00
19	Air Quality Permit to Operate Late Fee (% of Total Fee Due)		25%	·	25%	1		•	
20	Non-Standard Working Hours Request NEW (per hour)	\$	· <u>-</u> , ·	\$	138.00	\$	97.00	\$	41.00

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Asbestos Assessment Plan Reviews, and Notification of Asbestos Application/Removal Fees.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff in the Asbestos Program. The costs to businesses requesting Asbestos Assessment Plan Reviews, and Notification of Asbestos Application/Removal Fees will be increased.

<u>Direct Effects: The Air Quality Management Division will assess and collect fees from individuals or businesses requesting services from the Asbestos program.</u>

These fees will reflect current costs for providing those services.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the length of time associated with asbestos program activities (including plan reviews, field inspection, and completing the necessary documentation) was conducted by Air Quality Specialists. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Asbestos program currently charges a permit/review fee. The revisions will reflect increases to fees for activities that are currently being performed. The Health District will have increased revenues in the approximate amount of \$73,288 annually (\$21,708-Asbestos Assessment Plan Reviews; \$4,824-Non-NESHAP Demolition; \$2,368-260<520 Linear ft; \$7,848-520<1000 Linear ft; \$31,434-> 1000 Linear ft; \$5,106-Facility Annual Notification.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Dust Control Plan Reviews.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff in the Dust Control program. The costs to businesses requesting Dust Control Plan Review Fees will be reduced.

<u>Direct Effects: The individuals or businesses requesting services from the Dust Control program will be charged an amount that reflects the current cost for services being performed.</u>

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the methodology and length of time associated with dust control plan activities (including plan review, evaluation of control measures, and the number of field visits needed) was conducted by Engineers, Air Quality Specialists and an Air Quality Supervisor. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Dust Control program currently charges a review fee. The revisions will reflect increases to fees for activities that are currently being performed. The Health District will have increased revenues in the amount of \$71,119.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses that do not pay within the 30 day invoice schedule.

Beneficial Effects: The late fee amount is directly proportionate to the annual permit to operate fee. The fee is 25% of the total fee due.

<u>Direct Effects: The individuals or businesses receiving services from the Air Quality</u>

<u>Management Division will be charged a fee for paying late.</u>

<u>Indirect Effects: The additional expense realized from the change in fees may be passed on to the end consumer.</u>

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

The proposed late fee will impact those businesses that choose not to pay the permit to operate fees on time. Since the late fee is calculated as a percentage of the permit fee, the anticipated late fees incurred by individuals or businesses will likely be more as permit fees have increased.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Air Quality Management division currently assesses a late fee equal to 25% of the annual permit amount.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee, or increase in existing fee, will be used by the Health District to:

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases costs for individuals or businesses being certified as Neutral Inspectors.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff. The costs to individuals or businesses being certified as Neutral Inspectors will be reduced.

<u>Direct Effects: The individuals or businesses being trained as Neutral Inspectors will be charged an amount that reflects the current cost for services being performed.</u>

<u>Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.</u>

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the methodology and length of time associated with processing and training applicants was conducted by the Division Director and the Air Quality Supervisor. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Air Quality Management Division currently trains inspectors and charges a registration fee. The revisions reflect decreases to fees for activities currently being performed. The Health District will have decreased revenues in the approximate amount of \$246 as a result of the proposed increases in fees related to Neutral Inspector certification.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Plan Reviews.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff.

<u>Direct Effects: The Air Quality Management Division will assess and collect fees from businesses for plan reviews. These fees will reflect current costs for providing those services. The costs to individuals or businesses requesting plan review activity will be increased.</u>

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the methodology and length of time associated with processing and training applicants was conducted by the Division Director and the Air Quality Supervisor.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Plan Review program currently charges a review fee. The revisions will reflect increases to fees for activities currently being performed. The Health District will have net increased revenues in the approximate amount of \$28,026 annually (\$1,120-Plan Review-Fuel Burning Equipment Only; \$14,560-Plan Review <100 tons per year; \$4,666-Synthetic Minor Plan Review<100 tons per year; \$ unknown-Plan Review-> 100 tons per year; \$7,488-Building Plan Review; \$192-Geothermal Well) as a result of the proposed increases in fees related to Plan Reviews.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Stationary Source permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff.

<u>Direct Effects: The Air Quality Management Division will assess and collect fees from businesses that are required to have Stationary Source permits. These fees will reflect current costs for providing those services.</u>

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the length of time associated with stationary source permitting program activities was conducted. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Stationary Source permitting program currently charges a permit fee. The Health District will have increased revenues in the approximate amount of \$139,297 annually (\$5,143-Stationary Source Toxic Permit; \$30,368-Gasoline Service Station Permit; \$40,432-Small Stationary Source Operating Permit; \$63,016-Stationary Source Operating Permit; \$110-Operating Permit Transfer Fee; \$228-Variance Request) as a result of the proposed increases in fees related to Stationary Sources.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for inspectors who verify that a residence is in compliance with the regulations.

Beneficial Effects: The modified fee schedule more accurately represents actual costs incurred by the Air Quality Management Division for services performed by staff in the Woodstove Compliance program.

<u>Direct Effects: The individuals or businesses requesting services from the Woodstove Compliance program will be charged an amount that reflects the current cost for services being performed.</u>

Indirect Effects: The Air Quality Management Division reviewed the fees charged for the forms used by the independent inspectors and the woodstove dealers to report compliance with the regulations.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the cost of forms and the length of time associated with woodstove compliance activities (including

processing applications) was conducted by the Division Director and Air Quality Supervisor.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Woodstove Compliance program currently charges a fee. The revisions will reflect increases to fees for activities that are currently being performed. The Health District will have increased revenues in the approximate amount of \$54,962 (\$14,750-Woodstove Certificates; \$40,212-Woodstove NOE) annually

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

Community & Clinical Health Services

Page #	Description	Current Fee			roposed Fee 7/1/13	D Ir	lealth District Irect & Indirect Costs	(in	County ndirect cluded in roposed fee)
1	Day Care Facility Employee Training	\$	24.00	\$	53.00	\$	38.00	\$	15.00
2	Day Care Facility Employee Re-Issue Certification	\$	6.00	\$	9.00	\$	6.00	\$	3.00
3	First Offender Sexual Health Class	\$	87.00	\$	127.00	\$	92.00	\$	35.00
4-b	STD Visit - Low risk	\$	31.00	\$	50.00	\$	36.00	\$	14.00
4-b	STD Exam - Limited	\$	53.00	\$	72.00	\$	52.00	\$	20.00
4-b	STD Exam - Extended	\$	69.00	\$	93.00	\$	67.00	\$	26.00
4-b	STD Exam - Comprehensive	\$	84.00	\$	115.00	\$	83.00	\$	32.00
5	Tuberculosis Risk Assessment	\$	26.00	\$	98.00	\$	71.00	\$	27.00
5	Tuberculin Skin Test	\$	12.00	\$	22.00	\$	16.00	\$	6.00
5	TST Reading	\$	26.00	\$	31.00	\$	22.00	\$	9.00
5	Chest X-ray review by physician	\$	14.00	\$	16.00	\$	11.00	\$	5.00
5	Abnormal diagnostic results review	\$	14.00	\$	16.00	\$	11.00	\$	5.00
5	Abnormal chest X-ray review by physician	\$	14.00	\$	16.00	\$	11.00	\$	5.00
5	Office Visit - medication start	\$	72.00	\$	78.00	\$	56.00	\$	22.00
5	Office Visit - medication refill	\$	19.00	\$	34.00	\$	25.00	\$	9.00
5	Office Visit - (10)	\$	14.00	\$	16.00	\$	11.00	\$	5.00
5	Office Visit - (20)	\$	- 1.00	\$	28.00	\$	20.00	\$	8.00
5	Office Visit - DOT (10)	\$	12.00	\$	14.00	\$	10.00	\$	4.00
5	Office Visit - DOT (15)	\$	17.00	\$	20.00	\$	15.00	\$	5.00
5	Home Visit Services - (M-F)	\$	48.00	\$	55.00	\$	40.00	\$	15.00
5	Home Visit Services - (S-S & Holiday)	\$	48.00	\$	55.00	\$	40.00	\$	15.00
5	Home Visit Services - New patient/limited	\$	41.00	\$	49.00	\$	35.00	\$	14.00
5	Home Visit Services - New patient/extended	\$	128.00	\$	149.00	ŝ	108.00	\$	41.00
5	AFB Collection Education	\$	24.00	\$	28.00	ľ		\$	8.00
8	New Patient Visit - APN	\$	33.00	\$	44.00	\$	32.00	\$	12.00
8	New Patient Visit - RN	\$	29.00	\$	41.00	\$	30.00	\$	11.00
8	New Patient Visit - WHC	\$	34.00	\$	51:00	\$	37.00	\$	14.00
8	Established Patient Visit - Level I-APN	\$	23.00	\$	23.00	\$	17.00	\$	6.00
8	Established Patient Visit - Level I-RN	\$	20.00	\$	31.00	\$	23.00	\$	8.00
8	Established Patient Visit - Level II	\$	34.00	\$	35.00	\$	26.00	\$	9.00
8	Established Patient Visit - Level III	\$	-	\$	43.00	\$	31.00	\$	12.00
8	Established Patient Visit - Level IV	\$	-	\$	59.00	\$	43.00	\$	16.00
. 8	Established Patient Visit - Level V	\$, - .	\$	83.00	\$	60.00	\$	23.00
8	Initial Comprehensive Preventative Med (age 12-17)	\$	53.00	\$	76.00	\$	55.00	\$	21.00
8	Initial Comprehensive Preventative Med (age 18-39)	\$	47.00	\$	68.00	\$	49.00	\$	19.00
8	Initial Comprehensive Preventative Med (age 40-64)	\$	47.00	\$	68.00	\$	49.00	\$	19.00
8	Periodic Comprehensive Preventative Med (age 12-17)	\$	34.00	\$	51.00	\$	37.00	\$	14.00
8	Periodic Comprehensive Preventative Med (age 18-39)	\$	29.00	\$	43.00	\$	31.00	\$	12.00
8	Periodic Comprehensive Preventative Med (age 40-64)	\$	29.00	\$	43.00	\$	31.00	\$	12.00
8	Counseling Code - APN (15-25 min)	\$	40.00	\$	59.00	\$	43.00	\$	16.00
8	Counseling Code - RN (15-25 min)	\$	33.00	\$	49.00	\$	36.00	\$	13.00
8	Counseling Code - APN (30-40 min)	\$	57.00	\$	83.00	\$	60.00	\$	23.00
8	Counseling Code - RN (30-40 min)	\$	47.00	\$	68.00	\$	50.00	\$	18.00
8	Counseling Code - APN (45-55 min)	\$	75.00	\$	107.00	\$	78.00	\$	29.00
8	Counseling Code - RN (45-55 min)	\$	60.00	\$	86.00	\$	63.00	\$	23.00
8	Counseling Code - RN (60 min or longer)	\$	64.00	\$	92.00	\$	67.00	\$	25.00
9	Vasectomy Counseling	\$	78.00	\$	109.00	\$	79.00	\$	30.00
9	Procedure/treatment Recheck	\$	10.00	\$	19.00	\$	14.00	\$	5.00
	Courtesy Visit	\$	52.00	\$	96.00	\$	62.00	\$	22.00
9 9	MD Visit MD Visit-Extended	\$	52.00	\$	86.00	\$	63.00	\$	23.00
9	Contraceptive Implant Insertion (Nexplanon)	\$	94.00	\$	119.00	\$	86.00	\$	33.00
9	Contraceptive Implant Insertion (Nexplanon) Contraceptive Implant Removal (Nexplanon)	\$ \$	44.00 27.00	\$	65.00 42.00	\$	48.00 32.00	\$ \$	17.00
9	Contraceptive Implant Removal (Nexplanon) Contraceptive Implant Removal with Reinsertion (Nexplanon)	э \$	44.00	\$	65.00	\$ \$	48.00	\$	10.00 17.00
9	IUD Removal	\$	29.00	\$	43.00	\$	31.00	\$	12.00
9	IUD Insert - Paragard	\$	55.00	\$	64.00	\$	48.00	\$	16.00
9	Wart Treatment	\$	29.00	\$	43.00		31.00	\$	12.00
-		-		*			21.00	4	0 0

Community & Clinical Health Services

Page # Description		Cu	rrent Fee 7/1/12		roposed Fee 7/1/13		Health District Direct & ndirect Costs	in <u>(in</u>	County ndirect cluded in roposed fee)
9	IUD Insert - Mirena (private)	\$	56.00	\$	64.00	\$	48.00	\$	16.00
9	IUD Insert - Mirena (ARCH Foundation)	\$	56.00	\$	64.00		48.00	\$	16.00
	* If the client completes the vasectomy process, \$452 is billed to the WCHD Fa		ing program f	from F	amily Medicio	ne ne	10.00	Ψ	10.00
	Center. The client is subsequently billed for the cost based on application of the	e slidina fe	e schedule.	Some	clients comp	iete			
	the counseling but decide against going through with the procedure.					,0.0			
lmmuni	zation Clinic Fee Schedule -Flu Eff. November 1, 2012	& Janua	ary 21, 20	13					
	VFC Eligible		Ŏ,						
12	Routine Child Immunization (per shot)	\$	22.00	\$	22.00	\$	22.00	\$	_
	Non VFC Eligible								
12	Influenza - Pediatric P-Free (6-35 months)	\$	36.00	\$	40.00	\$	33.00	\$	7.00
12	PCV13 - Pneumococcal 13-valent (Prevnar to age 5)	\$	129.00	\$	146.00	\$	139.00	\$	7.00
12	RV - Rotorix (6-32 weeks)	\$	104.00	\$	109.00	\$	102.00	\$	7.00
12	RV - Rotateq (6-32 weeks)	\$	90.00	\$	98.00	\$	91.00	\$	7.00
12	HAV - Hepatitis A (age 1-18)	\$	33.00	\$	38.00	\$	31.00	\$	7.00
12	HBV - Hepatitis B (child - through 19)	\$	30.00	\$	35.00	\$	28.00	\$	7.00
12	DTaP - Daptacel	\$	44.00	\$	51.00	\$	44.00	\$	7.00
12	DTaP - Infanrix	\$	35.00	\$	40.00	\$	33.00	\$	7.00
12	DTaP - HBV-IPV - Pediarix	\$	70.00	\$	75.00	\$	68.00	\$	7.00
12	DTaP - IPV - Kinrix	\$	53.00	\$	58.00	Š	51.00	\$	7.00
12	DTaP - Hib-IPV - Pentacel	\$	96.00	\$	106.00	\$	99.00	\$	7.00
12	HAV - Hepatitis A - Havrix	\$	42.00	\$	47.00	\$	40.00	\$	7.00
12	HAV-HBV - Hepatitis A-Hepatitis B (Twinrix adult)	\$	64.00	\$	69.00	\$	62.00	\$	7.00
12	HBIG - Hepatitis B Immune Globulin (per cc)	\$	136.00	\$	126.00	\$	119.00	\$	7.00
12	HBV - Hepatitis B (Engerix-B adult)	\$	48.00	\$	53.00	\$	46.00	\$	7.00
12	Hib - PedvaxHIB	\$	43.00	\$	48.00	\$	41.00	\$	7.00
12	Hib - ActHIB	\$	44.00	\$	51.00	\$	44.00	\$	7.00
12	HPV - Human Papillomavirus (Gardasil age 9-26)	\$	150.00	\$	156.00	\$	149.00	\$	7.00
12	IG - Immune Globulin	\$	38.00	\$	40.00	\$	33.00	\$	7.00
12	Influenza - Intranasal (age 5-49)	, \$	46.00	\$	50.00	\$	43.00	\$	7.00
12	Influenza (age 3 & older)	\$	28.00	\$	28.00	\$	28.00	\$	-
12	Influenza (age 18 & older)	\$	28.00	\$	28.00	\$	28.00	\$	_
12	Influenza - Intradermal	\$	38.00	\$	41.00	\$	34.00	\$	7.00
12	IPV - Polio (adult)	\$	45.00	\$	52.00	\$	45.00	\$	7.00
12	MCV - Meningococcal (Menactra age 11-55)	· , . \$	121.00	\$	135.00	\$	128.00	\$	7.00
12	MMR - Measles-Mumps-Rubella (adult)	- ° \$	69.00	\$	77.00	\$	70.00	φ. \$	7.00
12	MMRV - Proquad	\$	149.00	\$	154.00	\$	147.00	\$	7.00
12	MPSV - Meningococcal (Menomune age 3 & older)	\$	123.00	\$	142.00	\$	135.00	\$	7.00
12	PPV-23 - Pneumococcal (Pneumovax age 2 & older)	\$	70.00	\$	70.00	\$	70.00	\$	7.00
12	TD - Tetanus-Diphtheria - Decavac	\$	40.00	\$	45.00	\$	38.00	\$	
12	TDaP - Tetanus, Diphtheria & Acellular Pertussis	\$	58.00	\$	65.00	\$	58.00	Ф \$	7.00
12	TDaP - Tetanus, Diphtheria & Acellular Pertussis	\$	46.00	\$	63.00	\$		\$	7.00
12	VZV - Varicella (Varivax)	\$	101.00	\$	112.00		56.00 105.00	\$	7.00 7.00
13	Laboratory/Outpatient Fee Schedule	Se	e attached	اعدا	nedule .			٠	
	Pharmacoutical Fee Schedule		e attached						

See attached schedule

Fees in bold are determined by verbal agreements with other providers in the community.

14 & 15 Pharmaceutical Fee Schedule

Note: Fees may be adjusted throughout the year to match increases/decreases by vendors supplying vaccine.

Environmental Health Services

Page ‡	† December 1	•			Proposed		Health District Direct & Indirect	ir (in	County ndirect ncluded in oposed
1	Information Technology (IT) Overlay		urrent Fee		Fee 7/1/13	+-	Costs	_	fee)
'	mioritation reciniology (11) Overlay	\$	14.00	\$	4.00	\$	4.00	\$	-
	Development Review								
2	Change of Land Use	\$	164.00	\$	241.00	\$	169.00	\$	72.00
3	Minor/Major Special Use Permit Review/Development Agreement	\$	219.00	\$		\$	231.00	\$	98.00
4	Parcel Map Review - Sewer Available	\$	293.00	\$		\$	312.00		134.00
4	Parcel Map Review - Sewer Not Available	\$	671.00	\$		\$	732.00		316.00
			calculated/		calculated/				
5	Special Use Permit Conditions Inspection		permit		permit				28.67%
6	Tentative Subdivision Review - Sewer Available	\$	329.00	\$	505.00	\$	354.00	\$	151.00
6	Tentative Subdivision Review - Sewer Not Available	\$	908.00	\$	1,373.00	\$	959.00		414.00
6 6	Amended or Lapsed Subdivision - Sewer Available	\$	329.00	\$	505.00	\$	354.00		
7	Amended or Lapsed Subdivision - Sewer Not Available Final Map Review	\$	908.00	\$	1,373.00	\$	959.00		
8	Community Development Application Review	\$	219.00	\$	329.00	\$	231.00		98.00
o	Community Development Application Review	\$	72.00	\$	95.00	\$	68.00	\$	27.00
9	Construction Plan Review Food Service Establishment Construction-Quick Start	\$	30.00	\$	49.00	\$	36.00	\$	13.00
	Food Service Establishment Construction-Plan Review	Ψ	30.00	Ψ	49.00	1 *	30.00	Φ	13.00
10	'Base Fee'	\$	121.00	\$	160.00	\$	113.00	\$	47.00
10-a	Project less than 1,000 square feet		117.00	\$	176.00	\$	124.00	\$	52.00
10-a	Project 1,000 to 2,999 square feet	\$	163.00	\$	243.00	\$	171.00	\$	72.00
10-a	Project 3,000 or greater square feet	\$	239.00	\$	354.00	\$	248.00		106.00
11	Food Service Establishment Construction Remodel Plan Review-'Base Fee'	\$	121.00	\$	160.00	\$	113.00	\$	47.00
11-a	Food Service Establishment Construction Remodel Plan Review	\$	102.00	\$	154.00	\$	109.00	\$	45.00
12	Facility Construction Revised Plan Review-Land Dev. Group	\$	135.00	\$	190.00	\$	134.00	\$	56.00
13	Facility Construction Revised Plan Review-Facility	\$	113.00	\$	155.00	\$	109.00	\$	46.00
14	Hotel/Motel Plan Review - Engineering	\$	161.00	\$	238.00	\$	167.00	\$	71.00
15	Hotel/Motel Plan Review - Base Rate-Environmental	\$	73.00	\$	97.00	\$	69.00	\$	28.00
15	Hotel/Motel Plan Review - Per Room Charge-Environmental	\$	5.00	\$	8.00	\$	6.00	\$	2.00
16 17	Mobile Home/Recreational Vehicle Park Plan Review Recreational Vehicle Dump Station Permit to Construct	\$	345.00	\$	531.00	\$	372.00		159.00
18	General Environmental Health Services Construction Plan Review-Land Dev.	\$	161.00	\$	238.00	\$	167.00		71.00
19	Sewage Disposal - On Site Construction Permit (per/bldg)	\$	109.00	\$	153.00	\$	108.00	\$	45.00
20	Sewage Disposal - On Site Abandonment Permit (per/bidg)	\$	572.00 188.00	\$ \$	886.00	\$	619.00		267.00
21	Sewage Disposal - On Site System Advisory Inspection	\$	157.00	\$	270.00 223.00	\$	190.00 157.00		80.00
22	Sewage Disposal - On Site Re-inspection (Sewage)	\$	103.00	\$	144.00	s	102,00		66.00 42.00
22	Sewage Disposal - On Site Re-inspection (Wells)	\$	103.00	\$	144.00	l s	102.00		42.00
22	Sewage Disposal - On Site Re-inspection (VA/FHA)	\$	73.00	\$	97.00	l s	69.00		28.00
23	Sewage Disposal - On Site Plan Review Only	\$	188.00	\$	270.00	Īŝ	190.00	\$	80.00
24	Water Treatment Plant Construction Permit and Inspections >1000 Connections	\$	1,527.00	\$	2,412.00		1,684.00		728.00
24	Water Treatment Plant Construction Permit and Inspections <1000 Connections	\$	417.00	\$	654.00	s	458.00		196.00
25	Swimming Pool or Spa Construction Plan Review	\$	491.00	\$	739.00	\$	517.00		222.00
26	Swimming Pool or Spa Remodel Plan Review	\$	195.00	\$	284.00	\$	199.00	\$	85.00
27	Swimming Pool or Spa Construction Reinspection	\$	128.00	\$	180.00	\$	127.00	\$	53.00
28	Water System Const. Plan Review - New Facility Community	\$	396.00	\$	611.00	\$	427.00	\$	184.00
28	Water System Const. Plan Review - New Facility Non-Community	\$	249.00	\$	377.00	\$	264.00		113.00
29	Water System Expansion or Modification - Community	\$	267.00	\$	406.00	\$	284.00	\$	122.00
29	Water System Expansion or Modification - Non-Community	\$	175.00	\$	246.00	\$	173.00	\$	73.00
30	Water Well Abandonment Permit	\$	259.00	\$	370.00	\$	259.00		111.00
30 30-a	Water Well Construction Permit New Replacement Well Construction/Abandonment of Existing Well	\$	318.00	\$	459.00	\$	321.00		138.00
22	Water Well Construction Re-Inspection	\$	377.00 103.00	\$ \$	548.00 144.00	\$	384.00 102.00	\$ \$	164.00 42.00
24	Food Service Establishment Permits		400						
31 32-a	Food Service Establishment-Application	\$	102.00	\$	136.00	\$	96.00	\$	40.00
	Bakery Permit Bar Permit	\$	118.00	\$	160.00	\$	113.00	\$	47.00
	Delicatessen Permit	\$	118.00	\$	160.00	\$	113.00	\$	47.00
	Food Manufacturing Permit	\$	133.00	\$	182.00	\$	128.00	\$	54.00
	Grocery Store Permit	\$	133.00	\$	182.00	\$	128.00	\$	54.00
	Meat Market Permit	\$	118.00	\$	160.00	\$	113.00	\$	47.00
	Mobile Food Service Depot Permit	\$	118.00	\$	160.00	\$	113.00	\$	47.00
	Mobile Food Service Permit	\$	103.00 103.00	\$ \$	138.00	\$	98.00	\$	40.00
	Pre-Packaged Food w/inspection Permit	\$	118.00	\$ \$	138.00 160.00	\$	98.00	\$	40.00
	gent and consequent (Willit	Ψ	110.00	Ф	100.00	ΙΦ	113.00	\$	47.00

Environmental Health Services

					ı	Proposed		1	Health District Direct &	(<u>(</u>	County Indirect Included In Incoposed	1
Page #			rrent Fee		F	ee 7/1/13		L	Costs		fee)	
32-a	Pre-packaged w/o inspection Permit	\$	29.00)	\$	26.00		\$	19.00	\$	7.00)
32-a	Restaurant Permit	\$	148.00)	\$	204.00)	\$	143.00	\$	61.00	}
32-a	Satellite Food Distribution Site Permit	\$	73.00	1	\$	93.00)	\$	66.00	\$	27.00	j
	School Kitchen Permit Permit	\$	252.00		\$	360.00)	\$	306.00	\$	54.00	j
32-a	Snack Bar Permit	\$	118.00		\$	160.00)	\$	113.00	\$		
32-a	Support Kitchen Permit	\$	133.00		\$	182.00) .	\$	128.00	\$		
32-a	Warehouse Permit	\$	118.00		\$	165.00)	\$	118.00			
	Temporary Foods/Special Events Permits											
33	1-Day Event Permit	\$	44.00		\$	50.00)	\$	36.00	\$	14.00	j
33	2-Day Event Permit	\$	75.00		\$	95.00)	\$	67.00	\$	28.00	j
33	3-Day Event Permit	\$	87.00		\$	114.00):	\$	81.00	\$	33.00	P
33	4-7 Day Event Permit	\$	172.00		\$	241.00)	\$	169.00	\$	72.00	j
33	8-14 Day Event Permit	\$	325.00		\$	470.00)	\$	329.00	\$	141.00	j .
33	1-7 Day Event Low Risk Permit	\$	44.00		\$	50.00)	\$	36.00	\$	14.00	j
33	8-14 Day Event Low Risk Permit	\$	81.00		\$	104.00)	\$	74.00	\$	30,00	j
33	Non Profit 1-14 Days Permit	\$	25.00		\$	25.00)	\$	25.00	\$	-	
33	Non-Profit Conditional Maximum Permit	\$	200.00		\$	200.00)	\$	200.00	\$	_	
33	Cumulative Maximum Permit	3x P	ermit Fee		3x F	ermit Fee		1		٠		
33	Late Fee	Not	rmit Fee; to exceed		No	ermit Fee; t to excee	d					
22	Assistant France and Minutest Descripti	\$10			\$1	00		1				
33	Annual Farmer's Market Permit	\$	105.00		\$	141.00		\$	100.00	\$	41.00	
33	Annual Sampling Permit	\$	105.00		\$	141.00		\$	100.00	\$	41.00	
33	Promoters Fees							١				
	Special Event Permit to Operate		368.00		\$	533.00		\$	373.00	\$	160.00	
	Recurrent Special Event Permit to Operate	\$	526.00		\$	771.00		\$	539.00	\$	232.00	
33	Reinspection	Per	mit Fee:		Pε	ermit Fee;		1				
		Not	to exceed			t to exceed	d	ı				
		oriai	inal permit			ginal	-	1				
		fee	р • • • • • • • • • • • • • • • • • • •			mit fee						
	Food Protection Managers				μ			1				
34	Food Protection Instructor Examination Proctoring	\$	27.00		\$	44.00		\$	32.00	\$	12.00	
35	Certificate and Photo ID Issuance & Renewal-Certified Food Protection Managers	\$	32.00		\$	31.00		\$	23.00	\$	8.00	
	Certificate/Photo ID Reissuance	\$	7.00		\$	10.00		\$	7.00	\$	3.00	
37	Food Protection Manager Reciprocity	\$	32.00		\$	31.00		\$	23.00			
	Certificate and Photo ID Issuance & Renewal-Certified Food Protection Instructors*	\$	271.00		\$	389.00		\$		\$	8.00	
*Previous	fee of \$0 was approved during regulation review and was not intended to be permanent; fee is assessed	Ψ.	27 1.00		Ψ	309,00		9	273.00	Ф	116.00	
	Permitted Facilities	DITCE 6	every 5 years	•				ı				
39	Permitted Facilities Re-Inspection	\$	75.00		6	05.00		,	07.00		00.00	
	Mobile Home or Recreational Vehicle Park Permit - 1-20 spaces	\$	108.00		\$	95.00		\$	67.00	\$	28.00	
40	Mobile Home or Recreational Vehicle Park Permit - 21-39 spaces	\$			\$	145.00		\$	102.00	\$	43.00	
	Mobile Home or Recreational Vehicle Park Permit - 40 or more spaces	\$	108.00		\$	145.00		\$	102.00	\$	43.00	
17	RV Dump Station Annual Permit	Φ	128.00		\$	175.00		\$	123.00	\$	52.00	
	Swimming Pools/Spas - Operation Permit (seasonal & annual combined)	Þ	75.00		\$	97.00		\$	69.00	\$	28.00	
42	Swimming Pools/Star Operation Fermit (seasonal & annual complined)	\$	147.00		\$	255.00		\$	176.00	\$	79.00	
43	Swimming Pools/Spas - Operation Reinspection Fee-NEW	•	-		\$	93.00		\$	66.00	\$	27.00	
44	Certificate and Photo ID Issuance & Renewal-Certified Pool Operators-NEW	\$	-		\$	25.00		\$	19.00	\$	6.00	
44	Child Care Inspection	\$	88.00		\$	115.00		\$	81.00	\$	34.00	
45	Variances											
	Swimming Pools Variance Request (Construction)		F40.00							2		
		\$	510.00		\$	783.00		\$	548.00		235.00	
	Well Construction Variance Request (Construction)	\$	559.00		\$	852.00		\$	596.00	\$	256.00	
	Mobile Home/Recreational Vehicle Park Variance (Construction)	\$	473.00		\$	724.00		\$	506.00	\$	218.00	
	On-Site Subdivision Variance	\$	816.00		\$	1,263.00		\$	883.00	\$	380.00	
	Sewage Disposal - On Site Variance Request	\$	816.00		\$	1,263.00		\$			380.00	
	Food Service Variance (Permitted Facility)	\$	323.00		\$	466,00		\$			140.00	
51	General Variance Request	\$	247.00		\$	365.00		\$	256.00			
										Ť		
1	Waste Management											
52	Solid Waste System Plan Review	\$	283.00		\$	434.00		\$	304.00	\$	130.00	
		Ŧ ,		+ \$5	*	.54,00	+ \$5	*	307.00	Ψ	100.00	
				cust			cust					
53	Waste Release Permit - Grease Trap & Asbestos Release	\$	40.00		\$	53.00		\$	38.00	\$	15.00	
		•		+ \$5	+		+ \$5	*	20.00	*	. 5.50	
				cust			cust					
53	Waste Release Permit - Sandoil Separator Release	\$	49.00		\$	69.00	slip	\$	49.00	\$	20.00	
				+ \$5			+ \$5			•		
50	Waste Delegas Bestell New H			cust			cust					
53 1	Waste Release Permit - Non-Hazardous Special Waste Release	\$	65.00	slip	\$	92.00	slip	\$	65.00	\$	27.00	

Environmental Health Services

							Health	Ir	ounty adirect
							District	(ir	cluded
				Р	roposed		Direct & ndirect	mir	<u>in</u> oposed
Page #	Description	Cui	rent Fee		e 7/1/13		Costs	Dί	fee)
53	Waste Release Permit - Each Custody Record	\$	1.00	\$	1.00		\$ 1.00	\$	166)
53	Waste Release Permit - Each Additional Custody Slip Record	\$	5.00	\$	5.00		\$ 5.00	\$	-
54	Non-Standard Industrial Waste Permit	\$	110.00	\$	175.00		\$ 123.00	\$	52.00
55	Garbage Exemptions (A,B,C,D,E)	\$	120.00	\$	163.00		\$ 115.00	\$	48.00
56	Biohazardous Waste Transfer Station Permit	\$	152.00	\$	250.00		\$ 176.00	\$	74.00
57	Biohazardous Waste Treatment Facility Permit	\$	136.00	\$	225.00		\$ 158.00	\$	67.00
58 59	Biohazardous Waste Transporter Permit	\$	120.00	\$	190.00		\$ 134.00		56.00
60	Biohazardous Waste Generator Biosolids Permit	\$	141.00	\$	244.00		\$ 171.00		73.00
61	Waste Tire Management Facility	\$	110.00	\$	175.00		\$ 123.00		52.00
62	Materials Recovery/Recycling Facility Permit (prev. Waste Reduction/Recycling Facility)	\$	168.00	\$	275.00		\$ 193.00		82.00
63	Composting Facility Permit	\$	99.00	\$	179.00		\$ 126.00		53.00
64	Landfill Operations Permit	\$	173.00 779.00	\$ \$	275.00		\$ 193.00		82.00
65	Municipal Solid Waste/Green Waste Transfer Station Permit	\$	211.00	\$	1,457.00 331.00		1,018.00		439.00
7.7		Ψ	∠11.00 p€		331.00	per	\$ 232.00	\$	99.00
66	Municipal Solid Waste System Inspection-Extra Hours	\$	50.00 ho		91.00	hour	\$ 63.00	\$	28.00
67	Waste Hauler Operations Permit-Domestic	\$	94.00	\$	152.00		\$ 107.00		45.00
67	Waste Hauler Operations Permit-Import	\$	136.00	\$	213.00		\$ 150.00	\$	63.00
68	Waste Tire Hauler Permit-Domestic	\$	104.00	\$	144.00		\$ 102.00	\$	42.00
	Miscellaneous								
69	Limited Advisory Inspection	\$	136.00	\$	187.00		\$ 132.00	\$	55.00
69	Limited Advisory Inspection-Non-Standard Hours	\$	76,00 hc		137.00	per hour	\$		41.00
70	Public Accommodations Inspection	Ψ	70.00 110	ν. ψ	107.00	noui	\$ 90.00	Ф	41.00
	Up to 50 rooms	\$	115.00	\$	155,00		\$ 109.00	\$	46.00
	50 to 100 rooms		126.00	\$	172.00	1	\$ 121.00	\$	51.00
	101-200 rooms	\$	181.00	\$	253,00		\$ 178.00	\$	75.00
	201-300 rooms	\$	137.00	\$	188.00		\$ 132.00	\$	56.00
	301-500 rooms	\$	137.00	\$	188.00		\$ 132.00	\$	56.00
	501-1000 rooms	\$	192.00	\$	271.00		\$ 190.00	\$	81.00
22.2	More than 1000 rooms		222.00	\$	316.00		\$ 222,00	\$	94.00
71	Invasive Body Decoration Establishment Permit	\$	113.00	\$	152.00		\$ 107.00	\$	45.00
72	Invasive Body Decoration Temporary Permit (w/o wheels)	\$	93.00	\$	120.00		\$ 86.00	\$	34.00
73	Invasive Body Decoration Mobile Permit (w/wheels)	\$	59.00	\$	68.00		\$ 50.00	\$	18.00
74	Hazardous Waste/Materials Spill Response	\$	128.00 pe	\$ er	175.00	per	\$ 123.00	\$	52.00
75	Hazardous Waste/Materials Site Assessment/Remediation	\$	49.00 ho		89.00	hour	\$ 62.00	\$	27.00
76	Water Sample/Septic Sys Eval/Mortgage Loan-Certification only	\$	32.00	\$	36.00		\$ 26.00	\$	10.00
76	Water Septic System Evaluation Only	\$	170.00	\$	241.00		\$ 169.00	\$	72.00
76	Water Sample/Septic Sys Eval/Sample Evaluation-lab fee only	\$	112.00	\$	112.00		\$ 112.00	\$	-
77	Liquid/Oil/Waste Hauler Vehicle Permit Vector Fees	\$	60.00	\$	72.00		\$ 51.00	\$	21.00
78	Vector - Construction Plan Review without catch basin	\$	222.00	\$	362.00		\$ 254.00	\$	108.00
	Vector - Construction Plan Review with catch basin NEW (broken out)	\$	- '	\$	465.00		\$ 326.00	\$	139.00
	Vector - Limited Advisory Review	\$	59.00	\$	81.00		\$ 58.00	\$	23.00
	Vector - Final Map Review	\$	103.00	\$	158.00		\$ 112.00	\$	46.00
81	Vector - Parcel Map Review (sewer available/not available)	\$	222.00	\$	362.00		\$ 254.00	\$	108.00
82	Vector - Special Use Permit/Site Plan/Major Special Use Permit Review	\$	103.00	\$	158.00	l	\$ 112.00	\$	46.00
	Vector - Subdivision Review (tentative map, amended or lapsed)	\$	163.00	\$	260.00		\$ 183.00		77.00
	Vector - Zoning Map/Master Plan/Major Project/Change of Land Use Plan Review	\$	73.00	\$	106.00		\$		31.00
	Vector - Mobile Home/Recreational Vehicle Park Plan Review	\$	163.00	\$	260.00		\$	\$	77.00
86	Vector - Community Development Application Review	\$	133.00	\$	209.00	1	\$ 147.00	\$	62.00

Note: *Non-profit fee established by the District Board of Health

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District for child care facility inspection fee, under the authority of NRS 432A.180 and NRS 439.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Child Care Facility inspections.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Child Care Facility Inspection program.

<u>Direct Effects: The individuals or businesses requiring services from the Child Care Facility Inspection program for inspections will be charged an amount that reflects the current cost for services being performed.</u>

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the amount of time it takes to complete each inspection (including travel time) associated with Child Care Facility Inspections was conducted by an Environmental Supervisor. The proposed fee schedule reflects current costs for these services.

Business Impact Statement Fee Changes Page 2 of 2

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County for enforcement of the modified fee schedule. The Environmental Health Services Division already performs the activities associated with Child Care Facility Inspections. The Health District will have increased revenues in the approximate amount of \$2,970 annually.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District (Land Development Program), under the authority of the District Board of Health Regulations Governing Sewage, Wastewater and Sanitation and Well Construction.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Water Well-Abandonment, Construction and Re-inspection, Land Development Review, Sewage Disposal and Hotel/Motel Construction Plan Reviews, and Water Sample/Septic System Evaluations.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Land Development Program.

<u>Direct Effects: The individuals or businesses requesting services from the Land Development program will be charged an amount that reflects the current cost for services being performed.</u>

<u>Indirect Effects: The additional expense or savings realized from the change in fees</u> may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with land development activities was conducted by Licensed Engineers. The proposed fee schedule reflects current costs for these services.

Business Impact Statement Fee Changes Page 2 of 2

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Land Development program currently charges a permit/review fee. The revisions will reflect a net decrease to fees for activities currently being performed. The Health District will have increased revenues in the approximate amount of \$68,591 annually (\$19,116-land development, \$35,400-sewage disposal, including variance requests, \$14,075-water well abandonment, construction, reinspections, \$0-hotel/motel plan review, \$0-water sample/septic system).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District (Food Program), under the authority of the District Board of Health Regulations Governing <u>Food Establishments</u>.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Food Service Establishment permits, Food Service Establishment plan reviews, and Food Protection Manager permits/certifications.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Food Program.

<u>Direct Effects: The individuals or businesses requesting services from the Food Program will be charged an amount that reflects the current cost for services being performed.</u>

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

Business Impact Statement Fee Changes District Board of Health Regulations Governing Food Establishments Page 2 of 2

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the length of time associated with the food establishment program activities was conducted. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The revisions will reflect an increase to fees for activities currently being performed. The Health District will have increased revenues in the approximate amount of \$172,428 annually.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Invasive Body Decorations (IBDs).

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Invasive Body Decoration Establishment Permits, Invasive Body Decoration Temporary Permits, with and without wheels.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Invasive Body Decoration program.

<u>Direct Effects: The individuals or businesses requesting services from the Invasive Body Decoration program will be charged an amount that reflects the current cost for services being performed.</u>

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with invasive body decoration permit activities was conducted by a Environmental Supervisor and Senior Environmental Health Specialist. The proposed fee schedule reflects current costs for these services.

Business Impact Statement Fee Changes Page 2 of 2

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Invasive Body Decoration program currently charges a permit fee. The revisions will reflect an increase to fees for activities currently being performed. The Health District will have increased revenues in the approximate amount of \$4,275 annually (\$1,521-IBD Establishments, \$2,754-IBC Temporary Permit without wheels, \$0-Temporary IBD Permit with wheels).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Mobile Home and Recreational Vehicle Park permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Mobile Home and Recreational Vehicle Park program.

<u>Direct Effects:</u> The individuals or businesses requesting services from the Mobile Home and Recreation Vehicle Park program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District for public accommodation inspection fee.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes charging a fee that will result in increased costs for individuals or businesses requiring: Public Accommodation inspections.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs for plan reviews incurred by the Environmental Health Services Division for services performed by staff in the Public Accommodation program.

<u>Direct Effects: The individuals or businesses requiring services from the Public Accommodations program for inspections will be charged an amount that reflects the current cost for services being performed.</u>

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

Business Impact Statement Fee Changes Page 2 of 2

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with public accommodations inspections was conducted by an Environmental Supervisor and Senior Environmental Health Specialist. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County for enforcement of the modified fee schedule. The revisions will reflect increases to fees for activities currently being performed. The Health District will have increased revenues in the approximate amount of \$7,173 annually (\$3,200-up to 50 rooms, \$1,288-51-100 rooms, \$1,440-101-200 rooms, \$306-201-300 rooms, \$153-301-500 rooms, \$316-501-1000 rooms, and \$470-more than 1000 rooms).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Food Establishments, Section 170.106

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes charging a fee that will result in increased costs for individuals or businesses, including special event promoters, requiring: Temporary Foods/Special Events permits.

Beneficial Effects: The modified schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Temporary Food/Special Event Programs.

<u>Direct Effects: The individuals or businesses, including special event promoters, will be charged an amount that reflects the current cost for services being performed.</u>

Indirect Effects: The additional expense or savings realized from the change in fee may be passed on to the temporary food service operators.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, the Senior Environmentalist and Environmental Health Specialist Supervisor conducted an analysis of the time spent in meetings and for travel in addition to reviewing the time spent on reviewing event layout, support requirements, vendor list and location. The proposed fee schedule reflects current costs for these services.

Business Impact Statement Fee Changes Page 2 of 2

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Temporary Food/Special Events program currently charges permit fees. The revisions will reflect increases to fees for activities currently being performed. The Health District will have increased revenues in the approximate amount of \$24,796 annually.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes charging a fee that will result in increased costs for individuals or businesses such as developers and engineering firms requesting: plan reviews, including grading plans, map reviews, special use permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Vector-Borne Disease Program.

<u>Direct Effects: The permit holder or agency will be charged an amount that reflects the current cost for services being performed.</u>

Indirect Effects: The additional expense or savings realized from the change in fee may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, program staff reviewed the type of and length of time for activities performed. The proposed fee schedule reflects current costs for these services.

Business Impact Statement Fee Changes, Vector-Borne Diseases Page 2 of 2

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Vector-Borne Diseases program currently charges these fees. The revisions will reflect increases to fees for activities currently being performed. The Health District will have increased revenues in the approximate amount of \$13,132 annually.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Solid Waste Management.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Garbage Exemptions, RV Dump Station Permits and Waste Reduction/Recycling Facility, Solid Waste System Plan Review, Waste Release Permits, and Municipal Solid Waste Inspections.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Solid Waste Management program.

<u>Direct Effects: The individuals or businesses requesting services from the Solid Waste Management program will be charged an amount that reflects the current cost for services being performed.</u>

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

Business Impact Statement Fee Changes Page 2 of 2

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with solid waste management was conducted Environmental Health Supervisors and Senior Environmental Health Specialists. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Solid Waste Management program currently charges permit/review fees. The revisions will reflect an increase to fees for activities currently being performed. The Health District will have increased revenues in the approximate amount of \$18,488 annually (\$0-Solid Waste System Plan Review, \$0-Waste Release Permits, \$9,675 Garbage Exemptions, \$2,590 Bio-hazardous Waste Permits; \$242-RV Dump Station, \$2,714-Waste Haulers, \$3,267-Municipal Solid Waste Permits).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District for construction plan review of water company permits.

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Water System Plan Review.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Water program.

<u>Direct Effects:</u> The individuals or businesses requesting services from the Water program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with water permit activities was conducted by Licensed Engineers. The proposed fee schedule reflects current costs for these services.

Business Impact Statement Fee Changes Page 2 of 2

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Water program currently charges a permit/review fee. The revisions will reflect increases to fees for activities currently being performed. The Health District will have increased revenues in the approximate amount of \$1,112 annually (\$0-Water System Construction Plan Review, \$1,112-Water System Expansion or Modification Plan Review).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing <u>Public Bathing Places and Public Spas.</u>

 The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be heard at the District Board of Health public hearing on February 28, 2013. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Swimming Pool/Spa Construction Plan Reviews, Remodel Plan Reviews and Permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Swimming Pool/Spa program.

<u>Direct Effects: The individuals or businesses requesting services from the Swimming Pool/Spa program will be charged an amount that reflects the current cost for services being performed.</u>

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

Business Impact Statement Fee Changes Page 2 of 2

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with swimming pool/spa permit activities was conducted by a Environmental Supervisor. The activities associated with swimming pools/spa construction plan review were reviewed by Licensed Engineers. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Swimming Pool/Spa program currently charges a permit/review fee. The revisions will reflect net increases to fees for activities currently being performed. The Health District will have increased revenues in the approximate amount of \$51,862 annually (\$40,195-Pool/Spa Operating Permits, \$10,230-Pool/Spa Reinspection, \$273 Pool/Spa Variance; \$852-Plan Review, and \$312-Pool/Spa Construction Reinspection).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.



Washoe County Health District



STAFF REPORT BOARD MEETING DATE: February 28, 2013

DATE: February 19, 2013

TO: District Board of Health

FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District

775-325-8068, lcooke@washoecounty.us

THROUGH: Eileen Stickney, Administrative Health Services Officer

775-328-2417, estickney@washoecounty.us

SUBJECT: Adoption of the Washoe County Health District Refund Policy

SUMMARY

The Washoe County District Board of Health shall adopt written policies and procedures for administering the board and maintaining its programs, projects and activities.

District Board of Health strategic priority: Promote financial accountability and stability.

BCC Strategic Objective supported by this item: Achieving Long Term Financial Sustainability

PREVIOUS ACTION

The Washoe County District Board of Health approved the revised Washoe County Health District Employee Policy Manual on January 24, 2013. This policy has been reviewed and approved by Washoe County Deputy District Attorney.

BACKGROUND

The refund policy was developed to ensure a consistent and fair approach in the issuance of payment refunds.

FISCAL IMPACT

No budget amendments are necessary. It is anticipated that additional revenue will be retained, but the amount is unknown and is entirely dependent upon refund requests.

AGENDA	ITEM#	

RECOMMENDATION

Staff recommends that the District Board of Health Adopt the Washoe County Health District Refund Policy.

POSSIBLE MOTION

Move to Adopt the Washoe County Health District Refund Policy.

WASHOE COUNTY HEALTH DISTRICT REFUND POLICY

PURPOSE:

It is the purpose of this policy to establish a refund policy for the Washoe County Health District (WCHD).

PROCEDURES:

In order to request a refund, a written request must be submitted utilizing the Request for Refund document on WCHD's website. The request must be mailed, faxed, e-mailed, or delivered to the WCHD:

Washoe County Health District
1001 E. 9th Street
Reno, NV 89512
Fax (775) 784-7225 Air Quality Management
Fax (775) 325-8130 Environmental Health Services

Fax (775) 328-3750 Community & Clinical Health Services healthweb@washoecounty.us

All refund requests will be subject to a deduction for work actually performed by, or other direct expenses incurred by, WCHD prior to receiving the refund request. The cost of actual work performed will be estimated using the same costs that established the fee.

Requests for refunds will not be honored for any work accomplished prior to the request being received in writing.

Annual permit fees are non-refundable upon the first day of the renewal period (i.e., a May 1st renewal that is paid will not be refunded if requested on or after May 1st). Prior to the renewal period, refunds will be subject to a deduction for work actually performed by, or other direct expenses incurred by, WCHD prior to receiving the refund request.

Late fees are non-refundable.

Requests for refunds will not be honored if requested 180 days or more after date of payment.

Refunds for incorrect payments or payments that exceed the stated fee will be refunded in full.

Refunds for amounts less than \$5.00 will not be paid per Washoe County Code 15.435 and NRS 354.220-354.240.

Refunds will be processed per the noted methods:

- Refunds made by check could take up to 3-4 weeks to process
- Refunds will only be issued to the party that originally issued payment.

- No cash refunds will be processed unless an established policy or procedure exists for the operational unit. Refunds for cash payments will be processed immediately and refunded by check.
- Refunds for payments made by check will be refunded by check after the original payment check has cleared.
- Refunds for payments made by credit card will be refunded as a credit back to the original card only. The WCHD does not keep credit card information on file. If the customer cannot be reached a check will be issued. If the customer can be reached, but the original credit card is no longer active, a check will be issued.
- Refunds for payments made by debit card will be refunded by check.

Adopted by the District Board of Health February 28, 2013

WASHOE COUNTY HEALTH DISTRICT REQUEST FOR REFUND FORM

DATE:			
Name:			
Mailing Address:			
Phone Number:	·		
E-mail Address:			
Permit Number (if ap	plicable):		
Reason for Refund:			
Signature:			
	For inte	rnal use only:	
Divisional Approval		Supervisor:	
AHS Approval	Y or N	FCO/AHSO:_	
Voucher Required	V or N		



Washoe County Health District



February 11, 2013

To:

Members District Board of Health

From:

Eileen Stickney

Subject:

Health Fund Revenue and Expenditure Report for January 2013

Agenda Item No. -

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Health Fund for January 2013 of fiscal year 13.

Background

The attached reports are for the accounting period 7/13 and the percentages should approximate 58% of the year. The total revenues and expenditures for the current year (FY13) compared to last year (FY12) are as follows:

Jan 2013	FY13 – REV	FY12 – REV	FY13 – EXP	FY12 - EXP
Transfer	33%	25%		
AHS	56%	60%	58%	56%
AQM	57%	54%	48%	50%
CCHS	45%	48%	54%	59%
EHS	57%	62%	49%	60%
EPHP	56%	54%	56%	54%
TOTAL	53%	50%	52%	55%

The Environmental Oversight Account for January is \$108,301.55.

I would be happy to answer any questions of the Board during the meeting or you may contact me directly at 328-2417.

Administrative Health Services Officer

Enclosure

Washoe County Health District REVENUE Pds 1 - 7, FY13

Environmental Permits	-51,500,00-	32,807.00-	18,693,00-	94	46 900 00-	34.700.00	Dalance	0/10/4
Pool Permits	-00.000.09	14,865.00-	53,135.00-	22	63 000 00-	17.00.00- 17.07E oc	10, 110,00-1	8
KV Fermits	10,500.00-	6,737,00-	3.763.00-	94	00,000	-7,279,03-	45,724.15-	27
Food Service Permits	369,000.00-	233.257.00-	135 743 00			6,496.00-	3,204.00-	67
422508 Wat Well Const Perm	20,000.00-	14 048 00-	5 952 00	3 8	242,000,00-	-77,478,00-	114,522.00-	67
Water Company Permits	2.500.00-	1.472.00	4 0000	2 2	-27,000.00-	7,594.00-	19,406.00-	28
422510 Air Pollution Permits	448 037 00.	26.200.75	-0.020 00 t	ກ (ດີເ	3,500,00-	1,638.00-	1,862.00-	47
ISDS Permits	49 000 00	24 770 00	102,027.23-	ر د د	370,485.00-	195,994.50-	174,490.50-	53
Special Event Permits	79 900 00	20.000.00	17,228,00-	င္မ	47,000:00-	34,855,00-	12,145.00-	74
422514 Initial Applic Epp	000000000000000000000000000000000000000	100 000 o		20	74,000,00-	44,062.00-	29,938,00-	9
icenses and Dermite	-00.000, VX	-00.808.00	-10 082 00-	63	25,000.00-	15,108.00-	9 892 00-	8 6
42d/fill Enlarg Crante	1,124,537,00-	656,964,75-	467,572,25	58	1,008,585,00-	582,291,35-	426.203.65	2 2
Concide Comments	5,497,407,51	2,637,411.62	2,859,995,89-	48	6.249.019.10-	2 978 740 5g	2 370 070 60	9 8
Tederal Grants - Indirect	76,068.00-	43,342.17-	32,725.83-	25	38 708 00-	56.643.84	-70.012.00.0Z-	5 C
43Z IUU State Grants	281,857.00-	233,559.97-	48,297,03-		458 327 OO	-+0.21-0.00 -+0.000.000	40.40.00	146
432310 - ITO FEE NRS 444A 090	418,766.00-	241,500,45-	177.265.55	22	AR9 000 00	202,000,01-	1/5,690 19-	62
432311 Policin 455B.830	-00.000,008	162 040 00-	137 980 00	} 2		-000,040,00-	118,956,94-	74
intergovernmental	6 574 098 51-	3 3 4 7 8 5 2 9 1	2 256 244 20	5 6	-/0.000,192	235,393.00	61,613.07-	79
460500 Other Immunizations	89 000 00	38 048 00	200 244 300-	AC.	71.090,0437	3,886,456,29-	3,608,603,88-	25
Medicaid Clinical Services	00 000 98	-00.00	-00,984,00-	7	-00.000,68	56,051.73-	32,948.27-	63
Shaldhond Immunicizations		4 4 5	35,244,46-	J	40,300.00-	12,945.42-	27.354.58-	8
Tuharanlasia	30,000,00-	11,047,00-	18,953.00-	24	-50,000,00	19.050.54-	30 040 46	3 %
- Apple Coll 0313	4,100,00-	2,947.90-	1,152.10-	72	6,250,00-	2 460 n2.	2 780 00	3 0
Water Quality						378.00	2,709,90	D O
J Overlay	113,400,00-	-00'629'89	44,721.00-	6	96 800 00-	57 726 AG	0/000	
Birth and Death Certificates	400,000,00-	276,329:00-	123,671,00-	- 69	280,000,00	700.486.00	39,074,00-	00 (
Duplication Service Fees		237.78-	237 78			100.00	10,186:00	3
Other Healt Service Charges	2,700.00-	2.788.00-	00 88 00 88	22	00 00% c	14 CA	249.39	
Food Service Certification	13,900.00-	10.480.00-	3.420.00.) L	-00,00,00	-00.562.0	1.402.00-	84
Wedicare Reimbursement			<u> </u>	2	-00.000.p	15,624,00-	6,624,00	174
Pgm Inc.3rd Prty Rec	2,250.00		2.250 00-		7.750.00	60 CH	-00.005	
Influenza Immunization	7,000.00-	6.615.50-	384 50	ц б	-00.00.4 4 000.00	0,752.83-	4,002.83	184
STD Fees	23,000,00-	13 552 55-	0 447 45	, a	-00.000.00	4,098,99-	2,301.01-	29
Eng Serv Health	44.000.00-	18 370 00-	25,680,00	n c	-90,000,00	14 / 74.35-	13,225.65-	53
Plan Review - Pools & Spas	2.500.00-	879.00-	1 621 00.	3 t	42,000,00-	19,967,00-	22,033.00-	48
Plan Review - Food Services	17,000,00-	15.417.00-	1583.00	3 5		-0028.00-	1.152.00	146
Family Planning	-44.000.00-	17 226 30-	05.525, 50	- 60	00000	11,593,00-	5,307.00-	69
Plan Review - Vector	30,000,00-	22 127 00-	7 878 00	0 6	-0000.00	20,519.04-	23,380,96-	47
Plan Review-Air Quality	40 000 00-	20 508 00-	-00.00% 0%	t i	Z4,000,00=	18,059:00-	5,941.00-	75
NOE-AOM	100 000 00-	55 731 00	-0,486.00- -0,000-00-	 	-00.000.52	20,059.00-	4,941.00-	8
NESHAP-AOM	84 000 00	72.200.00	44,209,00-	ន្តន	-000.00-	63,442.00-	12,558.00-	83
Assessments-AOM	41 000 00	27 607 00	-00-66	<u>۾</u>	-00.000'99	47,597.00-	18,403.00-	72
nspector Registr.AO	2 500 00	- 00 aca c	-0.400.00- -0.00000	2 6	78,000,00-	20,790.00-	7,210,00-	74
Dust Plan-Air Quality	05.000,50	73 306 00		<u>ي</u>	3,115,00-	2,670,00-	445.00-	98
Plan Ryw Hotel/Mote		-00.000.00	-034,00-	\$	165,000.00-	63,912.00	101,088.00-	39
Quiek Start		200	00.22			189:00-	189.00	
Child Care Inspection	8 500 00-	4.843.00	2 687 00 1	1.0	C C C C C C C C C C C C C C C C C C C	87.00-	87.00	
Pub.Accomod Inspectn	17 300 00-	8 028 00	979 00-	, L	-00.000.00°	4,623.00-	3,377,00-	28
460570 Education Revenue	5,700,00-	850.00-	4 850 00) () (15,000,00-	9,510,00-	6,490.00-	59
Charges for Services	1,253,150,00-	741 859 57-	511 200 00-	2 0	15,400.00-	3,948.00-	9,452.00-	59
484050 Donations Federal Pgm Income	41 934 00-	23 ZUO 48	1000000	20 1	1, 153, 1 15,00-	795,012.31-	358,102,69-	69
Branch and Development and Antonio and Ant	The state of the s	1.05.00.101	- 40 // 6					

Washoe County Health District REVENUE Pds 1 - 7, FY13

105 Non Court Crassic	Zers Plan	2013 Actuals	Balance Act%	o 2012 Plan	2012 Actual	No proces	Ď.
100 Rembursements		58,763.00-	58,763.00	-00:000:9		5.000.000	
ers G		907,44-	907 44		150.00-	150.00	
lury Reimburs		180.00-	180.00		000°	1	
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Miscellaneous	41 934 00.	99 710 27	the order of	50.00	-1,233.8U-	804,396.20-	_
Change	20:100	- 20.01	40,764.37	852.100.00-	31 164.60	BOO BOE AC	ľ
VOTI US	8,993,719,51-	4,805,396,90-	4 188 322 615 53	40 509 950 47	000	-04.000 Ho-	J
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Washoe County Health District EXPENSE Pds 1 - 7, FY13

Washoe County Health District EXPENSE Pds 1 - 7, FY13

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710509 Seminars and Meetings	00 070 06	- 4	B (1) (3)	9 (46,189,00	24,980.69	21,208,31	54
333	00.070.00	06.080,7 1,480,30	14,989.50	23	33,040,00	19,531.19	13.508.81	25
2 00000	00.8358.00	8,132.64	11,235,36	45	23,268.00	8.507.67	14 760 33	}
	11,920.00	8,940,00	2,980.00	75		11 920 00	11 000 00	5
	18,290.00	7,424.13	10,865.87	17	17,240.00	10.248.94	-1,920,00- -00,000,00	Ğ
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	44,728,86	40,475.71	4.253,15	06	42.465.52	50.147.00	1 000	7 6
		25.06	25.06-	·	ļ Š	60.00 040.00 040.00	-70,000	<u> </u>
						1 046 44	-20°-7'-	
710577 Uniforms & Special Clothing	3.000.00	2 297 83	71 602	7	0000	0,040,0	1,046.14-	
710585 Undesignated Budget	21,769,00	} i	24 780 00		00,000,000	4,304.60	845.40	23
710600 LT Lease-Office Space	113 439 00	73 040 57	20.000	8	923,036,00		923,058.00	
	00.000 OAC	10.610.4.	50.0 8.45	ဥ	113,439.00	83,761.42	29,677.58	7,
	243,000,30	18,723.48	129,860.50	2	242,794.79	91,255.84	151.538.95	oc cr.
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	2,880.00		2,880.00		3.483.00		0 00 00	2
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	42,163.13	22,836.38	19.326.75	22	57 849 02	08.812.84	00,027,00	8 9
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711117 ESD Fuel Charge	51,253,35	30.542.06	20.717.06	8	מרפסר פוע	04.020,0	15,625,48	
	80,283.41	53.522.24	26.761.17	2 2	77 036 33	- t 100 t 2	0.400 i.c.	7 .
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711300 Cash Over Short)	7	14,040,10	<u>0</u>	00,040,00	34,375,20	129,469,80	7
711100 Overhead - General Fund	2,553,372:00	1.276.686.00	1.276.686.00	Ç,		-D0%	00 6	
711504 Equipment nonCapital	108,441.08	101,584,23	6.856.85	76	86 084 98	02.024.44	000000000000000000000000000000000000000	
Services and Supplies	5,522,685.85	2,640,635,04	2 882 050 81	48	4 235 138 P2	1 8 070 00	20,040,10-	200
781004 Equipment Capital	384,770.01	175 589 40	209 180 61	4B	520 183 12	20.2.10.0.0.10.10.10.10.10.10.10.10.10.10.10	7.7.7.003 10	န
Capital Outlay	384,770.01	175 589 40	209 180 61	90	500 182 12	C1 +12/202	75.898.37	2
Expenses	20.615.226.28	10 721 774 20	G 8G3 452 08	2 62	A CO CO CE	C 1 4 1 2 70 2	76,908,37	20
485196 Insur Reimb-F/A Loss		150 00.				(4,037);X80;0	8,989,128.17	55
Other Fin. Sources		150 010-	150.00					
621001 Transfer From General	8,623,891 00-	2 874 631 00-	5 749 250 NO.	38	7 250 850 00	4 04 2 74 4 00		
Transfers In	8,623,891,00=	2 874 631 00.	5 749 260 00	2 6	7 250 050 00-	1,0 (4,1/4,00-)	5,438,136,00-	25
** Other Financing Src/Use	8 623 891 00	2 874 781 MB	A 740 440 00	3 6	7 250,000,00	1,812,714,00	5,438,136,00-	25
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Washoe County Health District Administriative Health Services Pds 1 - 7, FY13

Accounts	1. 2013 Plan	2013 Actuals		America I			-	
431100 Federal Grants	1,109,658.25-	2	39.33-	50	1 101 100 00	20 AF (Up)	Balloe	Act%
43'105 Federal Grants - Indirect				}		28, 136, 52-1 28, 103, 34	501,950,38-	58
intergovernmental	1,109,658.25-	555,688.92-	553,969,33-	20	1 191 109 00-	717 284 87	26,103,25	1
* Observed Fees		-00'-5	5.00			000	-0.0.04 00.0	8
Criarges for Services		-5,00-	2,00			00 a	00.0	1
484133 NOIT-GOVT Grants		58,763.00-	58,763.00				200	
* Wiscellaneous		5,125.00-	5,125,00					
** Revenue	1 400 550 55	-୭୯ ସଥର ପଥ-	63,888.00					
70411 Base Salation	-02-000 AO 1	-28 1826	490,076,33-	26	1, 191, 109, 00-	717,269,87-	473 839 13-	8
701130 Pooled Posttons	7,58,85	889,958,15	697,801,70	- 99	1,600,778,33	1,029,280.12	571.498.21	64
701140 Haiday Wistk	മെ റമ്മ's	10,273,45	5,273,45-	205	24,125,42	10,094,87	14,030,55	. 8
701200 Incentive I ongevity	30 7EF 00	122.22	(22:22-					
701300 Overtime	00.00	6 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	15,647.33	6	30,500 00	14,490.38	16,009,62	84
701412 Salary Admistment	1,200,000 10,854,84	76.208,1	102.57-	60	2,000,00	2,005.45	5.45	9
	10.15		10,554,54		58,579,12		58.579.12	
701417 Comp Time:		3,7/3,40	3,173,40-			388.28	388.28-	
	2 C C C C C C C C C C C C C C C C C C C	ZD 0	18.92			0,48	0.48	
Zolatico and Mayou	85 802 650 T	919.956.38	715,313.01	56	1,715,982,87	1,056,259,58	659 723 29	69
ZASTRO THE COMPETER SECTION	254,302,59	141,353.64	112,948,95	99	261,042,78	169,052,71	91 990 07	1 K
Z06010 Deligente						649.40-	649.40	3
ZOSOVE DOMESTICAL SOLUTIONS	384,397,43	214,930.73	169,466,70	56	385,686.97	246.062.23	139 624 74	ã
	ĝ				355,282.00		355 289 00	5
	22,639.74	12,723.48	9,916,26	56	22,872.08	14.648.91	8 223 17	3
	11,339.00	7,559.36	3,779,64	69	11.830.05	7 886 7	0 0 0 0 0 0	† t
(US330 Unemply Comp	2,755.00	2,755.00		100	2.794.50	2 794 50	0,940,90	> 0
1 1 233	675,433.76	379,322.21	296,111,55	29	1 039 508 38	439 795 87	500 715 74	2 5
	1,500,00	36,183,98	34,683,98- 2	2.412	1 500 00	1.078.88	C) 100	2 4
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	400.00	512.20	112.20-	128	400.00	34 00	388 00	5 0
710313 Section Deather	9,100.00	5,718.79	3,381.21	83	17,251.00	16.516.99	734.01	ာ ဗ
	1	100.00	100.00-))	}
710350 Office Course	4,500.00	2,479,16	2,020,84	22	5,500,00	3,513,72	1 986 28	20
	00.000kg	4,517.08	3,982.92	23	11,700.00	8,344,84	3.355.16	, ,
	00.000.1	/91 44 44	208.56	6/	1,000.00	1 175 45	175.45-	2
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	2,096,00	365.71	1,684,29	œ	2,050.00	876.65	1.173.35	64
	∠,340.00	446.00	1,894.00	<u>0</u>	2,340.00	1,851,00	489.00	62
	630.00	348 4	281.59	55	630,00	312.42	317.58	20
	10,080,00	4,646,99	5,433,01	46	11,080.00	5,201.18	5 878 82	3 4
710510 Auto Evnense	5,300,00	1,578.50	3,721.50	30	5,900.00	2,476.00	3.424.00	. 4
	06.008,2	1,479,76	1,420.24	ત	2,900.00	1,742,74	1 157 26	I (
	1,470,00	928.41	541.59	င္မ	1,470.00	1,767.13	297.13-	3 5
80	2,850,00	3,480.00	e30.00-	122	2,850.00	2,188.00	662.00	312

Washoe County Health District Administriative Health Services Pds 1 - 7, FY13

Act?.	4	67	85	Ř	1,078	y y
Ealance 150.00	1,046.14- 18,356.58 150.00	104.00	50.00- 85.02 4,833.47	8,955.53	14,669.97- 33,315.76	1 292 751 78
2012 Actual	1,046.14	208.00	50.00 472.26 9,666.88	4,544.47	1,42,454.91	1,638,240,16
2012 Plan 150.00	71,788.00 150.00 1.000.00	312.00 767.04	557.28 14,500.35	13,500.00	175,470,67	2,930,961,92
96 86	29		29	5 %	80	- 9¢
51.00	23,928.43 150.00 1,000.00	, s	4,746,28	1.265.05-	31,598,52	1.043.023.08
00.66	47,859.57		9,492.72	2,765.05	128,023,48	1,714 (1,904,01
150.00	71,788.00 150.00 1,000.00		14,239,00 13,500 00	1,500:00	159,622,00	24 CA
igi osts	710600 LT Lease-Office Space 710872 Food Purchases 711000 Utilities	11114 Equip Srv O.s. M. 11115 Equip Srv O.s. M. 11116 Equip Srv Motor Pool	11117 ESD Fuel Gharge 11119 Prop & Uab Billings 11210 Travel	11300 Cash Over Short 11504, Equipment nonGapital	3 Supplies	
710546 Advertising 710552 Moving Costs	710600 LT Lease 710872 Food Pur 711010 Utilities	711114 Equ 711115 Equ	711117 ESD Fr 711119 Prop.& 711210 Travel	711504 Equ	Services and Supplies Expenses	Total

Washoe County Health District Air Quality Management Pds 1 - 7, FY13

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Washoe County Health District Air Quality Management Pds 1 - 7, FY13

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Washoe County Health District Community and Clinical Health Services Pds. 1 - 7, FY13

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Washoe County Health District Community and Clinical Health Services Pds. 1 - 7, FY13

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Accounts * * * * * * * * * * * * * * * * * * *				/10351 Express and Counier	710500 Other Expense	71(509 Printing				710507 Network and Data Lines	710508 Telephone Land Lines							710551 Chop Dispointed 1 24							711010 Hitland		71114 Equip School Management					714504 Equipment academias	Control of a Control of the Capital	Selvices and Supplies	Action Equipment Capital	Capital Calitay	- i⊏xpeuses

Washoe County Health District Environmental Health Services Pds. 1 - 7, FY13

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WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



DATE:

February 28, 2013

TO:

District Board of Health

FROM:

Kevin Dick, Director

Air Quality Management Division

SUBJECT:

Public Hearing: Proposed approval and adoption of "The Washoe County

Portion of the Nevada State Implementation Plan to Meet the Ozone

Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)."

Agenda Item:

Staff Recommendation

Approve and adopt "The Washoe County Portion of the Nevada State Implementation Plan for the 2008 Ozone NAAQS: Demonstration of Adequacy."

Background

The U.S. Environmental Protection Agency (EPA) establishes health based National Ambient Air Quality Standards (NAAQS) for six criteria pollutants including Ozone. The Clean Air Act (CAA) directs states to address basic State Implementation Plan (SIP) requirements to implement, maintain, and enforce the NAAQS. Many of the CAA Section 110(a)(2) SIP elements relate to the general information and authorities that constitute the "infrastructure" of a state's air quality management program. In 2008, EPA substantially strengthened the 1997 Ozone NAAQS by lowering the health-based 8-hour primary standard to 0.08 to 0.075 ppm.

This I-SIP is a summary of current air quality management elements in Washoe County's portion of the State of Nevada Ozone SIP. It includes air quality regulations and programs demonstrating the Health District's ability to meet these CAA requirements. No revisions to the Nevada SIP to meet the 1997 NAAQS were required to meet the 2008 NAAQS. This Demonstration of Adequacy certifies that Washoe County Health District's program meets the requirements of CAA Section 110(a)(2).

To reduce printing resources and expenses, the I-SIP is not included with this staff report. The document is 22 pages and can be accessed from the "News & Events" section of the Air Quality Management Division website, www.ourcleanair.com. A hard copy is available by contacting Mr. Daniel Inouye of AQMD at (775) 784-7214 or dinouye@washoecounty.us.

February 28, 2013 DBOH/Ozone I-SIP, Demonstration of Adequacy Page 2

If the I-SIP Demonstration of Adequacy is approved and adopted, it will be submitted to EPA through the Nevada Division of Environmental Protection as a revision to the Washoe County portion of the Nevada Ozone SIP. A notice of today's public hearing was published in the Reno Gazette-Journal on January 23, February 14, and February 25, 2013. The I-SIP has been available for public inspection at the AQMD website and office since January 23, 2013. No comments have been received as of February 15, 2013

Recommended Motion

Move to approve and adopt "The Washoe County Portion of the Nevada State Implementation Plan for the 2008 Ozone NAAQS: Demonstration of Adequacy." and direct Staff to forward it to EPA as an amendment to the Washoe County portion of the Nevada Ozone State Implementation Plan.

Alternatives

The District Board of Health may:

- 1. Elect not to adopt the revision to the I-SIP; or
- 2. Continue this public hearing and direct Staff to research some portion of the I-SIP and report back to the Board at a future meeting.

Kevin Dick, Division Director

Air Quality Management Division

KD/DI: ma

The Washoe County Portion of the Nevada State Implementation Plan for the 2008 Ozone NAAQS: Demonstration of Adequacy

February 28, 2013

Washoe County Health District Air Quality Management Division P.O. Box 11130 Reno, Nevada 89520-0027 (775) 784-7200 www.ourcleanair.com

Acronyms and Abbreviations

AQS Air Quality System CAA Clean Air Act

CFR Code of Federal Regulations

CO Carbon Monoxide

DMV Department of Motor Vehicles

EPA U.S. Environmental Protection Agency

FR Federal Register HA Hydrographic Area

I-SIP Infrastructure State Implementation Plan
NAAQS National Ambient Air Quality Standard
NDEP Nevada Division of Environmental Protection

NO₂ Nitrogen Dioxide

NRS Nevada Revised Statute NSR New Source Review

O₃ Ozone Pb Lead

PM_{2.5} Particulate Matter less than or equal to a nominal 2.5 microns

in aerodynamic diameter

PM₁₀ Particulate Matter less than or equal to a nominal 10 microns

in aerodynamic diameter

PSD Prevention of Significant Deterioration

SIP State Implementation Plan

SLAMS State and Local Air Monitoring Station

SO₂ Sulfur Dioxide
USC United States Code

WCDBOH Washoe County District Board of Health

WCAQMD Washoe County Health District - Air Quality Management Division

Introduction and Background

This Demonstration of Adequacy addresses Washoe County's portion of the State of Nevada's I-SIP requirements for the 2008 Ozone (O₃) NAAQS. The authorities approved by the US EPA for the 1997 ozone NAAQS remain intact and provide adequate ability and authority to implement, maintain, and enforce the 2008 ozone NAAQS.

Section 110(a)(2) lists the required elements of the I-SIP. These elements include: enforceable emission limitations, air quality modeling, enforcement programs, ambient air monitoring programs, and confirmation of adequate personnel, resources and legal authorities. The following elements are addressed in the existing applicable SIP for the 1997 ozone NAAQS and meet the infrastructure requirements of the 2008 ozone NAAQs:

- Enforceable Emission Limitations and Other Control Measures (110(a)(2)(A))
- Air Quality Monitoring, Compilation, Data Analysis, and Reporting (110(a)(2)(B))
- Enforcement and Stationary Source Permitting (110(a)(2)(C))
- Interstate Transport (110(a)(2)(D))
- Resources, Conflict of Interest, and Emergency Backstop (110(a)(2)(E))
- Stationary Source Emissions Monitoring and Reporting (110(a)(2)(F))
- Emergency Powers and Contingency Plans (110(a)(2)(G))
- SIP Revision For Revised Air Quality Standards or New Attainment Methods (110(a)(2)(H))
- SIP Revisions for New Nonattainment Areas (110(a)(2)(I))
- Consultation and Public Notification (110(a)(2)(J))
- Air Quality Modeling and Reporting (110(a)(2)(K))
- Major Stationary Source Permitting Fees (110(a)(2)(L))
- Consultation with Local Entities (110(a)(2)(M))

Table 1

Existing SIP Elements Meeting Current CAA 110(a)(2)(A)-(M) Requirements for the Washoe County Portion of the Nevada Infrastructure SIP for the 2008 Ozone NAAQS, Unless Otherwise Noted

Element (A) Enforceable emission limits and other control measures: Requires SIPs to include enforceable emission limits and other control measures, means, or techniques, and schedules for compliance.	
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WCDBOH Regulations Governing Air Quality Management (Regulation) Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce all SIP measures including the following previously submitted Sections:

030.000; 030.005; 030.010; 030.015; 030.025; 030.030; 030.110; 030.115(1), (5), and Subsection B; 030.1201;030.205; 030.215; 030.245; 030.250 (See 46 FR 21758); 030.300; 030.305; 030.310; 030.3101-3105; 030.3107; 030.3108 (See 46 FR 43141); 030.218, 030.230, and 030.970A (See 77 FR 60915); 040.070; 040.075; 040.080; 040.085; 040.090 (See 46 FR 21758); and 050.001 (See 72 FR 33397).

The following Sections have not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B):

020.0051 (Board of Health - Powers and Duties); and 020.020 (Control Officer - Powers and Duties).

	Ambient air quality monitoring/data system:
Element	Requires SIPs to provide for establishment and operation of ambient air quality
(B)	monitors, collection and analysis of ambient air quality data, and to make these data
	available to EPA upon request.

The WCAQMD operates an ambient air monitoring network in accordance with 40 CFR 58. The network is reviewed annually pursuant to 40 CFR 58.10 to ensure it meets ambient air monitoring objectives (See Attachment A).

Program for enforcement of control measures:

Element (C)

Requires SIPs to include a program providing for enforcement of all SIP measures and the regulation of construction of new and modified stationary sources as necessary to assure that the NAAQS are achieved, including a permit program as required in Parts C and D.

WCDBOH Regulation Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce all SIP measures including the following previously submitted Sections:

030.000; 030.005; 030.010; 030.015; 030.025; 030.030; 030.110; 030.115(1), (5), and Subsection B; 030.1201;030.205; 030.215; 030.245; 030.250 (See 46 FR 21758); 030.300; 030.305; 030.310; 030.3101-3105; 030.3107; 030.3108 (See 46 FR 43141); 030.218, 030.230, and 030.970A (See 77 FR 60915); 040.070; 040.075; 040.080; 040.085; 040.090 (See 46 FR 21758); and 050.001 (See 72 FR 33397).

The following Sections have not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B):

010.1303 (Regulated Air Pollutant);

020.0051 (Board of Health - Powers and Duties);

020.020 (Control Officer - Powers and Duties);

030.002 (Construction or Modification of Permitted Operations);

030.500 (New Source Review (NSR) Applicability);

030.502 (Review for Emission Limitation Compliance);

030.503 (Conditions for Approval);

030.504 (Emission Offset Ratios);

030.505 (Completeness of Application);

030.506 (Requirements for Public Notice);

030.507 (Comments);

030.508 (Final Action); and

030.905 (Sources Requiring Part 70 Permits).

On March 3, 2008, the WCAQMD received full delegation of the federal PSD program (See Washoe County 2006 PM_{2.5} NAAQS I-SIP, Attachment C, submitted December 4, 2009) and is incorporated into Nevada's SIP (40 CFR 52.1485).

Interstate transport provisions: Requires SIPs to contain adequate provisions prohibiting emissions generated within the state from contributing significantly to nonattainment in, or interfering with maintenance by, any other state with respect to the NAAQS, or from interfering with measures required to be included in the SIP of any other state to prevent significant

Gina McCarthy, Assistant Administrator of the US EPA issued a memo on November 19, 2012 to EPA Air Division Directors, Regions 1-10, regarding states' and US EPA's obligations with respect to the requirements of (D)(i)(I). Ms. McCarthy notes:

deterioration or to protect visibility.

Element

(D)

"I would also like to note that the recent CSAPR decision made certain holdings regarding the requirement for states to submit SIPs addressing the provisions of Clean Air Act section 110(a)(2)(D)(i)(I), the good neighbor provision that addresses upwind emissions linked to NAAQS attainment problems in downwind states. The decision states that a SIP cannot be deemed deficient for failing to meet the good neighbor obligation before the EPA quantifies that obligation. Although we have filed a petition for rehearing of the Court's decision, including this element of the decision, and although the mandate for that decision has not yet been issued, we intend to act in accordance with the decision during the pendency of the appeal. Therefore, at this time the EPA does not intend to make findings that states failed to submit SIPs to comply with section 110(a)(2)(D)(i)(I). To the extent that states may inquire about their obligations to submit SIPs addressing this provision, we believe it would be appropriate to convey that at this time we do not intend to make such findings with respect to section 110(a)(2)(D)(i)(I)."

Because US EPA has not informed Nevada of its contribution to any ozone NAAQS attainment problem in downwind states, the NDEP concludes that it is not obligated to address this requirement at this time.

	Adequate resources:
	Requires SIPs to provide necessary assurances for adequate personnel, funding, and
Element	authority under state law to carry out its SIP, to contain requirements addressing
(E)	potential conflicts of interest, and to provide necessary assurances that the state retains
` = '	responsibility for ensuring adequate implementation of the SIP where the state relies on
	a local or regional government for implementation of any SIP provision.

NRS 445B.500 authorizes the WCDBOH to implement and administer air quality management programs within the geographic boundaries of Washoe County. These programs are managed through the WCAQMD. For the most recent fiscal year (2011-12), the WCAQMD consisted of 19 allocated full-time staff. Primary funding sources are: 1) Operating permit fees; 2) EPA grants; 3) Nevada DMV funds; and 4) the City of Reno, City of Sparks, and County of Washoe via an inter-local agreement with the Washoe County Health District (See Washoe County 2006 PM_{2.5} NAAQS I-SIP, Attachment D, submitted December 4, 2009).

Stationary source monitoring system:

Element (F)

Requires SIPs to establish a system to monitor emissions from stationary sources, to submit periodic emissions reports, to correlate the emissions reports with the corresponding SIP emission limits and standards, and to make emissions reports available to the public.

WCDBOH Regulation Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce all SIP measures including the following previously submitted Sections related to authority for stationary source monitoring and reporting:

030.210; 030.250 (See 46 FR 21758); and 030.218, 030.230; 030.235, and 030.970A (See 77 FR 60915).

The following Sections have not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B):

020.0051 (Board of Health - Powers and Duties); and 020.060 (Sampling and Testing).

Element (G)

Emergency episodes:

Requires SIPs to provide for authority to address activities causing imminent and substantial endangerment to public health and to provide for adequate contingency plans to implement such authority.

Emergency powers are authorized under WCDBOH Regulation 050.001 (Emergency Episode Plan) (See 72 FR 33397). In addition, general emergency powers are provided in Nevada's SIP in NRS 445B.560.

Element (H)

Future SIP revisions:

Requires SIPs to provide for SIP revisions in response to changes in the NAAQS, or availability of improved methods for attaining the NAAQS, and in response to an EPA finding that the SIP is substantially inadequate.

WCDBOH Regulation Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce Section 020.0051 (Board of Health - Powers and Duties) which provides the WCDBOH the authority to revise a SIP "to achieve and maintain levels of air quality to protect human health".

Element (I)

SIP revisions for new non-attainment areas:

Requires SIP revisions to meet the applicable Part D requirements relating to non-attainment areas.

The WCAQMD commits to submit SIP revisions whenever the county, or portions of the county, are newly designated non-attainment for any federal NAAQS.

Element (J)

[§121]

Consultation with government officials, public notification, PSD and visibility protection:
Requires states to provide a process for consultation with local governments and

Requires states to provide a process for consultation with local governments and Federal Land Managers carrying out NAAQS implementation requirements; . . .

All SIP elements are adopted by the WCDBOH before being formally submitted as the Washoe County portion of the Nevada SIP. Participation by local political subdivisions is authorized by WCDBOH Regulation Section 020.005 (See 38 FR 12702) and an inter-local agreement between the City of Reno, City of Sparks, and the County of Washoe, Nevada (See Washoe County 2006 PM_{2.5} NAAQS I-SIP, Attachment D, submitted December 4, 2009). This inter-local agreement requires that the WCDBOH include one elected official from each of the three political subdivisions in Washoe County. The WCAQMD is committed to include all stakeholders, such as local governments and federal land managers, in the SIP development process.

Element (J) ... requires SIPs to notify the public if NAAQS are exceeded in an area and to enhance public awareness of measures that can be taken to prevent exceedances; and ...

WCDBOH Regulation Section 050.001 (See 72 FR 33397) authorizes the WCAQMD to advise the public on measures that are taken to reduce their exposure during elevated air pollutant concentrations. Near-time ambient air monitoring data are posted on the WCAQMD website (www.washoecounty.us/health/aqm/home.html). A Trends report, which summarizes monitored ambient air quality in Washoe County, is prepared annually and also posted on the WCAQMD website.

Element (J)
[Part C PSD / Visibility] ... requires SIPs to meet applicable requirements of Part C related to prevention of significant deterioration and visibility protection.

On July 31, 2007, EPA's approval of Nevada's interstate transport SIP (CAA 110(a)(2)(D)(i)) for the 8-hour O₃ and PM_{2.5} NAAQS promulgated in July 1997 was published in the Federal Register (See 72 FR 41629). Also, Article 13 of Nevada's SIP, "General Provisions for the Review of New Sources," requires an environmental evaluation before a registration certificate may be issued. Finally, on March 3, 2008, the WCAQMD received full delegation of the federal PSD program (See Washoe County 2006 PM_{2.5} NAAQS I-SIP, Attachment C, submitted December 4, 2009) and is incorporated into Nevada's SIP (40 CFR 52.1485).

Element
(K)

Air quality modeling/data:
Requires SIPs to provide for the performance of air quality modeling for predicting effects on air quality of emissions of any NAAQS pollutant and the submission of such data to EPA upon request.

WCDBOH Regulation Section 030.235 (Requirements for Source Sampling and Testing) (See 77 FR 60915) authorizes the Control Officer to require operators provide source stack testing or other types of testing to determine the quantity and effect of emissions produced by a stationary source.

In addition, the following Section has not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B):

030.503 (Conditions for Approval).

Element (L)	Permitting fees: Requires SIPs to require each major stationary source to pay permitting fees to cover the cost of reviewing, acting upon, implementing and enforcing a permit until such fee requirement is superseded by EPA approval of a fee program under Title V of the CAA.
_	ses are authorized under WCDBOH Regulation Sections 030.210 (See 46 FR 21758) and e 46 FR 43141).

Element (M)

Consultation/participation by affected local entities:

Requires SIPs to provide for consultation and participation in SIP development by local political subdivisions affected by the SIP.

All SIP elements are adopted in a public hearing by the WCDBOH before being formally submitted as the Washoe County portion of the Nevada SIP. Participation by local political subdivisions is authorized by WCDBOH Regulation Section 020.005 (See 38 FR 12702) and an inter-local agreement between the City of Reno, City of Sparks, and the County of Washoe, Nevada (See Washoe County 2006 PM_{2.5} NAAQS I-SIP, Attachment D, submitted December 4, 2009). This inter-local agreement requires that the WCDBOH include one elected official from each of the three political subdivisions in Washoe County.

Attachment A

Letter from Matthew Lakin (EPA Region IX) to Kevin Dick (WCHD-AQMD) Regarding the "2011 Annual Monitoring Network Plan" (November 1, 2011)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION IX

75 Hawthorne Street San Francisco, CA 94105

NOV 0 1 2011

Mr. Kevin Dick, Director Air Quality Management Division Washoe County Health District 1001 East Ninth Street, Suite A115 P.O. Box 11130 Reno, NV 89520-0027

Dear Mr. Dick:

ring Network Thank you for your timely submittal of the 2011 Ar the submitted MD), EPA va County Health District Air Quality Managemer etailed and meets a r quirements set forth document and found that it is complete, informa-Trac essing in fr comments to last year's 2010 under 40 CFR Part 58.10. We also apprek plan and all of the Network Plan. This letter serves as an on. al of the anral sed for non-submission proposed modifications except the Sp of tal purpose to feeling into the AQS. This issue, along the period nurpose monitoring 3 is further discussed in our , staff to obtain the proper enclosed comments. AQMD should be s to work with A pose monitoring at the Sparks and o establish proper col ar documentation and approval-BF Reno3 sites.

If you have any questions regarding this letter the state of comments, please feel free to contact me at (415) 972-3851 or Elfego Felix at (415)

Sir ily,

Matthew Lakin, Manager Air Quality Analysis Office Air Division

Enclosure

cc: Craig Petersen, Senior Air Quality Specialist, AQMD
Julie Hunter, Air Quality Specialist, AQMD

Comments on 2011 Network Plan for Washoe County AQMD

Please update next year's network plan to reflect the following comments:

- 1. 40 CFR 58.20(b) requires any SPM data collected using an FRM, FEM, or ARM must meet the requirements of §58.11, §58.12, and appendix A or an approved alternative. Furthermore, SPM data collected using an FRM, FEM, or ARM that meets appendix A must also report to AQS. Pertaining to this, EPA noted that the following corrections will need to be made for the AQMD network:
 - o For the new FEM particulate instruments that are planned for installation at the Sparks site (pp.8), AQMD will either need to meet the requirements of §58.11, §58.12, appendix A and submit data into AQS, or submit an alternative plan for EPA approval that may allow for non-submittal into AQS.
 - o It was noted that AQMD also operates PM continuous FEM instruments as SPMs at the Reno3 site and is not currently submitting this data into AQS (pp.3). These Reno3 m_nitors will also either need to meet the requirements of §58.11, §58.12, appendix A and out it lata into AQS, or submit an alternative plan for EPA approval that may allow for no into AOS.

AQMD should continue to work closely with EPA Re to aff to ensure the to documentation and approvals are in place that allow the temporal attention and approvals are in place that allow the temporal attention and approvals are in place that allow the temporal attention and approvals are in place that allow the temporal attention and approvals are in place that allow the temporal attention and approvals are in place that allow the temporal attention and approvals are in place that allow the temporal attention and approvals are in place that allow the temporal attention and approvals are in place that allow the temporal attention and approvals are in place that allow the temporal attention and approvals are in place that allow the temporal attention and approvals are in place that allow the temporal attention at ention at the temporal attention at the temporal attention attention at the temporal attention attention at the temporal attention attention at the temporal attention at the temporal attention attention attention at the temporal attention at the temporal attention attention at the temporal attention attention at the temporal attention at the temporal attention atten

2. The cover letter of AQMD's network plan ... comments rere rec. readuring the public 'stwo. Plan howe inspection period of the plan. Page 1 rtains the following language: hi lic' "Public comments received during the nitted along with this plan ection period ve to EPA Region IX." These two st th agree. EPA information be clarified as well as the cover letter. in next year's plan and that a us. .e- message is deliv

Attachment B

Washoe County District Board of Health Regulations Governing Air Quality Management Not Included in the Washoe County Portion of the Nevada Ozone Infrastructure SIP But Further Support CAA 110(a)(2)(A)-(M) Requirements

010.1303 "REGULATED AIR POLLUTANT" shall mean the following:

- Nitrogen oxides or any volatile organic compounds;
- 2. Any pollutant for which a national ambient air quality standard has been promulgated.
- 3. Any pollutant that is subject to any standard promulgated under section 111 of the Act.
- Any class I or II substance subject to a standard promulgated under or established by title VI of the Act.
- 5. Any pollutant subject to a standard promulgated under section 112 or other requirements established under section 112 of the Act, including the following:
- a. Any pollutant subject to requirements under section 112(j) of the Act. If the administrator fails to promulgate a standard pursuant to section 112(e) of the Act, any pollutant for which a subject source would be major shall be considered to be regulated on the date 18 months after the applicable date established pursuant to section 112(e) of the Act; and
- Any pollutant for which the requirements of section 112(g)(2) of the Act have been met, but only with respect to the individual source subject to section 112(g)(2) requirement.
 (Adopted 10/20/93)

020.0051 BOARD OF HEALTH - POWERS AND DUTIES

Pursuant to the powers and responsibilities that have inured to the benefit of the Board of Health, said Board shall, without excluding any other powers, responsibilities, and authority conferred on said Board in the Nevada Revised Statutes, have the following powers and/or responsibilities:

- A. To adopt and enforce rules and regulations to reduce the release into the atmosphere of any air contaminants originating within the territorial limits of the Washoe County Health District in order to achieve and maintain levels of air quality which will protect human health and safety, prevent injury to plant and animal life, prevent damage to property, and preserve visibility and scenic, aesthetic and historic value within said Health District.
- B. To establish ambient air quality standards in accordance with law.
- C. To make such determinations and issue such orders as may be necessary to implement the provisions of these regulations and to achieve air quality standards in accordance with law.
- D. To institute proceedings to prevent continued violation of any order issued by the Board of Health, Hearing Board, or Control Officer, and to enforce these regulations.
- E. To require access to records relating to emissions which cause or contribute to air pollution.
- F. To apply or and receive grants or other funds or gifts from public or private agencies.
- G. To cooperate and contract with other governmental agencies including the State of Nevada, other states, and the federal government.

- H. To conduct investigations, research and technical studies consistent with the general purposes of the Nevada Revised Statutes.
- To establish such emission control requirements, as may be necessary to prevent, abate, or control air pollution.
- J. To require the registration of air pollution sources together with a description of the processes employed, fuels used, nature of emissions and other information considered necessary to evaluate the pollution potential of a source.
- K. To prohibit, regulate or control, as specifically provided in Section 030.000 through 030.260, the installation, alteration or establishment of any source capable of causing air pollution.
- L. To issue or deny all requests or applications for a variance or waiver from any of the requirements of these regulations after due consideration of the recommendations of the Hearing Board and Control Officer.
- M. To require the submission of preliminary plans and specifications and other information as the Board deems necessary to process permits required by these regulations.
- N. To enter into and inspect, at any reasonable time, any premises containing an air contaminant source or a source under construction for purposes of ascertaining the state of compliance with these regulations.
- O. To hold any hearing as authorized in Chapter 445 of the Nevada Revised Statutes.
- P. To review recommendations of the Hearing Board and to take such additional evidence as the Board of Health deems necessary or to remand to the Hearing Board for such evidence as the Board of Health may direct on any matters arising under these regulations.
- Q. To require elimination of devices or practices which cannot be reasonably allowed without generation of undue amounts of contaminants.
- R. To specify the manner in which incinerators may be constructed and operated.
- S. To delegate all above powers, except Subsections A, B, F, O, and P, to the Control Officer or his representatives as may be necessary to implement these regulations.
- To appoint by resolution, or other appropriate action of the Board of Health, a Hearing Board consisting of seven (7) members who are not employees of the State of Nevada or any political subdivision of the State of Nevada, or which one (1) member must be an attorney admitted to practice law in the State of Nevada, or which one (1) member must be a professional engineer registered in the State of Nevada and one (1) member shall be licensed in Nevada as a general engineering contractor or a general building contractor as defined by NRS 624.215. All members of said Hearing Board shall be appointed to the terms as specified in NRS 445.481.
- U. To institute, in any court of competent jurisdiction, legal proceedings to compel compliance

with these regulations and the Nevada Revised Statutes pertaining to the emission of air contaminants into the atmosphere within the territorial limits of the Washoe County Health District.

020.020 CONTROL OFFICER - POWER AND DUTIES

The Control Officer, or his designated agent or representative, shall enforce the provisions of these regulations in his name, or in the name of the Board of Health, in any one or combination of the following ways:

- A. By issuing a written notice of violation, delivered personally or by registered or certified mail, to any person if reasonable cause exists to believe said person is violating these regulations.
- B. By issuing a warning to any person suspected of violating these regulations and by giving said person an opportunity to correct the cause of said violation prior to issuing a notice of violation or citation and referring the matter to the Board of Health or proper prosecuting authority in the Washoe County Health District;
- C. By requesting the District Attorney of the County of Washoe, or other proper agency, person or prosecuting authority in the Washoe County Health District, to institute appropriate criminal, civil or administrative proceedings against the person or persons responsible for violation of any of these regulations.
- D. By requesting the Board of Health to levy an appropriate administrative fine against any person found to have violated any of these regulations.
- E. By reviewing each variance to ascertain if the variance holder is meeting all provisions of the variance or dates set forth in the compliance schedule; if they are not met, the Control Officer may notify the variance holder personally or by registered or certified mail to this effect and may suspend or revoke any variances or reject any schedule of compliance involved with said infractions.
 - F. By requesting the Board of Health to institute all necessary and proper legal proceedings authorized by law to carry out the purposes of these regulations and purposes of Chapter 445 of the Nevada Revised Statutes, including injunctive relief.

020.060 SAMPLING AND TESTING

In addition to any other testing requirements provided for in these regulations, the Control Officer or the Board of Health may require any person to conduct or make arrangements to conduct testing of any source to determine compliance with these regulations. In the event such testing is required, the Control Officer may do any of the following:

- A. Witness all tests as required by this Section.
- B. Determine whether or not generally recognized methods of measurement have been used to determine the quantity of emissions from the source being tested and if not additional testing may be required.

- C. Determine the point or points at or within the source where testing shall be done, to determine the actual discharge into the atmosphere.
- D. Make any modifications or adjustments in the testing requirements so as to be compatible with specific sampling conditions or needs as shown by good practice, judgement and experience.
- E. Require the cost of any testing to be paid by the owner or person responsible for any source of air contaminants.
- F. Require additional tests of any source of air contaminants tested in accordance with this Section, provided such separate or additional tests shall be conducted on behalf of the Board of Health and at said Board's expense.
- G. Require in writing the construction or creation of sampling holes, safe scaffolding and related facilities, to be provided at the expense of the owner or person responsible for any source of air contaminants being tested in accordance with this section.
- H. Require the owner or person responsible for any source of any air contaminants being tested pursuant to this section to provide a suitable power source to the point of testing, so that sampling instruments can be operated as required.
- All information gathered during any testing operation conducted pursuant to this Section will be provided to both the Control Officer or the Board of Health and the person or persons who own or control or are responsible for any source of air contaminants that are tested pursuant to this Section. All such information obtained pursuant to any testing required under this Section will be treated as confidential in accordance with the requirements of Section 020.055 of these regulations.

CONSTRUCTION OR MODIFICATION OF PERMITTED OPERATIONS (Amended 4/89, 10/20/93)

A written Authority to Construct shall be required to construct, erect, alter or replace any equipment which may cause, potentially cause, reduce, control or eliminate the issuance of air contaminants. A single Authority to Construct may be issued for all components of an integrated system or process. Plans and specifications drawn in accordance with acceptable engineering practices shall be required before issuance of an Authority to Construct. The applicant for any Authority to Construct must notify the Control Officer in the application of any source which is or will become subject to 40 CFR Part 70 upon completion of the proposed construction. An Authority to Construct is not needed for routine operation and maintenance. This includes maintenance prescribed by the manufacturer, replacement of worn or broken components with like equipment, etc.

030.500 NEW SOURCE REVIEW (NSR) APPLICABILITY

A major new source or major modification which would locate in an area designated as nonattainment for a pollutant for which the source or modification would be major shall not be allowed to construct unless the stringent conditions set forth below are met. These conditions are designed to insure that the new source's or modification's emission will be controlled to the greatest degree possible, that more than equivalent offsetting emission reductions ("emission offsets") will be progress toward achievement of the national ambient air quality standards. For

the purposes of this part, a reconstructed source shall be treated as a new stationary source. Since major facility definition and requirements vary upon State and EPA area designations, a map (Figure 1) is included to facilitate the determination of which requirements must be met.

030.502 REVIEW FOR EMISSION LIMITATION COMPLIANCE

Authority to construct any new source or modification shall be denied unless the new source or modification meets all applicable emission requirements in the Nevada State Implementation Plan (SIP), all applicable Federal New Source Performance Standards, and all applicable National Emission Standards For Hazardous Air Pollutants.

030.503 CONDITIONS FOR APPROVAL (Amended 7/28/93, Revised 10/25/95)

If a major stationary source or major modification would be constructed in/an area designated as nonattainment for a pollutant for which the stationary source or modification is major, an Authority to Construct shall be denied unless the following conditions are met:

Condition 1 The new source or modification is required to meet an emission limitation which specifies lowest achievable emission rate for such source.

Condition 2 The applicant must certify that all existing major sources owned or operated by the applicant for any entity controlling, controlled by, or under common control of the applicant in the State of Nevada are in compliance with all applicable emission limitations and standards under the Clean Air Act (or are in compliance with an expeditious schedule which is federally enforceable or contained in a court decree).

Condition 3 Emission reductions ("offsets") from existing sources in the same nonattainment area as the proposed new source or modification (whether or not under the same ownership) are required such that they shall not interfere with or contribute to the interference with the attainment of the applicable National Ambient Air Quality Standards. Only intrapollutant emission offsets will be acceptable (e.g. hydrocarbon increases may not be offset against SO₂ reductions). All emission reductions for the purpose of offsets shall be enforceable under the Clean Air Act.

The terms of the offset emission reductions shall be specified and federally enforceable prior to permit issuance.

All offset emissions reductions shall be, by the time a new or modified source commences operation, in effect and enforceable and shall assure that the total tonnage of increased emissions of the air pollutant from the new or modified source shall be offset by an equal or greater reduction.

All offset emissions reductions must be obtained from decreases in actual emissions from the same or other sources in the area. No emissions reductions otherwise required by the Clean Air Act or other regulatory action my be credited for the purpose of meeting offset requirements. Condition 4

The emission offsets will provide a positive net air quality benefit in the affected area. Atmospheric simulation modeling is not necessary for volatile organic compounds and NOX. Fulfillment of **Condition 3** and **Section 030.504** of these regulations will be considered adequate to meet this condition.

Condition 5

The applicant must perform an analysis of at least two (2) alternative sites for the facility, production processes, and environmental control techniques. This analysis must demonstrate that the benefits of the proposed source significantly outweigh the environmental and social costs imposed as a result of its location, construction or modification.

Condition 6

The Control Officer shall also require the review of any Major Stationary Source or Major Modification subject to New Source Review under this section that may have an impact on visibility in any mandatory Class I Federal area. Such visibility review will ensure the source's emissions will be consistent with making reasonable progress toward State and National visibility goals.

Condition 7

The Administrator has not made a determination that the applicable implementation plan is not being adequately implemented for the attainment area in which the proposed source is to be constructed or modified.

Condition 8

The proposed major source or major modification shall not contribute to nonattainment in, or interfere with maintenance by, any other State with respect to any national ambient air quality standard, or interfere with measures required to be included in the applicable implementation plan for any other State with respect to prevention of significant deterioration of air quality or to protect visibility.

All emission limitations shall be assessed in light of the limits of "good engineering practice" on stack heights as specified in **Section 030.614**.

Any major stationary source or major modification commencing construction without an Authority to Construct shall be subject to an enforcement action. Obtaining an Authority To Construct does not relieve the owner from complying with any applicable local, state or federal regulation.

At such time that a particular source or modification becomes a major stationary source or major modification solely by virtue of a relaxation in any enforcement limitation which was established after August 7, 1980, on the capacity of the source or modification otherwise to emit a pollutant, such as a restriction on hours of operation, then the requirements of regulations approved pursuant to this section shall apply to the source or modification as though construction had not yet commenced on the source or modification. All permits issued by the Control officer shall comply with all applicable terms of the State Implementation Plan for the non-attainment area in which the source is to be constructed.

030.504 EMISSION OFFSET RATIOS (Amended 7/28/93)

Emission reductions required under **Section 030.503** shall be offset at a ratio of 1.2 to 1 when the offset sources are five (5) miles or less from the new source or modification. For offset

sources that are greater than five (5) miles from the new source or modification, the applicant shall determine an offset ratio based on atmospheric simulation modeling or an equivalent method to ensure a positive net air quality benefit. In no case shall the offset ratio for source located greater than five miles from the proposed project be less than 1.2 to 1. Non-reactive organic compounds (those which are listed in 40 CFR 51.100(s)) cannot be used for offsets.

030.505 COMPLETENESS OF APPLICATION

Following submittal by the applicant, the Control Officer shall determine whether the application for permit to construct is complete not later than thirty (30) calendar days after receipt of the application, or after such longer time as both the applicant and the Control Officer may agree. Such determination shall be transmitted in writing immediately to the applicant at the address indicated on the application if it is determined to be incomplete, the determination shall specify which parts of the application are incomplete and how they can be made complete. Upon receipt by the Control Officer of any re-submittal of the application, a new thirty (30) day period in which the Control Officer must determine completeness shall begin. Completeness of an application or resubmitted application shall be evaluated on the basis of the guideline for such, published by the Control Officer. After acceptance of an application as complete, the Control Officer shall not subsequently request of an applicant any new or additional information which was not specified in the Control Officer's list of items to be included within such applications. However, the Control Officer may, during the processing of the application, request an applicant to clarify, amplify, correct or otherwise supplement the information required in such list in effect at the time the complete application was received. Making any such request does not waive, extend, or delay the time limits in this section for decision on the completed application, except as the applicant and Control Officer may both agree.

030.506 REQUIREMENTS FOR PUBLIC NOTICE (Amended 7/28/93, Revised 10/25/95)

For those sources subject to Section 030.500, following acceptance of an application as complete, the Control Officer shall:

- A. Perform the evaluations required to determine compliance with this section and make a preliminary written decision as to whether an Authority to Construct should be approved, conditionally approved, or disapproved. The decision shall be supported by a succinct written analysis;
- B. Within ten (10) calendar days following such decision, publish a notice by prominent advertisement in at least one (1) newspaper of general circulation in the County, stating the preliminary decision of the Control Officer and where the public may inspect the information required to be made available. The notice shall provide thirty (30) days from the date of publication for the publication for the public to submit written comments on the preliminary decision;
- C. At the time notice of the preliminary decision is published, make available for public inspection at the District office the information submitted by the applicant, the supporting analysis for the preliminary decision to grant or deny the Authority to Construct, including any proposed permit conditions, and the reasons therefore. The confidentiality of trade secrets shall be considered in accordance with Section 020.055 of these regulations;
- D. No later than the date of publication of the notice, a copy of said notice and any appropriate data is to be sent to the Nevada Department of Conservation and Natural

Resources Division of Environmental Protection, the regional planning authority of Washoe County, local government offices, any Indian governing body whose lands may be affected by facility emissions, any Federal Land Manager whose lands may be affected (including visibility effects) and the Regional Office of the U.S. Environmental Protection Agency; and

- E. Applicant to bear cost of all public notices under this section and **Section 030.508**.
- F. The Control Officer shall contact any Federal Land Manager whose lands may be affected for comments on the proposed project within 30 days after the application has been deemed complete. This shall be for the purpose of obtaining comments on the proposed scope of review for affected lands and species.

030.507 COMMENTS

The Control Officer shall consider all written comments submitted during the thirty (30) day public comment period.

030.508 FINAL ACTION (Amended 7/28/93)

Within 180 days after acceptance of the application as complete and the completion of all required preconstruction monitoring and public notice periods (including those required under the District's Part 70 Permit regulations), the Control Officer shall take final action on the application after considering all written comments. The Control Officer shall provide written notice of the final action to the applicant, the U.S. Environmental Protection Agency, other Affected States and the Nevada Department of Conservation and Natural Resources and shall publish such notice in a newspaper of general circulation. The notice and all supporting documents shall be made available for public inspection during normal business hours.

030.905 SOURCES REQUIRING PART 70 PERMITS (Adopted 10/20/93, Revised 10/25/95)

A. Sources Required to Obtain a Part 70 Permit

The following sources and source categories shall be subject to Part 70 permitting:

- 1. Any Major Stationary Source;
- 2. Any source, including area sources, subject to a standard, limitation or other requirement under section 111 (New Source Performance Standards) of the Act;
- 3. Any source, including an area source, subject to a standard or other requirement under section 112 (Hazardous Air Pollutants) of the Act. However, a source which is subject to regulations or requirements only under section 112(r) of the Act shall not be required to obtain a permit;
- 4. Any source that includes one or more units subject to Title IV (Acid Rain) of the Act;
- 5. Any source in a source category designated by the EPA Administrator pursuant to 40 CFR Part 70.

B. Exemptions

The following sources and source categories shall be exempted from Part 70 permit requirements:

- 1. Any source subject to this regulation solely because it is subject to 40 CFR Part 60, subpart AAA, Standards of Performance for New Residential Wood Heaters.
- Any source subject to this regulation solely because it is subject to 40 CFR Part 61, subpart M, National Emission Standards for Hazardous Air Pollutants for Asbestos, Standards for Demolition and Renovation.

3. Insignificant Emission Levels

Sources with the potential to emit less than an annual average of two (2) pounds per day of any criteria pollutant or less than one (1) pound per day of any hazardous air pollutant on a facility wide basis are exempted from all part 70 permitting requirements. Such sources may still be required by the Control Officer to obtain a non-Part 70 operating permit under District regulations. No source which is itself subject to an applicable requirement may qualify as an insignificant source.

- 4. All Dry Cleaning operations with the potential to emit less than ten (10) tons per year of any criteria or hazardous air pollutant shall be exempted for a period of five (5) years from the initial EPA Part 70 program approval date unless required to obtain a permit under Section 030.905(A) (5).
- 6. All sources which would be subject to Part 70 permits under Section 030.905 (A) which are not major sources, affected sources or solid waste incineration units subject to permitting under section 129(e) of the act, are exempt from requirements to obtain a Part 70 permit for a period of 5 years from the date of EPA approval of the Washoe County Part 70 permit program.
- 6. Sources may seek exempt status by limiting facility emissions to levels below those defined for a major source as provided in Section 010.090, part D (prohibitory status) and part E (Synthetic Minor sources).

C. Sources Which Must be Permitted by the State of Nevada

Any facility whose principal business is to generate electricity using steam derived from the burning of fossil fuels must obtain any necessary Part 70 permit(s) from the State of Nevada.

Recommendation & Staff Assignment	 Priority: High Action: Track Testify: Yes Position: Support Ordinance: Policy: Fiscal Impact: (Dr. Iser is working with Sheriff Haley (S. Kutz) 	Priority: Low Action: Monitor Testify: No Position: Comment Only Ordinance: Policy: Fiscal Impact:	Priority: High Action: Track Testify: Position: Ordinance: Policy: Fiscal Impact:
Background/Analysis/Fiscal Impact			
Summary	Revises provisions governing sterile syringe access and needlestick prevention.	Revises provisions governing the enforcement of the tax on live entertainment. (BDR 41-326)	Revises certain provisions governing public records and legal notices. (BDR 19-259)
Status		Pending	Pending
Primary Sponsor		Judiciary	Government Affairs
BDR or Bill #	BDR 40-451	AB 3	AB 4

Recommendation & Staff Assignment	Priority: Low Action: Monitor Testify: No Position: Support Ordinance: No Policy: No Fiscal Impact: No Fiscal Impact: No Todd) Legislative Alert on 1/20; Dr. Todd made comments; entered on 1/23/13	Priority: Low Action: Monitor Testify: No Position: Ordinance: Policy: Fiscal Impact:	Priority: Action: Tracking Testify: Position: Ordinance: Policy: Fiscal Impact:
Background/Analysis/Fiscal Impact			
Summary	Revises the definition of "sentinel" event for the purpose of provisions relating to the health and safety of patients at certain medical facilities. (BDR 10-311).	Revises various provisions relating to public records. (BDR 19-211)	Requires associations of planned communities to allow the outdoor storage of trash and recycling containers under certain circumstances. (BDR 10-262)
Status	Pending	Pending	Pending
Primary Sponsor	Not stated	Government Affairs	Judioiary
BDR or Bill #	AB 28	AB 31	AB 44

Recommendation & Staff Assignment	 Priority: High Action: Tracking Testify: Position: Ordinance: Policy: Fiscal Impact: 	Position: No Interest Legislative Alert on 1/18; Kevin said we are neutral; entered "No Interest" on 1/23/13.	Priority: Low Action: Monitor Testify: No Position: Comment Ordinance: Uncertain Policy: Uncertain Fiscal Impact: Rec'd Request for Comments on 2/14; forwarded to Bob and Joe on 2/14; rec'd Bob's Comments 2/20; Input on 2/20
Background/Analysis/Fiscal Impact			This bill covers requirements outside of our jurisdiction. We have no issues either way.
Summary	Revises various provisions related to open meetings. (BDR 19-603)	Requires a crematory for human remains to be located in a certain area. (BDR 40-25)	Revises the qualifications and training required for certain persons who operate or are employed by a child care facility.
Status	Pending		Pending
Primary Sponsor	Government Affairs		Assemblyman David Bobzien
BDR or Bill #	AB 65	AB 69	AB 109

	_	
Recommendation &	Staff Assignment	Priority: Action: Testify: Position: Ordinance: Policy: Fiscal Impact: (B. Sack) Legislative Alert on 2/15; Forwarded to Bob and Joe Bob and Joe
	Background/Analysis/Fiscal Impact	Under federal law, a restaurant or similar retail food establishment that: (1) is part of a chain with 20 or more locations doing business under the same name and offering for sale substantially the same menu items; or (2) elects to be subject to the disclosure requirements, is required to disclose certain nutritional information about the menu items offered for sale by the restaurant or establishment. (21 U.S.C. §343(q)(5)(H)) Section 1 of this bill requires the owner or operator of any restaurant or similar retail food establishment that is part of a chain with 10 or more locations doing business within this State to disclose the same nutritional information that federal law requires a chain with 20 or more locations to disclose. Section 2 of this bill provides a penalty for the owner or operator of any restaurant or similar retail food establishment who fails to make the required disclosure of nutritional information.
	Summary	Requires the disclosure of certain nutritional information in certain chain restaurants.
A.	Status	Pending
Primary	Sponsor	Assemblywoman Lucy Flores Co-Sponsor(s): Assemblyman Paul Aizley Assemblyman Andy Eisen Andy Eisen Andy Eisen Andy Eisen Andy Eisen Senator Justin Jones Senator Justin Jones Senator Justin
BDR or	Bill#	AB 126

Recommendation &	Staff Assignment	Priority: Low	Action: Monitor	Testify: No	Position: Support	Ordinance: No	Policy: No	Fiscal Impact: No	(E. Dixon)		Legislative Alert on 2/5;	Erin made comments;	entered on 2/5/13																			
	Background/Analysis/Fiscal Impact	Analysis. This bill would require all NV	school districts to provide breakfast in the	schools in accordance with Provision 2 set	Torth in / C.F.R. 245.9 (lower income	schools).		Research shows that a healthy breakfast for	children can Improve test scores, school	attendance, diet quality, and overall hearth.	According to Geri Casey, Assistant Director	Dravidar for MOOD this bill would not	change current practice for WCSD. There	are currently 20 WCSD schools that	participate in the breakfast program. All that	are currently eligible participate. The	Department of Education conducts audits	and reports are provided in compliance with	the timelines proposed in this bill. The	location of where breakfast is served is also	in compilance with this bill. I herefore, this bill would not impact the health of Washoe	County children.	History: This bill was passed by the	legislature in 2011 and vetoed by the	session Thon reviewing the committee	minutes from 2011 both WCSD and CCSD	were in support of the final language of this	Dill.	1 American Association of School	Administrators.		
	Summary	Revises provisions governing	programs of nutrition in public	schools (BDR 34-191).																												
	Status	Pending		Concurrent	Committees	on Education	and ways and	Means	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Vetoed by	Governor in	2011 ditei	session ended)										•									
Primary	Sponsor	Assembly	Committee on	Education								ì																	*			
BDR or	Bill#	AB 137								-										٨											 	

Recommendation &	Staff Assignment	Priority: HIGH	Action: TRACK	 Testify: YES (Sack, 	Dick, or Iser)	Position: Support if	Amended	Ordinance.	Introduce.		Policy: Yes	 Fiscal Impact: Yes 		(Bob and Kevin)		County regulacted	County Tequested	riscal Note off Z/14,	deadline 2/20;	forwarded to DDs on	2/14; cancelled on	2/15 and then re	requested with a new	due date of	2/22/2013.		Request for	Evaluation	2/19/2013: forwarded	to Bob; Kevin; and	Paula on 2/19 @	10:50 am	 Rec'd and input 	comments on 2/20		 Hearing scheduled 	for 8:00 am on 2/21	room 3143; emailed	Bob, Kevin, Joe, and	raula.
	Background/Analysis/Fiscal Impact	Requires Health District to utilize State	Portal business license information in	permitting, to provide online permitting, and	integrate with the State Portal by 01/01/14.	•	Remove mandate. Make the goal the use of	online permitting and integration with the	State Portal. Integrate State permits prior to	local mandate		The Washae County Health District does not	THE Washed County Health District does not	currently nave the capacity for online	permitting. The January 1, 2014 effective	date for online permitting and integration	with the State portal is not feasible. It is not	clear how "integration" with the portal is	defined The Health District does not have	sufficient information on the nortal to know	whother end integration is feed the with	when e such meghanom is reasible with	offilite permitting software application writer	mignt be used for online permitting by the	Health District. Utilization of business	Information from the State portal may	require modification of permitting software	currently utilized by the HD. This software is	no longer being actively supported and	would alvert the health district from errors to	provide online permitting capabilities.	The ability to integrate with the State Portal	by State agencies that perform permitting	activities similar to the Health District has	not yet been demonstrated. The bill should	be amended to remove a mandated	deadline for integration with the State Portal	or utilization of portal business license	information. This might be established as a	goal but no mandate should be established
	Summary	Revises provisions relating to the	state business portal (BDR 7-127)																																					
	Status	Pending																																						
Primary	Sponsor	Assemblyman	SKIP Daly																																					
BDR or	Bill#	AB 139												,																										

Recommendation &	Staff Assignment													
	Background/Analysis/Fiscal Impact	for local health districts until the State has demonstrated the capability to perform this function with their agencies that perform similar functions.	Amend to remove mandated deadline. Establish a goal of local agency and health district utilization of state portal business license information and of online portal business	and integration with the State Portal. Achieve similar State agency permitting integration prior to health district mandate.	FY 12/13 - \$800,000; FY 13/14 - \$1.041 Million; FY 14/15 - \$240,200; Future Biennia - \$240,200	Fiscal Note: Washoe County Health District does not currently have the	capability to provide on-line access and submission of its business license	applications. Washoe County has released an RFP for a vendor to supply internet canable software, and the acquisition and	maintenance costs reflect the top end bid proposal. Printing costs reflect the	modifications to and printing of new permit applications to include the State business	estimates for the new software system to integrate the County's application with the	State business portal or to use the state business portal to collect common business	registration information and to retrieve that information into the County's database.	There are also no cost estimates for integrating the State business identification number in the existing Health District
	Summary													
2	Status													
Primary	Sponsor													
BDR or	B111 #													

Recommendation & Staff Assignment		 Priority: Action: Testify: Position: Ordinance: Policy: Fiscal Impact: Rec'd Req for Eval on 2/21; forwarded to DDs 2/21 	Priority: Action: Testify: Position: Ordinance: Policy: Fiscal Impact: Rec'd Reg for Eval on 2/21; forwarded to DDs 2/21
Background/Analysis/Fiscal Impact	permitting software which is no longer actively supported as the new software system is pursued.		
Summary		Provides for the legislative review of governmental agencies to promote governmental oversight and accountability.	Revises provisions concerning child death review teams. (BDR 38-611)
Status		Pending	Pending
Primary Sponsor	-	Daly, Kirkpatrick, Bobzien, Benitez- Thompson, Bustamante Adams, Carlton, Healey, Ohrenschall, Pierce, Sprinkle, Smith	Eisen, Frierson, Benitez- Thompson, Carrillo, Dondero Loop, Flores, Healey, Jones, Hardy
BDR or Bill #		AB 150	AB 154

Recommendation & Staff Assignment	 Priority: Action: Testify: Position: Ordinance: Policy: Fiscal Impact: 	Priority: Low Action: Track Testify: No Position: Support Ordinance: No Policy: Yes Fiscal Impact: 2/8 — Steve Gilbert is the Supervisor for Vital Records at the Nevada State Health Division. Received a response from him this morning indicating that they are not currently anticipating any opposition to the bill. He said he would let us know as it gets closer to a hearing if that should change. Rec'd and input Randy's comments on 2/14
Background/Analysis/Fiscal Impact		The bill primarily cleans up and modernizes existing language and should be supported. The Washoe County Vital Records Office will need to change procedures for the release of certificates to be consistent with the new statutory language.
Summary	Revises provisions governing reports of the abuse or neglect of a child (BDR 38-610).	Revises various provisions relating to vital statistics (BDR 40-312) This bill allows release of birth certificates 125 years after the date of birth and death certificates 50 years after the date of death. It also makes various changes that should only impact the state office of vital records. The bill also modernizes existing language and allows for the use of electronic record keeping that is already largely in place. Finally, the bill allows cases where deaths occur without medical attendance to be referred directly to the coroner's office and shortens the time frame for filing certificates that require implementation of delayed filing procedures.
Status		Pending
Primary Sponsor	Eisen, Frierson, Benitez- Thompson, Carrillo, Dondero Loop, Duncan, Flores, Healey, Kirkpatrick, Oscarson, Jones, Hardy	Health and Human Services
BDR or Bill #	AB 155	SB 53

Recommendation & Staff Assignment	Priority: Action: Tracking Testify: Position: Ordinance: Policy: Fiscal Impact:	 Priority: Action: Monitoring Testify: Position: Ordinance: Policy: Fiscal Impact: 	Priority: High Action: Tracking Testify: No Position: Oppose Ordinance: Unknown Policy: Yes Fiscal Impact: Yes Hearing: 2/11/13 @ 1:30 pm Hearing: 2/20/13@01:30 pm Frowarded to all DDs on 1/23/2013; Randy and Steve commented on 2/6:
Background/Analysis/Fiscal Impact			
Summary	Revises provisions relating to public water systems and certain laboratories. (BDR 40-349)	Revises provisions relating to tobacco. (BDR 32-404)	Revises various provisions relating to public records. (BDR 19-211)
Status	Pending	Pending	Pending
Primary Sponsor	Natural Resources	Revenue and Economic Development	Segerblom Segerblom
BDR or Bill #	SB 65	SB 67	SB 74

RDD or	Dwingw				Dogommondation &
IN NICE	Limary	Č			Necolimentation &
Bill #	Sponsor	Status	Summary	Background/Analysis/Fiscal Impact	Staff Assignment
SB 80	Senator		Makes various changes to	We would defer to the Dairy Commission. I	Priority:
	ocucincyci		products and dainy substitutes	think anything that strengthens their	• Action.
			products are daily substitutes.	enforcement for health and safety is good; I	lestify:
				dislike that they would do both dairy	• Position:
				product promotion and regulate as well.	Ordinance:
				That is at a national level one of the	Policy
				differences between USDA (which does	Fiscal Impact:
				potn Tunctions) and FDA (which regulates	 Joe rec'd email from
				but doesn't promote).	Larry Mathias; Joe
					replied; ask Larry
		,			and John their
					thoughts.
		-			
SB 92	Senate	Pending	Makes certain changes related to	BDR revised 2/11; no material change to the	 Priority: Low
	Committee on		the health of infants. (BDR 40-	Health District.	 Action: Track
	Health and		529)	(BDR 40-429)	 Testify: No
	Human Services				Position: Comment
			Revises NRS 442.008 requiring	This bill requires any healthcare provider	Only
			infants be tested for critical	who attends a birth to examine the infant for	Ordinance: NA
			congenital heart disease:	critical congenital heart disease. They must	Colonia MA
			providing an exception for written	at least use pulse oximetry in conducting the	Folicy. NA
			parental objection; and notification	examination. Any positive results must be	Fiscal Impact: No
			of both state and local health	reported to the State Health Officer and the	
		1	officers.	Local Health Officers of the jurisdictions of	SB 92 on 2/12: forwarded
				both the birth and the mother's residence.	to Dr. Todd: rec'd and
				They must discuss the condition and the	input on 2/12
				treatment options with the parents.	
				This bill as submitted door for some the	Submitted Fiscal Notes
				impose any duty on local public beath other	prepared by Dr. Todd on
				than to simply receive the reports. It does	1/23 @ 9:25 am;
		-		not appear to require that the reports be	
				retained nor does it appear to require any	

Recommendation & Staff Assignment	resubmitted Fiscal Notes w/o changes on 2/12/2013.	 Priority: Low Action: Tracking Testify: No Position: Comment Only Ordinance: NA 	Policy: NA Fiscal Impact: None for the Health District Hearing on 2/24	@3:30 Room 2149	Dr. Todd provided comments on 2/13 and they were input on 2/13.	Forwarded to Dr. Todd, Stacey, and Dr. Joe. On 2/12/2013	
Background/Analysis/Fiscal Impact	action on the part of the local entity in response to the report. The only possible caveat would be the provision for the State Board of Health to promulgate regulations that might programmatically and/or fiscally impact local public health.	This bill changes the definitions of EMT, EMT intermediate, and EMT advanced to EMT, EMT advanced, and Paramedic respectively. It also ties training standards for these to the US Department of Transportation.	Given that the main intent of the bill is to standardize definitions and training to those at the national level, there would appear to be no reason to oppose this legislation.		Dr. Iser was notified by Pat Irwin of the existence of this bill; added to Washoe Bills	on 2/12/2013	
Summary		Revises provisions relating to certain providers of emergency medical services. (BDR 40-501)					
Status		Pending					
Primary Sponsor		Senate Committee on Health and Human Services					
BDR or Bill #		SB 100					

Recommendation &	Staff Assignment	Priority: High Action: Tracking Testify: Yes - Todd Position: Support if Amended Ordinance: No Policy: N/A Fiscal Impact: Received Request for Evaluation on 2/14; forwarded to Dr. Todd's Comments on 2/14/2013.	
	Background/Analysis/Fiscal Impact	This is fundamentally a good idea. It should theoretically save time and effort for funeral homes that currently have to physically collect these statements and deliver them to the health department. The state already has an electronic death registry. However, this bill does not appear to provide any fiscal appropriation that would allow the system to be upgraded so that it does not slow down when a host of new medical users need to log in. Nor does it provide resources to train the new medical users in the use of the system. New untrained users and system performance degradation could negatively impact work flow in the Washoe County Vital Records office.	existing electronic death registry is sometimes very slow. Adding additional users without appropriation of funds to upgrade the system will likely result in lower work productivity in local vital record offices including Washoe County. LCB staff should work with the Nevada State Health Division to develop a realistic cost estimate for necessary system upgrades and training. The bill should be amended to include an appropriation of funds that would allow the Nevada State Health Division to upgrade the current server hosing the existing electronic death registry so that it can accommodate a large number of additional users without performance degradation. Funding should also be provided to allow for development of an online training for physicians to utilize as they learn to use the system.
	Summary	Provides for establishment of electronic death registry system. (BDR 40-832).	
	Status	Pending	
Primary	Sponsor	Senator Joseph Hardy	
BDR or	Bill#	SB 116	

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Recommendation & Staff Assignment	Priority: Action: Testify: Position: Ordinance: Policy: Fiscal Impact: Fiscal Impact: Kevin on 2/19/2013.	 Priority: Action: Testify: Position: Ordinance: Policy: Fiscal Impact: County requested Fiscal Note on 2/12; deadline 2/19; forwarded to Kevin, Eileen, and Joe on 2/12; submitted 2/19
Background/Analysis/Fiscal Impact		FY 12/13 – (\$0); FY13/14 – (\$2,510); FY14/15 – (\$7,327); Future Biennia - (\$43,430) Fiscal Impact: The BDR will eliminate personnel time and expense associated with preparing grant proposals, quarterly reporting of grant accomplishments, and preparation of submittals to the Advisory Committee, NDEP, and DMV related to proposals, budget reallocation requests, and extension requests. So expenses are reported as negative. The BDR has a positive fiscal impact, expenses are
Summary	Revises provisions governing the frequency of required inspections of the emissions of certain motor vehicles (BDR 40-427).	Revises provisions governing the Pollution Control Account (BDR 40-448)
Status	Pending	Pending
Primary Sponsor	Senator Donald Gustavson	Senator David Parks
BDR or Bill #	SB 147	SB 148

Recommendation & Staff Assignment @ 3:00 pm. Received Request for Evaluation on 2/19; forwarded to Kevin and Eileen on 2/19/2013.	Action: Testify: Position: Ordinance: Policy: Fiscal Impact: Received Request for Evaluation on 2/19; forwarded to Bob on 2/19/2013.
Background/Analysis/Fiscal Impact reduced. Financial benefits occur incrementally as the initial proposal development costs, and then reporting and administration costs are reduced over the multi-year cycles of existing grants. Labor savings result from the Air Quality Management Division Director and Health District Fiscal Compliance Officer not having to develop and submit a grant proposal FY13-14, not having to submit a proposal and administer a grant FY14-15, and not having to develop a proposal and administer multiple grants in future biennia.	
Summary	Revises certain provisions governing manufactured home parks. (BDR 10-23)
Status	Pending
Primary Sponsor	Senator Mark Manendo
Bill #	SB 154

DBOH Agenda Item No. 18.

2013 Legislative Activity Report

Recommendation & Staff Assignment Priority: Action: Monitor Fiscal Impact: Ordinance: Position: Testify: Policy: Background/Analysis/Fiscal Impact committing certain acts relating tobacco products. (BDR 5-689) to the possession and use of Prohibits a minor from Status Settelmeyer, Woodhouse, Primary Goicoechea, Kieckhefer, Segerblom, Gustavson, Hammond, Hutchison, Cegavske, Wheeler Hardy, Jones, BDR or Bill# SB 177



WASHOE COUNTY HEALTH DISTRICT EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION



February 13, 2013

MEMORANDUM

To:

Members, Washoe County District Board of Health

From:

Randall L. Todd, DrPH

Epidemiology and Public Health Preparedness (EPHP) Director

Subject:

Report to the District Board of Health, February 2013

Communicable Disease -

Influenza

For the week ending February 3 (MMWR Week 6) five of 15 participating sentinel healthcare providers reported a total of 204 patients with influenza-like illness (ILI) out of a total of 4,128 patients seen. This yields an ILI percentage of 4.9% which is above the regional baseline of 3.5%. During the previous week the national ILI percentage was 3.6% which is above the national baseline of 2.2%. Regionally, the ILI percentage ranged from 2.1% to 5.7%.

Nine death certificates were received for week 5 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 5 was 122. This reflects a P&I ratio of 7.4% which is at the epidemic threshold set by CDC for week 5 at 7.4%. Nationally, the P&I ratio was 9.0%.

The influenza season in Washoe County has been fairly typical so far but has lagged behind national trends. National media have been reporting an unusually high rate of influenza-related hospitalizations among those over the age of 65 years. This is not a trend that has been observed locally to this point.

Public Health Preparedness -

PHP staff has been working on annual updates and improvements to the Department Emergency Management Plan. The target date for completion and presentation to the District Board of Health is May 2013.

The Public Information Officer taught ICS 300 this month. A Total of 22 Health District staff and participants from other agencies attended and passed the three-day class.

A Public Information and Communication for Points of Dispensing class provided by the CDC in Carson City was attended by four WCHD staff

Staff is currently working to establish partnerships with local private and public agencies in the event of a large scale public health emergency in which mass amounts of medication would need to be distributed to Washoe County residents. During a public health emergency, the general public would be encouraged to go to a Public Point of Dispensing (POD) site to receive medications. In a situation where the entire population needs to be given medication within a short timeframe, our Public POD sites will be highly stressed. Therefore, in order to relieve congestion and get medications out more quickly and efficiently, the WCHD is developing alternate methods of dispensing. One such method is to provide medications through Private PODS where an organization would be responsible for receiving and distributing medication to its staff and family members in a safe manner during an emergency event. Private PODS may also represent an important method of distributing medications to those portions of the population with access and functional needs or barriers. Examples might include home bound and/or incarcerated groups It is also important to establish Private PODs with first responders (i.e., law enforcement, fire, and hospitals), as individuals from these agencies will be needed to assist the public in the event of a mass illness. Currently, EPHP has two private POD partnerships in place; Circus Circus and NV Energy.

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Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



Washoe County Health District



Staff Report **Board Meeting Date: 2/28/13**

DATE:

February 28, 2013

TO:

District Board of Health Members

FROM:

Steve Kutz, RN, MPH, Division Director Community and Clinical Health Services (775) 328-3759; skutz@washoecounty.us

SUBJECT: Community and Clinical Health Services (CCHS) Division Report,

February 2013 District Board of Health Meeting

- Quality Assurance/Quality Improvement Activity Report
- 2. Annual Training Day
- 3. Family Planning Program Needs Assessment
- 4. World TB Day
- 5. Program Reports

1. Quality Assurance/Quality Improvement (QA/QI) Activity

Public Health Accreditation

The Accreditation Readiness Team (ART) comprised of representatives from each Division and facilitated by the CCHS Quality Improvement Coordinator was convened in March 2012.

ART's first goal is to create and implement a Quality Improvement Plan to guide the Health District in managing, deploying and evaluating quality activities. The QI Plan will provide a timeline for training, QI Team process and oversight, and reinforce the importance of quality and quality improvement.

ART 2012 Accomplishments

- Focus Groups
 - Team members collected baseline data on employee knowledge, attitudes, experiences and current practices related to Quality Improvement (QI) by conducting 23 focus groups with employees and managers
 - Analyzed the information collected
 - Completed Focus Group Report on current status and views of QI at WCHD. Key Findings:
 - ✓ Surface knowledge of QI

- ✓ Problem solving done differently in different programs/divisions
- ✓ Believe QI is good and want to improve
- ✓ Concern re: time needed for QI and that it is just another fad (like Baldrige)
- ✓ Customer Satisfaction: Minimal information and knowledge about customer level of satisfaction with services
- QI Plan Began outline of sections and created schedule for completion

ART Goals for 2013:

- Complete Ql Plan for 2013-14
- Begin implementation of QI Plan, i.e., QI training for management and staff, initiate QI Teams to address at least one process improvement for each Division
- Complete Communication Plan for sharing Accreditation information

NNPHI Quality Improvement Grant Award (May 2012-Dec 2012)

A QI team consisting of staff from STD and EPHP was created to address the need for a plan to handle increases in STDs, primarily early syphilis.

Accomplishments:

- Created STD Outbreak Response Plan (ORP) based on Levels 1-4, dependent on number of cases in three month period and staff resources
- Designed and provided two training sessions to all STD and EPHP staff including a Tabletop Exercise to evaluate the plan
- Created an Improvement Plan based on feedback from the Tabletop Exercise
- STD ORP was implemented immediately and has proven valuable in managing recent increases in number of syphilis cases
- Submitted to Public Health Quality Improvement Exchange (PHQIX), a website
 described as a "centralized communication hub dedicated to supporting quality
 improvement efforts in public health practices throughout the United States."
 Accepted, pending revisions

2. Annual Training Day

Community and Clinical Health Services (CCHS) held its fifth Annual Employee Training Day on February 12, 2013. The purpose of Training Day is to assure completion of required annual trainings timely, efficiently, and with the least disruption to service delivery. The day included presenters and experts from within CCHS and the community. Both lectures and hands on sessions provided diverse learning opportunities. Fifty-one CCHS staff attended the sessions appropriate for their position. Examples of this year's sessions include: Cultural Competency, Respiratory Hygiene, HIPAA, Weight of the Nation, Child Abuse and Neglect Reporting, Insight Data Base, Quality Assurance, and Emergency Response. Training Day not only provides necessary training and Continuing Education Units (CEUs), it builds morale, improves

communication between staff, and supports CCHS Strategic Goal # 4 CCHS Employees Will Remain Highly Skilled and Engaged.

3. Family Planning Program Needs Assessment

At the request of Councilwoman Ratti the Washoe County Health District's Family Planning Program's competitive grant has been posted on the website at: http://www.washoecounty.us/health/cchs/fpc.html.

Due to the length of the document, it could not be included in this report. Below is a brief description of the application:

The body of the application includes two components: A Community Needs Assessment and Characteristics of a Successful Proposal (CSP). Attachments and Exhibits are also included, with supporting information contained in the body of the proposal.

The Needs Assessment outlines a description of the service area including geographic and demographic data. Needs, barriers, high priority populations, and target areas are addressed. Successes related to current service provision are noted in both the Needs Assessment and the CSPs. The CSPs outlines current FPP operations, as well as work plans that address goals and objectives for competitive grant cycle 2012-1017. Title X Guidelines, Program Priorities, and Key Issues are addressed throughout the proposal and are noted in blue italic. In addition, Attachment H is a cross reference indicating the proposal pages which reference each of the required Title X Guidelines, Program Priorities, and Key Issues.

The Notice of Grant Award was received on June 22, 2012, and the project period runs from June 30, 2012 to June 29, 2016.

4. World TB Day March 24, 2013

World TB Day on March 24 commemorates the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacteria that cause tuberculosis (TB). TB is the leading cause of infectious bacterial disease deaths in the world. In 2012, the World Health Organization (WHO) reported 8.5-9.2 million tuberculosis cases and 1.2-1.5 million deaths from TB worldwide. World TB Day presents an occasion to raise awareness around the world about the health threat of TB in an era of increasing global travel and connectivity.

Washoe County Health District's Tuberculosis Prevention and Control Program provides clinical services at an environmentally controlled clinic at 10 Kirman Avenue. Public Health Nurses manage treatment for all cases of active TB in Washoe County under medical orders from Pulmonary Medicine Associates' physicians and Dr. Budhecha, a Pediatric Pulmonologist. TB Program services include treatment of active TB utilizing directly observed therapy (DOT), contact investigations, community consultations and education, outreach to high-risk aggregate settings, evaluation of newly arrived

immigrants, and treatment of latent TB infection (LTBI) in high risk populations. Isolation of infectious clients is a key component to protect the public's health.

Highlights of the past year include management of a challenging contact investigation involving three sites and approximately 58 contacts, including residents of 2 group homes. Technological advances included use of FaceTime functionality on an iPhone as a mobile option for Direct Observed Therapy, the recommended modality to ensure treatment compliance and prevent drug resistance. Both the iPhone and landline-based videophone save resources in terms of mileage and personnel costs of trips to client homes. Additional features of the electronic medical record system (EMR), Insight, were implemented.

The TB Program continues to collect data as a participant in the CDC study, "Post-implementation 3HP Assessment Project" to assess the implementation of a new regimen for LTBI treatment. This new regimen consists of a once weekly dose of medications for 12 weeks. Reducing the prevalence of LTBI in Washoe County, estimated at 12,000-20,000 individuals, leads to reductions in the development of TB disease and a decline in case rates. The CDC will be making a site visit to do cost analysis of the new regimen in the spring.

Dr. Iser will present "Think TB" at Renown Regional Medical Center to encourage community physicians to consider TB in a differential diagnosis as the prevalence in U.S. born citizens continues to drop. In 2011, the nation saw the case rate drop by 6.4% to 3.4 cases per 100,000 people, with a total of 10,528 cases. There was a 5.8% drop in actual case numbers. Other World TB Day activities through March and April include technical assistance inservice to area health care providers and publication of a TB EpiNews in March.

In Nevada, approximately 85 were cases reported in 2012 (official count has not been finalized yet). In Washoe County, eight cases were reported in 2012, and one case transferred care from another jurisdiction and completed treatment in Washoe County. These clients are seen daily for DOT. Another 55 individuals were reported for suspected TB with program staff monitoring and consulting with area health care providers to rule out infectious disease. Seventy-one clients started LTBI treatment and have either completed or are continuing treatment. Staff PHNs managed 311 clients with 2,584 encounters in FY12.

5. Program Reports

a. Sexual Health – As part of the verbal report from the Division Director in January, he updated Board members on a recent increase in Syphilis cases, and the utilization of the STD Outbreak Response Plan (STD ORP). As of the time of this report submission, syphilis cases remain elevated, and the program fluctuates between Levels 1 and 2 of the STD ORP. The cases remain manageable by the Sexual Health Program, and no additional assistance from EPHP or the Nevada State Health Division is needed at this time.

b. Immunizations -

- Influenza Demand for influenza vaccine has decreased over the past month, with utilization of vaccine being considered routine.
 Program staff held a clinic February 4, 2013, at Shoppers Square in collaboration with Immunize Nevada, immunizing 385 children against influenza.
- School Located Vaccination Clinics (SLVC) Staff conducted five SLVCs in January, providing 175 doses of Tdap and 509 doses of Influenza vaccines, to over 550 children. Staff will determine whether spring clinics are indicated for Tdap.
- c. Tuberculosis Prevention and Control Program Several clients were evaluated last month for suspect TB disease, with two homeless individuals isolated until infectiousness was ruled out. There is a national shortage of Isoniazid (INH) due to lack of an essential ingredient, with projected resumption of supply by March. The TB Program has adequate reserve levels of INH for treating Latent TB Infection and TB disease locally and loaned some medication to Southern Nevada.
- d. Family Planning/Teen Health Mall Encompassed in the report above.
- e. Chronic Disease Prevention Program Implementation plans for a tobacco-free UNR campus are underway with the support of undergraduate and graduate student leadership. Student interns are mapping neighborhoods for potential tobacco free zones (e.g. the block containing the Children's Museum). Menu labeling work was resumed, with contractors using a new software system to analyze restaurant menu options. The team is working with Dr. Iser to develop the new Health Education/Promotion unit.
- f. Home Visitation PHNs are updating and revising Public Health Nursing Standards of Care to ensure Health District guidelines match American College of OB/GYNs (ACOG) and American Academy of Pediatrics (AAP) standards within the scope of work for professional nurses. A strategic plan for countywide Maternal, Child and Adolescent Health was finalized with input from a community panel.



Washoe County Health District



ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE:

February 19, 2013

TO:

District Board of Health Members

FROM:

Robert O. Sack, Division Director, Environmental Health Services (EHS)

SUBJECT:

Environmental Health Services Division Report for February 2013

Land Development

- The Land Development Group was able to bring back our college intern for a couple of
 weeks during semester break to help with the annual pool and spa inspection workload. By
 employing the same intern used last summer, our program avoided training and personnel
 issues that otherwise would have limited usefulness during this short window of opportunity.
- School District personnel reconfigured the arsenic treatment system at the Verdi School
 water system and have now achieved water quality results that are well within the federal
 standards. Meanwhile, Land Development team members have approved the wells and
 piping layout and are waiting for a revised drawing to approve the storage tanks for the
 Reno Technology Center public water system, due to be operational by the end of the year.
- The Land Development team continues to see signs of a rebound from the recession. Two final subdivision maps, creating 125 new residential lots, have been submitted for review and signature already this year. There were only 134 residential lots created by final map during all of 2012. Additionally, staff reviewed eleven residential septic system plans in January after reviewing only two in January 2012.

Vector-Borne Disease Program

- Staff recently attended a Nevada Department of Agriculture workshop for continuing education and tested to maintain our Nevada Restricted Use Pesticide Certificate as required by law when applying pesticides. At this workshop, a member of our staff provided a Bed Bug presentation. Staff was also asked to present the same presentation to a group of 30 individuals for Elder Protective Services.
- Staff has taken advantage of the recent nice weather to GPS new and existing catch basins, adding these points to our existing database.
- Vector is current with building inspections and signing off projects for contractors when they complete Vector's design standards for developments. The Vector Coordinator, James Shaffer, recently had an article published in the *Proceedings and Papers of the Mosquito and Vector Control Association of California Volume 80* (attached). The article "Modifying Catch Basins to Improve Water Quality and Eliminate the Colonization of Mosquitoes in the Public Infrastructure" shows the specific design modifications made to catch basins in Washoe County.

 Staff recently created a database of the weekly collection of mosquitoes in the New Jersey Light traps for each season for the past 15 years. With this historical data, the goal is to analyze the information and develop a model to annually predict the first sign of mosquito viruses occurring in the Truckee Meadows Community.

Waste Management

- The regulations for Farmer Markets are being updated.
- Temporary Foods/Special Events applications are increasing and staff is preparing for the move to the Food Program effective April 1, 2013.
- Recycling Permits are all due in February.

Robert O. Sack, Division Director

Environmental Health Services Division

West Suck

Attachment

Modifying Catch Basins to Improve Water Quality and Eliminate the Colonization of Mosquitoes in the Public Infrastructure

James Shaffer

Washoe County Health District, 1001 East Ninth Street, Reno, NV 89512, 775-750-8272, jamshaffer@ymail.com

ABSTRACT: This article shows the specific design modifications that were made to catch basins in Washoe County to improve water quality and reduce public health problems. As street surfaces increase, additional storm water runoff is directed to catch basins, and these catch basins provide mosquitoes with places to colonize and lay eggs. Consequently, Xeripave, a company that manufactures pervious pavers, developed a design with a water quality paver tray insert placed below the grate of the catch basin; this paver insert eliminates colonization by adult mosquitoes. The new design modification by the Vector-Borne Diseases Prevention Program of the Washoe County Health District protects the public health and reduces our reliance on pesticides.

Catch basins have great significance for vector control agencies throughout the United States because they collect water for extended periods of time, allowing mosquitoes to colonize this infrastructure. The Vector-Borne Diseases Prevention Program of the Washoe County Health District correlates poor water quality to increases in the colonization of public infrastructure by mosquitoes. While we educate our communities to place screens on windows and maintain urban ponds and swimming pools, little attention by the public is given to catch basins, street "incubators" that produce hundreds of adult mosquitoes weekly throughout the summer months.

Historically, catch basins (DI's) were used to eliminate the clogging of sewers by trapping course debris and preventing the release of odors from sewers by providing a water seal. The prevention of sewer clogging was especially important prior to the existence of quality street surfaces. In areas where streets were partially or wholly paved, significant quantities of stone, sand and manure were washed into sewer systems during periods of rainfall and into the catch basin (Lager 1972).

As urbanization has increased, street surfaces have improved and impervious surface area has increased, providing additional storm water runoff to catch basins as well as ephemeral and natural channels and tributaries to rivers. This has increased erosion, accumulation of debris and the transfer of sediment collected in the catch basin infrastructure. Materials deposited onto impervious surfaces from commercial products such as metals, pesticides, fuels, waste oils, pathogens and synthetic organics are incorporated into storm water as pollutants. The U.S. EPA has determined that this type of pollution, known as nonpoint source pollution or storm water pollution, is now the single largest cause of the deterioration of our nation's water quality (Kennedy/Jenks 2004).

With increased growth in the Truckee Meadows Community since 2000, our District initiated a GIS data base program in response to the concerns of mosquito colonization in catch basins. A prevention base program for the colonization of mosquitoes was anticipated through sampling the DI's, and then responding with pesticide treatments. There are over 35,000 catch basins in the Truckee Meadows Community with the City of Reno having

15,000, the City of Sparks with 11,000, and Washoe County 10,000; this does not include the privately maintained catch basins that are not part of the public infrastructure. Typically our District can inspect and treat 7,000 to 8,000 catch basins annually. While this may be considered a large number of basins inspected, it falls short of the total DI's that should be sampled. Since 2002, all development and redevelopment projects sent to the Vector-Borne Diseases Program from City of Reno, Sparks and Washoe County Community Development are reviewed with design standards required for detention, retention basins, channels, wetlands, swales and ponds (infrastructure). Based on regulation 040.013 that states that drop inlets and or catch basins shall have no freestanding water, we initiated design modifications for catch basins to eliminate water standing in this infrastructure.

The Vector-Borne Diseases Prevention Program of the Washoe County Health District collaborated with Washoe County Public Works engineers and private industry to develop a catch basin design that provides water quality benefits while not posing public health issues (Lindeman 2011). The first attempt to modify catch basin designs occurred in 2007. Jensen Precast, a firm that manufactures catch basins, modified their basin design to include placing 1 inch diameter weep holes on the side and end wall of the DI's. As water enters the basin from the curb it is sweep out through the one inch diameter holes, thereby eliminating any standing water in the basin sump.

After working on this design for a year it was accepted and placed in the Washoe County Hydrology Manual (Orange Book). This new detail design was required on new development projects and building plans for the cities and Washoe County. Shortly after the acceptance of this design, the cities of Reno and Sparks rejected the modification in the public infrastructure because the weep hole catch basin design was considered an injection well by definition of the Nevada Department of Environmental Protection (NDEP). Yet, the program continued to pursue a design and/ or modification for catch basins to improve water quality and eliminate mosquito breeding.

In 2008 work began with Xeripave, a company that manufactures pervious pavers, and Washoe County Public Works engineer Norman Lindeman to eliminate the amount of debris, organic matter and pollution by collecting this material below the grate and onto the pavers, thus preventing this material from entering tributaries to the Truckee River. The support structure of the water quality paver tray insert consists of four 2 inch wide by ¼ inch thick vinyl strips anchored onto the side and end walls of the catch basin with two vertical supports made from aluminum angle iron. Five pavers are placed on top of this support system. The one opening left in the water quality paver tray system is for a 12 x 12 rectangular over flow flapper valve (Twitchell 2011). This overflow unit ensures that during flood events water flowing in the catch basin is carried through the outlet pipe without reducing the hydrological capacity of the basin. Additionally, there is a flapper valve at the end of the over flow unit which operates by gravity preventing adult mosquitoes from flying into the water filled basin sump.

One pilot demonstration was conducted in Washoe County and in the City of Reno to test for sediment clogging. A water truck was used to simulate large storm events to determine if the paver tray insert in the catch basin met Washoe County hydrological standards. As water rises in the catch basin during a flood event, it spills into the rectangular over flow unit, discharging storm water to the outlet pipe. When the high flows recede, the flapper valve closes sealing the opening of the overflow unit which eliminates the oviposition of female mosquitoes in the sumps.

Public works staff from Reno, Sparks and Washoe County, as well as civil engineers from the entities and the Truckee Meadow Storm Water Permit Coordinating Committee were invited to the demonstrations simulating flood events and the removal of debris and sediment from the catch basin with a vactor truck. Public Works staff provided changes to the design based on the additional time it would take to vacuum the sumps and outlet pipe with the vactor truck. As a result, modifications were made to the vertical supports making them easier to remove by notching them onto the rack, rather than anchoring them to the side walls, and the over flow unit was moved to the center of the Xeripave Water Quality Tray Insert. These changes allowed more water to enter the unit. The two year testing period culminated in the Xeripave Water Quality Paver Tray Insert abeing pproved by Washoe County and the new design placed in their Orange Book. As trash is captured below the grate and above the outlet pipe, debris can not be discharged through the public infrastructure to tributaries to the Truckee River. The material collected does not have a chance to decompose because it does not collect in the sump, eliminating odor while removing access for adult mosquitoes.

In 2011 the Vector Borne Diseases Prevention Program received a grant from the Nevada Department of Environmental Protection (NDEP) to modify 100 catch basins in the Spanish Springs area of Washoe County. This project will demonstrate the effectiveness in capturing solids on the surface of permeable paver inserts, preventing them from entering the storm water catch basin infrastructure (McMain 2010). The goal of the Spanish Springs Storm Water Demonstration Project is to prevent sediment larger than 30 mm, debris and litter from entering the storm water catch basin infrastructure, thereby reducing the pollutant loads

discharged into the Truckee Drain and ultimately improving water quality to the Truckee River (McMain 2010). The secondary benefit of the project is that adult mosquitoes cannot colonize the catch basins because the Xeripave Water Quality Tray Insert is placed above the water filled sump, making it unavailable for the adult female mosquito to lay eggs.

Since our initial involvement in Community Development Planning in 2002, the Washoe County Health District Vector-Borne Diseases Prevention Program continues to expand its influence on designs based on our regulations. The collaborative working relationship with Community Development, Public Works, engineering firms and industry have provided dividends to our program to develop infrastructure that has multiple benefits. Typically public health concerns are not a priority unless a disease outbreak sickens or causes deaths, and even after such an event, it maybe soon forgotten. Working with Community Development in planning provides a long-term approach through better design in our infrastructure in which planners, engineers and designers understand our "prevention through design approach". This also has had a profound influence on our program in that we are not viewed by the public as a typical Mosquito Vector Control District that is thought of as an agency that sprays pesticides. Planning with this new infrastructure design lessens the publics' concern with the use of pesticides and promotes public health in our community.

ACKNOWLEDGEMENTS

The important assistance by public works from the City of Reno, the City Sparks, and Washoe County, along with the Truckee Meadows Storm Water Coordinating Committee, is gratefully appreciated for the field trials that were conducted in their public infrastructure. We also extend thanks to Jeff Jeppson and Will Lumpkin in design modifications of the insert and collaboration during the field trials. Ryan Shaffer and Denise Cona provided helpful comments on the manuscript. This work was made possible by T C Twitchell from Xeripave who provided the technical support for this insert design.

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Lindeman, Norman. 2011. Standard Details for Public Works. Metcalf & Eddy, Inc. 1972. Wastewater Engineering: Collection, Treatment and Disposal. New York, McGraw-Hill pg 8.

McMain, Kerrie. 2010. Administrator for the Washoe Storey Conservation District (personal communication).

Twitchell, TC. 2011. Xeripave Sales Representative (personal communication).



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



Date:

February 15, 2013

To:

District Board of Health

From:

Kevin Dick, Director, Air Quality Management

Re:

Monthly Report for Air Quality Management

Agenda Item:

The enclosed Air Quality Management Division Report is for the month of January 2013 and includes the following sections:

Air Quality
Monitoring Activity
Planning Activity
Permitting Activity
Compliance/Inspection Activity
Enforcement Activity

anagement Division

Director's Report JANUARY 2013

Sequester Postponed

The American Taxpayer Relief Act of 2012 postponed for two months the automatic spending cuts that would have resulted if Congress did not adopt an alternative deficit-reduction plan. Specifically, it postponed an across-the-board reduction of 8.2 percent in non-exempt non-defense discretionary funding, which includes EPA's budget and the grant programs that provide funding to AQM. The American Taxpayer Relief Act of 2012 provides an additional two months, until March 1st, for an agreement to be reached in order to avert the automatic cuts.

2012 - Warmest Year on Record for Contiguous U.S., Tenth Warmest Worldwide

The National Oceanic and Atmospheric Administration (NOAA) released its State of the Climate - Global Analysis Report 2012, which showed that 2012 was the warmest year on record for the contiguous United States. The average temperature for 2012 was 55.3 degrees Fahrenheit (°F), 3.2°F above the 20th century average, and 1.0°F above 1998, the previous warmest year. In addition, the U.S. Climate Extremes Index, which evaluates extremes in temperature and precipitation, as well as tropical cyclones that hit land, indicated that 2012 was the second most extreme year on record for the nation. Also of note, July 2012 was the hottest month ever observed for the contiguous United States, with an average temperature of 76.9°F, 3.6°F above average. The eighth warmest June, record hottest July and a warmerthan-average August resulted in a summer average temperature of 73.8°F, the second hottest summer on record. An estimated 99.1 million people experienced 10 or more days of summer temperatures greater than 100°F, nearly one-third of the nation's population.

In addition, the report showed that 2012 was the 10th warmest year on record. This marks the 36th consecutive year (since 1976) that the yearly global temperature was above average. Climate change has the potential to increase air pollution levels in Washoe County due to increased potential for wildfires and increased ozone formation due to higher temperatures.

AIR QUALITY COMPARISON FOR JANUARY

Air Quality Index Range		# OF DAYS JANUARY 2013	# OF DAYS JANUARY 2012
GOOD	0 to 50	- 5	6
MODERATE	51 to 100	25	25
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	1	0
UNHEALTHY	151 to 200	Ŏ	ō
VERY UNHEALTHY	201 to 300	Ö .	0 -
TOTAL		31	31

Director's Report continued JANUARY 2013

Vehicle Inspection and Maintenance Program

Mr. Inouye and I attended the Nevada Advisory Committee on Control of Emissions from Motor Vehicles on January 8th.

On January 30th I met with Senator Gustavson regarding his BDR- 427. I explained my concerns regarding his proposed changes to reduce the vehicle emissions testing requirements to every two years and to increase the initial exemption period for new vehicles. I informed him that Clark County had nineteen exceedances of the ozone standard during 2012, that EPA would be proposing revisions to the ozone standard late in 2013, and finalizing a new standard in 2014 which was expected to be lower than the existing standard and which Washoe County might be out of attainment with. I explained to Senator Gustavson that both Washoe and Clark County Air Agencies believed it would be preferable to wait until the new standard is set before proposing changes to the inspection and maintenance program. Senator Gustavson intends to proceed with his legislation.

EnergyFit Nevada

I provided updates to the Reno and Sparks City Councils on the EnergyFit Nevada Program following their EnergyFit Nevada Day Proclamations last October. EnergyFit Nevada uses the Home Performance with Energy Star program to connect homeowners with qualified and prescreened energy assessors and energy efficiency upgrade contractors to improve the health, comfort and energy efficiency of their homes. The program receives funding and provides rebates through a grant from the Department of Energy to the Nevada State Office of Energy. All 100 of the wintertime special energy upgrade rebates were allocated before the end of December. 128 energy assessments were conducted statewide with 52 of those in Washoe County. 45 energy efficiency upgrades were completed by the end of January with 25 of those in Washoe County. An additional 55 upgrades are in process and scheduled for completion before March 31st. Discounted energy assessments continue to be available for \$199, and rebates remain available for upgrades resulting in energy efficiency improvements of 15% or more. Contact www.EnergyFitNV.org.

Kevin Dick, Division Director

Planning & Monitoring Activity

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTAN	T	JANUARY 2013	YTD for 2013	JANUARY 2012	Highest for 2012
CARBON MONOXIDE	(CO)	24	24	25	29
OZONE 8 hour	(O3)	39	39	39	104
PARTICULATES	(PM _{2.5})	112	112	94	105
PARTICULATES	(PM ₁₀)	76	76	74	74

For the month of January 2013, the highest Air Quality Index (AQI) value reported was one-hundred twelve (112) for PM2.5. There were no exceedances of Carbon Monoxide, Ozone or PM10. There were five (5) days the air quality was in the good range, twenty-five (25) days the air quality was in the moderate range, and one (1) day the air quality was in the "Unhealthy for Sensitive Groups" range.

January Weather and Burn Codes

Weather plays a significant role affecting air pollution concentrations in the Truckee Meadows. January 2013 was drier and colder than normal. These conditions are typically associated with strong temperature inversions, light winds, and higher PM2.5 concentrations. Notable for this month was 18 days of fog reported. Here are five parameters comparing January 2013 with historic normals.

Average Temperature - 30.2 degrees which is 5.4 degrees below normal.

Days with Maximum Temperature at or Below 32 degrees - 8 days which is 4.9 days above normal.

Precipitation - 0.12 inches which is 0.91 inches below normal

Snowfall - 1.2 inches which is 4.3 inches below normal

Average Wind Speed - 3.0 mph which is 1.8 mph lower than normal

These weather conditions and elevated PM2.5 concentrations resulted in the AQMD issuing more Yellow and Red burn codes compared to last year. Below is the Burn Code summary comparing January 2013 with January 2012.

Green Burn Code Days - 16 versus 30 in 2012 Yellow Burn Code Days - 12 versus 1 in 2012 Red Burn Code Days - 3 versus 0 in 2012

The Know the Code program continues through February and the daily Burn Code can be found at www.ourcleanair.com.

In October 2012, the AQMD introduced the Keep it Clean, Know the Code program. In addition to rebranding the Green, Yellow, and Red Burn Code program, an easy to remember website domain was created for the public. Ourcleanair.com redirects to the AQMD homepage on the Washoe County website. During the Know the Code season (November through February), the AQMD homepage includes the current Burn Code and additional information about the Know the Code program. In January 2013, the AQMD homepage generated over 10,000 page views of which 4,329 were from ourcleanair.com. The AQMD website was the eighth most visited County site during the month. The additional website traffic can be attributed to the AQMD's partnerships with the television media and National Weather Service, as well as advertising campaigns on local radio stations and the Reno News & Review.

Dan Inouye, Branch Chief Planning and Monitoring

	201	13	20	2012		
TYPE OF PERMIT	JANUARY	YTD	JANUARY	ANNUAL TOTAL		
Renewal of Existing Air Permits	105	105	103	1339		
New Authorities to Construct	7	7	5	88		
Dust Control Permits	4 (30 acres)	4 (30 acres)	8 (150 acres)	105 (1420 acres)		

Wood Stove Certificates	17	17	22	329
WS Dealers Affidavit of Sale	7	7	9	134
	(7 replacements)	(7 replacements)	(4 replacements)	(83 replacements)
WS Notice of Exemptions	633	633	983	7346
	(5 stoves removed)	(5 stoves removed)	(5 stoves removed)	(83 stoves removed)

Asbestos Assessments and Asbestos Demo and Removal (NESHAP	85	85	106	106
Asbestos Assessments	65	65	>-	-
Asbestos Demo and Removal (NESHAP)	20	20	· ·	-

Compliance & Inspection Activity

Staff reviewed twenty-six (26) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted thirty-six (36) stationary source renewal inspections and fifty-seven (57) gas station inspections in January 2013. Staff also conducted inspections on asbestos removal and construction/dust projects.

The Permitting Section has been working to implement 40 CFR Part 63 Subpart ZZZZ - National Emission Standards for Hazardous Air Pollutants for Reciprocating Internal Combustion Engines (RICE Rule).

On January 14, 2013, EPA signed the final revisions to the 2010 RICE Rule which includes a compliance date of March 13, 2013 for all existing sources. Staff has reviewed the regulations and developed the additional conditions of operation that will be placed on the permits to operate as they proceed through the renewal process. Facilities have been notified of the revisions to the RICE Rule and the subsequent changes to their permits to provide them adequate time to come into compliance with the new regulations.

The Enforcement Staff has developed a new procedure to minimize excess emissions from gasoline dispensing facilities. The inspectors are now tagging nozzles out of service if the hanging hardware is found to be out of compliance instead of issuing a corrective action order with a specified period of time to correct the non-compliance. By tagging the equipment out of service, not only has the potential for excess emissions been reduced but the repairs are being completed in a more expeditious manner. The inspector attaches the out of service tag and it is not removed until the maintenance service signs the form documenting the repairs have been completed. The inspector then returns to the facility to confirm the repairs have been completed and retrieves the signed form for the record. With this new process, the Enforcement staff does retain the option to issue a notice of violation if the degree of non-compliance warrants the action. To date, the gasoline dispensing facilities have been very receptive and responsive to the new process.

Charlene Albee, Branch Chief Permitting & Enforcement

	201	3*		2012	30 F 3
Burning Construction Dust Dust Control Permit General Dust Diesel Idling Odor Spray Painting Permit to Operate Noodstove TOTAL NOV'S	JANUARY	YTD	JANUARY	YTD	Annual Total
Asbestos	1	1	1	1	18
Burning	1	1	0	0	8
Construction Dust	1	1	7	7	30
Dust Control Permit	ৰ	1	2	2	7
General Dust	0	0	0	0	46
Diesel Idling	0	0	0	0	8
Odor	2	2	1	1	16
Spray Painting	0 .	0	0	0	5
Permit to Operate	1	1	5	5	55
Woodstove	4	4	5	,5	16
TOTAL	11	11	21	21	209
NOV'S	JANUARY	YTD	JANUARY	YTD	Annual Total
Warnings	1	1	7	77	46
Citations	1	1	3	3	40
TOTAL	2	2	10	10	86

^{*} Discrepancies in totals between monthly reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were two (2) Notice of Violations (NOV's) issued in the month of January, 2013. There was one (1) NOV Warning and one (1) NOV Citation.



Washoe County Health District



February 12, 2013

TO:

Members District Board of Health

FROM:

Eileen Stickney

SUBJECT:

Report for February 2013 AHS Division

TECHNOLOGY UPDATE

Department Computer Applications Specialist Steve Fisher is part of the cross-jurisdictional team that is looking at Permitting-Business License systems that would potentially be used by all jurisdictions. The system would replace our 13 year old system and would give us:

- Better integration with Geographic Information Systems (GIS) technology,
- Improved inspection capabilities, and
- Web capabilities that would allow constituents to:
 - Apply and pay for a permit online,
 - Make appointments for pool & spa inspections, and
 - Make requests & complaints.

We are currently attending demonstrations of 3 systems and anticipate making a selection in March. A business case presentation will be given to the Washoe County Board of County Commissioners, Reno City Council, and Sparks City Council shortly afterwards.

Department Computer Applications Specialist Curtis Splan has initiated a new Business Intelligence and Data Quality Reporting initiative which is helping the CCHS Division better prepare themselves for fiscal, clinical and clerical data quality improvement processes. This initiative consists of real-time business intelligence alerts which are helping to guide better data input, avoid obvious clinical and clerical errors and help to train employees when new business processes are implemented. The initiative also consists of a suite of approximately 20 reports which help to quantify various exceptions which garner attention and also serve to help the CCHS Division to self-manage and automate these processes as much as possible.

Members, District Board of Health February 12, 2013 Page Two

Other projects currently under-way are:

- Testing for the first bi-directional HL7 State Registry interface within Nevada in collaboration with the Nevada State Health Division
- Implementation of two materials management modules (for Immunization and Clerical supplies) to help track and manage resources more efficiently
- Usability Testing for a future version of Insight (to be released end of Q1 2013) to help prepare key Insight stakeholders of future features and abilities
- Implementation of the STD Field Questions module, which shall help to replace the highly latent State hosted software, STD*MIS

Future projects include:

- Purchase of Family Planning module for more accurate Title X reporting
- Purchase of HL7 Real-Time Interface for Lab Ordering and Results in connection with Nevada State Public Health Labs

Administrative Health Services Officer



Washoe County Health District



February 28, 2013

TO:

District Board of Health Members

FROM:

Joseph P. Iser, MD, DrPH, MSc

Washoe County District Health Officer

SUBJECT: February 2013 Washoe County District Health Officer Report

2013 Legislative Session

 WCHD continues to coordinate with Washoe County, WCMS, NSMA, and others on legislative support issues.

<u>Budget</u>

- In previous reports, we have discussed the significant budget shortfall for next fiscal year.
- We continue to make good progress towards decreasing the shortfall in the FY 14 budget year. The DBOH Budget meeting is scheduled for March 7, 2013, 1:00 pm.
- Meetings with Ms. Simon on the budget have revolved around continuing to keep COWCAP but increasing the general fund allocation from the county to cover more of our total costs.

Human Resources

- Most open, non-general funded positions remain filled.
- We have one position in CCHS, one in EPHP, and the Administrative Secretary positions under recruitment.

Communication

- DHO will continue to meet routinely or as needed with all partners.
- The St. Mary's/UNR/WCHD data set regarding the health assessment is now available online. We will schedule a demonstration for March DBOH.
- We are working with a UNR student to develop local data related to the Leading Health Indicators outlined in Healthy People 2020.

Accreditation

- Internal accreditation meetings continue to occur.
- We continue to work on two applications for the CDC Public Health Prevention Specialist and the Public Health Associate Program. We have students interested in applying for these programs from UNR.
- Other significant efforts for accreditation remain on hold.

Washoe County and Community Activities

- DHO attended the REMSA Board of Directors meeting in February.
- An update on all EMS activities related to the TriData report and other activities continues to be provided monthly.
- DHO and the Director of CCHS will continue to meet regularly with the group looking at school-based health centers, led by WCSD.
- DHO continues to meet routinely with the Sheriff's Dispatch working group.
- DHO has been asked to be on the board of the Human Services Network.

State-Wide (and Beyond) Organizational Efforts

- We have established monthly conference calls with the other two local health authorities that continue. We will continue calls monthly to continue to try to coordinate public health in Nevada.
- DHO will work to continue broader discussions among border counties for other mutual aid and program effectiveness issues. These will primarily involve the health officers, with specific program representatives involved as appropriate.

Interjurisdictional Sharing of Resources

- The Robert Wood Johnson grant began January 15. DHO traveled to all partner counties in late January and early February to begin the coordination for this assessment. An introduction to the grant and its requirements was provided, along with the local health services WCHD provides to its jurisdiction.
- The other counties generally expressed continued support for the grant's activities, which will continue for two years.

District Board of Health Information and Resources

Health District Media Contacts and Outreach

Health District Media Contacts: January 6 - February 5, 2013

DATE	MEDIA	REPORTER	STORY
2/13/2013	KTVN-CH2 CBS Reno	Chris Ciarlo	Influenza - Shore
2/13/2013	Reno Gazette - Journal	Steve Timko	Oxigenated Gasoline
2/8/2013	UNIVISION	Anya Ramirez	Influenza - Ulibarri
2/5/2013	KOLO-CH 8 ABC Reno	Terri Russell	Flu & Seniors - Todd
2/4/2013	KRNV-CH 4 NBC Reno	Ashley Cullins	Influenza - Shore
1/28/2013	KRNV-CH 4 NBC Reno	Kristina Nelson	Norovirus - Todd
1/22/2013	KKOH Radio - 780 AM	John Summers	DBOH Agenda - Iser
1/15/2013	KRXI-CH 21 FOX 11	Matt Rosenberg	Influenza - Todd
1/14/2013	Reno Gazette - Journal	Steve Timko	Influenza - Ulibarri

1/14/2013	KRNV-CH 4 NBC Reno	Ashley Evans	Influenza - Ulibarri
1/14/2013	KTVN-CH2 CBS Reno	Gabby Tafolla	Influenza - Ulibarri
1/11/3013	KREN-CH 27 Univision Reno	Jose Gonzales	Influenza - Ulibarri
1/11/2013	KOLO-CH 8 ABC Reno	Kendra Kostelecky	Influenza - Ulibarri/West
1/11/2013	Reno News & Review	Traci Douglass	Wood Burning Pizza Ovens - Albee
1/10/2013	KOLO-CH 8 ABC Reno	Terri Russell	Influenza/Handwashing - Todd
1/9/2013	KUNR 88.7 FM NPR	Kate McGee	¹ Influenza - Ulibarri
1/9/2013	KRNV-CH 4 NBC Reno	Alex Sacks	Influenza - Ulibarri
1/9/2013	Reno Gazette - Journal	Emerson Marcus	Menu Labeling/Nutrition - Seals
1/7/2013	KOLO-CH 8 ABC Reno	Denise Wong	Influenza - Shore

Press Releases/Media Advisories/Editorials

1/31/2013	Media Distribution List	PIO Ulibarri	Joint Press Release - RWJF Grant
1/24/2013	Media Distribution List	PIO Ulibarri/Dan Inouye	Burn Code - Yellow Rescinded
1/15/2013	Media Distribution List	PIO Ulibarri/Dan Inouye	Burn Code - Yellow Issued
1/9/2013	Media Distribution List	PIO Ulibarri/Dan Inouye	Burn Code Notice - Red Rescinded
1/8/2013	Media Distribution List	PIO Ulibarri/Kevin Dick	Burn Code Notice - Red Issued
1/6/2013	Media Distribution List	Kevin Dick	Burn Code Notice - Red Rescinded

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