

Georgia Rules and Regulations

Administrative Bulletin for February 2023

OFFICE OF SECRETARY OF STATE ADMINISTRATIVE PROCEDURE DIVISION

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Final rules filed with the Georgia Secretary of State during the month of *February 2023*:

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Final rules filed with the Georgia Secretary of State that became effective *February 2023*:

Department	Rules List	Action	Filed	Effective
120. OFFICE OF COMMISSIONER OF INSURANCE, SAFETY FIRE COMMISSIONER AND INDUSTRIAL LOAN COMMISSIONER	120-2-94-.01 , 120-2-94-.02 , 120-2-94-.04 --- 120-2-94-.10	amended	Feb. 1, 2023	Feb. 1
	120-3-3-.04	amended	Feb. 1, 2023	Feb. 1
	120-3-25-.15 , 120-3-25-.20	amended	Feb. 1, 2023	Feb. 1
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	150-5-.02	amended	Jan. 31, 2023	Feb. 20
360. RULES OF GEORGIA COMPOSITE MEDICAL BOARD	360-34-.01 , 360-34-.02 , 360-34-.05 , 360-34-.06	amended	Jan. 26, 2023	Feb. 15
480. RULES OF GEORGIA STATE BOARD OF PHARMACY	480-9-.03	amended	Feb. 8, 2023	Feb. 28
	480-13-.06	amended	Feb. 8, 2023	Feb. 28
	480-15-.02	amended	Jan. 31, 2023	Feb. 20
	480-15-.03	amended	Feb. 8, 2023	Feb. 28
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**Department 120. OFFICE OF COMMISSIONER OF INSURANCE,
SAFETY FIRE COMMISSIONER AND INDUSTRIAL LOAN
COMMISSIONER**

Chapter 120-2. RULES OF COMMISSIONER OF INSURANCE

Subject 120-2-94. SUITABILITY IN ANNUITY TRANSACTIONS

120-2-94-.01 Purpose

(1) The purpose of this regulation is to require producers, as defined in this regulation, to act in the best interest of the consumer when making a recommendation of an annuity and to require insurers to establish and maintain a system to supervise recommendations so that the insurance needs and financial objectives of consumers at the time of the transaction are effectively addressed.

(2) Nothing herein shall be construed to create or imply a private cause of action for a violation of this regulation or to subject a producer to civil liability under the best interest standard of care outlined in Section .06 of this regulation or under standards governing the conduct of a fiduciary or a fiduciary relationship.

Cite as Ga. Comp. R. & Regs. R. 120-2-94-.01

AUTHORITY: O.C.G.A. § [33-2-9](#).

HISTORY: Original Rule entitled "Purpose" adopted. F. Oct. 10, 2006; eff. Oct. 30, 2006.

Repealed: New Rule of same title adopted. F. Aug. 7, 2015; eff. Aug. 27, 2015.

Amended: F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

120-2-94-.02 Scope

This regulation shall apply to any sale or recommendation of an annuity.

Cite as Ga. Comp. R. & Regs. R. 120-2-94-.02

AUTHORITY: O.C.G.A. § [33-2-9](#).

HISTORY: Original Rule entitled "Scope" adopted. F. Oct. 10, 2006; eff. Oct. 30, 2006.

Repealed: New Rule of same title adopted. F. Aug. 7, 2015; eff. Aug. 27, 2015.

Amended: F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

120-2-94-.04 Exemptions

Unless otherwise specifically included, this regulation shall not apply to transactions involving:

(1) Direct response solicitations where there is no recommendation based on information collected from the consumer pursuant to this regulation;

(2) Contracts used to fund:

- (a) An employee pension or welfare benefit plan that is covered by the Employee Retirement and Income Security Act (ERISA);
 - (b) A plan described by sections 401(a), 401(k), 403(b), 408(k) or 408(p) of the Internal Revenue Code (IRC), as amended, if established or maintained by an employer;
 - (c) A government or church plan defined in section 414 of the IRC, a government or church welfare benefit plan, or a deferred compensation plan of a state or local government or tax exempt organization under section 457 of the IRC;
 - (d) A nonqualified deferred compensation arrangement established or maintained by an employer or plan sponsor;
- (3) Settlements of or assumptions of liabilities associated with personal injury litigation or any dispute or claim resolution process; or
- (4) Formal prepaid funeral contracts.

Cite as Ga. Comp. R. & Regs. R. 120-2-94-.04

AUTHORITY: O.C.G.A. § [33-2-9](#).

HISTORY: Original Rule entitled "Exemptions" adopted. F. Oct. 10, 2006; eff. Oct. 30, 2006.

Repealed: New Rule of same title adopted. F. Aug. 7, 2015; eff. Aug. 27, 2015.

Amended: F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

120-2-94-.05 Definitions

- (1) "Annuity" means an annuity that is an insurance product under State law that is individually solicited, whether the product is classified as an individual or group annuity.
- (2) "Cash compensation" means any discount, concession, fee, service fee, commission, sales charge, loan, override, or cash benefit received by a producer in connection with the recommendation or sale of an annuity from an insurer, intermediary, or directly from the consumer.
- (3) "Consumer profile information" means information that is reasonably appropriate to determine whether a recommendation addresses the consumer's financial situation, insurance needs and financial objectives, including, at a minimum, the following:
- (a) Age;
 - (b) Annual income;
 - (c) Financial situation and needs, including debts and other obligations;
 - (d) Financial experience;
 - (e) Insurance needs;
 - (f) Financial objectives;
 - (g) Intended use of the annuity;
 - (h) Financial time horizon;

- (i) Existing assets or financial products including investment, annuity and insurance holdings;
 - (j) Liquidity needs;
 - (k) Liquid net worth;
 - (l) Risk tolerance, including but not limited to, willingness to accept non-guaranteed elements in the annuity;
 - (m) Financial resources used to fund the annuity; and
 - (n) Tax status.
- (4) "Continuing education credit" or "CE credit" means one continuing education credit as described in Rule [120-2-3-.12](#).
- (5) "Continuing education provider" or "CE provider" means an individual or entity that is approved to offer continuing education courses pursuant to Rule [120-2-3-.12](#).
- (6) "FINRA" means the Financial Industry Regulatory Authority or a succeeding agency.
- (7) "Insurer" means a company required to be licensed under the laws of this state to provide insurance products, including annuities.
- (8) "Intermediary" means an entity contracted directly with an insurer or with another entity contracted with an insurer to facilitate the sale of the insurer's annuities by producers.
- (9) (a) "Material conflict of interest" means a financial interest of the producer in the sale of an annuity that a reasonable person would expect to influence the impartiality of a recommendation.
- (b) "Material conflict of interest" does not include cash compensation or non-cash compensation.
- (10) "Non-cash compensation" means any form of compensation that is not cash compensation, including, but not limited to, health insurance, office rent, office support and retirement benefits.
- (11) "Non-guaranteed elements" means the premiums, credited interest rates (including any bonus), benefits, values, dividends, non-interest based credits, charges or elements of formulas used to determine any of these, that are subject to company discretion and are not guaranteed at issue. An element is considered non-guaranteed if any of the underlying non-guaranteed elements are used in its calculation.
- (12) "Producer" means a person or entity required to be licensed under the laws of this state to sell, solicit or negotiate insurance, including annuities. For purposes of this regulation, "producer" includes an insurer where no producer is involved.
- (13) (a) "Recommendation" means advice provided by a producer to an individual consumer that was intended to or does result in a purchase, an exchange or a replacement of an annuity in accordance with that advice.
- (b) Recommendation does not include general communication to the public, generalized customer services assistance or administrative support, general educational information and tools, prospectuses, or other product and sales material.
- (14) "Replacement" means a transaction in which a new annuity is to be purchased, and it is known or should be known to the proposing producer, or to the proposing insurer, whether or not a producer is involved, that by reason of the transaction, an existing annuity or other insurance policy has been or is to be any of the following:
- (a) Lapsed, forfeited, surrendered or partially surrendered, assigned to the replacing insurer or otherwise terminated;

(b) Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value by the use of nonforfeiture benefits or other policy values;

(c) Amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid;

(d) Reissued with any reduction in cash value; or

(e) Used in a financed purchase.

(15) "SEC" means the United States Securities and Exchange Commission.

Cite as Ga. Comp. R. & Regs. R. 120-2-94-.05

AUTHORITY: O.C.G.A. § [33-2-9](#).

HISTORY: Original Rule entitled "Definitions" adopted. F. Oct. 10, 2006; eff. Oct. 30, 2006.

Repealed: New Rule of same title adopted. F. Aug. 7, 2015; eff. Aug. 27, 2015.

Amended: F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

120-2-94-.06 Duties of Insurers and of Producers

(1) Best Interest Obligations. A producer, when making a recommendation of an annuity, shall act in the best interest of the consumer under the circumstances known at the time the recommendation is made, without placing the producer's or the insurer's financial interest ahead of the consumer's interest. A producer has acted in the best interest of the consumer if they have satisfied the following obligations regarding care, disclosure, conflict of interest and documentation:

(a) (i) Care Obligation. The producer, in making a recommendation shall exercise reasonable diligence, care and skill to:

(A) Know the consumer's financial situation, insurance needs and financial objectives;

(B) Understand the available recommendation options after making a reasonable inquiry into options available to the producer;

(C) Have a reasonable basis to believe the recommended option effectively addresses the consumer's financial situation, insurance needs and financial objectives over the life of the product, as evaluated in light of the consumer profile information; and

(D) Communicate the basis or bases of the recommendation.

(ii) The requirements under subparagraph (a)(i) of this paragraph include making reasonable efforts to obtain consumer profile information from the consumer prior to the recommendation of an annuity.

(iii) The requirements under subparagraph (a)(i) of this paragraph require a producer to consider the types of products the producer is authorized and licensed to recommend or sell that address the consumer's financial situation, insurance needs and financial objectives. This does not require analysis or consideration of any products outside the authority and license of the producer or other possible alternative products or strategies available in the market at the time of the recommendation. Producers shall be held to standards applicable to producers with similar authority and licensure.

(iv) The requirements under this subsection do not create a fiduciary obligation or relationship and only create a regulatory obligation as established in this regulation.

(v) The consumer profile information, characteristics of the insurer, and product costs, rates, benefits and features are those factors generally relevant in making a determination whether an annuity effectively addresses the consumer's financial situation, insurance needs and financial objectives, but the level of importance of each factor under the care obligation of this paragraph may vary depending on the facts and circumstances of a particular case. However, each factor may not be considered in isolation.

(vi) The requirements under subparagraph (a)(i) of this paragraph include having a reasonable basis to believe the consumer would benefit from certain features of the annuity, such as annuitization, death or living benefit or other insurance-related features.

(vii) The requirements under subparagraph (a)(i) of this paragraph apply to the particular annuity as a whole and the underlying subaccounts to which funds are allocated at the time of purchase or exchange of an annuity, and riders and similar producer enhancements, if any.

(viii) The requirements under subparagraph (a)(i) of this paragraph do not mean the annuity with the lowest one-time or multiple occurrence compensation structure shall necessarily be recommended.

(ix) The requirements under subparagraph (a)(i) of this paragraph do not mean the producer has ongoing monitoring obligations under the care obligation under this paragraph, although such an obligation may be separately owed under the terms of a fiduciary, consulting, investment advising or financial planning agreement between the consumer and the producer.

(x) In the case of an exchange or replacement of an annuity, the producer shall consider the whole transaction, which includes taking into consideration whether:

(A) The consumer will incur a surrender charge, be subject to the commencement of a new surrender period, lose existing benefits, such as death, living or other contractual benefits, or be subject to increased fees, investment advisory fees or charges for riders and similar product enhancements;

(B) The replacing product would substantially benefit the consumer in comparison to the replaced product over the life of the product; and

(C) The consumer has had another annuity exchange or replacement and, in particular, an exchange or replacement within the preceding 60 months.

(xi) Nothing in this regulation should be construed to require a producer to obtain any license other than a producer license with the appropriate line of authority to sell, solicit or negotiate insurance in this state, including but not limited to any securities license, in order to fulfill the duties and obligations contained in this regulation; provided the producer does not give advice or provide services that are otherwise subject to securities laws or engage in any other activity requiring other professional licenses.

(b) Disclosure obligation.

(i) Prior to the recommendation or sale of an annuity, the producer shall prominently disclose to the consumer on a form substantially similar to Appendix A:

(A) A description of the scope and terms of the relationship with the consumer and the role of the producer in the transaction;

(B) An affirmative statement on whether the producer is licensed and authorized to sell the following products:

(I) Fixed annuities;

(II) Fixed indexed annuities;

(III) Variable annuities;

(IV) Life insurance;

(V) Mutual funds;

(VI) Stocks and bonds; and

(VII) Certificates of deposit;

(C) An affirmative statement describing the insurers the producer is authorized, contracted (or appointed), or otherwise able to sell insurance products for, using the following descriptions:

(I) One insurer;

(II) From two or more insurers; or

(III) From two or more insurers although primarily contracted with one insurer.

(D) A description of the sources and types of cash compensation and non-cash compensation to be received by the producer, including whether the producer is to be compensated for the sale of a recommended annuity by commission as part of premium or other remuneration received from the insurer, intermediary or other producer or by fee as a result of a contract for advice or consulting services; and

(E) A notice of the consumer's right to request additional information regarding cash compensation described in subparagraph (ii) of this paragraph;

(ii) Upon request of the consumer or the consumer's designated representative, the producer shall disclose:

(A) A reasonable estimate of the amount of cash compensation to be received by the producer, which may be stated as a range of amounts or percentages; and

(B) Whether the cash compensation is a one-time or multiple occurrence amount, and if a multiple occurrence amount, the frequency and amount of the occurrence, which may be stated as a range of amounts or percentages; and

(iii) Prior to or at the time of the recommendation or sale of an annuity, the producer shall have a reasonable basis to believe the consumer has been informed of various features of the annuity, such as the potential surrender period and surrender charge, potential tax penalty if the consumer sells, exchanges, surrenders or annuitizes the annuity, mortality and expense fees, investment advisory fees, any annual fees, potential charges for and features of riders or other options of the annuity, limitations on interest returns, potential changes in non-guaranteed elements of the annuity, insurance and investment components and market risk;

(c) Conflict of interest obligation. A producer shall identify and avoid or reasonably manage and disclose material conflicts of interest, including material conflicts of interest related to an ownership interest.

(d) Documentation obligation. A producer shall at the time of recommendation or sale:

(i) Make a written record of any recommendation and the basis for the recommendation subject to this regulation;

(ii) Obtain a consumer signed statement on a form substantially similar to Appendix B documenting:

(A) A customer's refusal to provide the consumer profile information, if any; and

(B) A customer's understanding of the ramifications of not providing his or her consumer profile information or providing insufficient consumer profile information; and

(iii) Obtain a consumer signed statement on a form substantially similar to Appendix C, acknowledging the annuity transaction is not recommended if a customer decides to enter into an annuity transaction that is not based on the producer's recommendation.

(e) Application of the best interest obligation. Any requirement applicable to a producer under this subsection shall apply to every producer who has exercised material control or influence in the making of a recommendation and has received direct compensation as a result of the recommendation or sale, regardless of whether the producer has had any direct contact with the consumer. Activities such as providing or delivering marketing or educational materials, product wholesaling or other back office product support, and general supervision producer do not, in and of themselves, constitute material control or influence.

(2) Transactions not based on a recommendation.

(a) Except as provided under paragraph (b), a producer shall have no obligation to a consumer under subsection (1)(a) related to any annuity transaction if:

(i) No recommendation is made;

(ii) A recommendation was made and was later found to have been prepared based on materially inaccurate information provided by the consumer;

(iii) A consumer refuses to provide relevant consumer profile information and the annuity transaction is not recommended; or

(iv) A consumer decides to enter into an annuity transaction that is not based on a recommendation of the producer.

(b) An insurer's issuance of an annuity subject to paragraph (a) shall be reasonable under all the circumstances actually known to the insurer at the time the annuity is issued.

(3) Supervision system

(a) Except as permitted under Subsection (2), an insurer may not issue an annuity recommended to a consumer unless there is a reasonable basis to believe the annuity would effectively address the particular consumer's financial situation, insurance needs and financial objectives based on the consumer's consumer profile information.

(b) An insurer shall establish and maintain a supervision system that is reasonably designed to achieve the insurer's and its producers' compliance with this regulation, including, but not limited to, the following:

(i) The insurer shall establish and maintain reasonable procedures to inform its producers of the requirements of this regulation and shall incorporate the requirements of this regulation into relevant producer training manuals;

(ii) The insurer shall establish and maintain standards for insurance producer product training and shall establish and maintain reasonable procedures to require its producers to comply with the requirements of section .07 of this regulation;

(iii) The insurer shall provide product-specific training and training materials which explain all material features of its annuity products to its producers;

(iv) The insurer shall establish and maintain procedures for the review of each recommendation prior to issuance of an annuity that are designed to ensure there is a reasonable basis to determine that the recommended annuity would effectively address the particular consumer's financial situation, insurance needs and financial objectives. Such review procedures may apply a screening system for the purpose of identifying selected transactions for additional review and may be accomplished electronically or through other means including, but not limited to, physical review. Such an electronic or other system may be designed to require additional review only of those transactions identified for additional review by the selection criteria;

(v) The insurer shall establish and maintain reasonable procedures to detect recommendations that are not in compliance with subsections (1), (2), (4) and (5). This may include, but is not limited to, confirmation of the consumer's consumer profile information, systematic customer surveys, producer and consumer interviews, confirmation letters, producer statements or attestations and programs of internal monitoring. Nothing in this subparagraph prevents an insurer from complying with this subparagraph by applying sampling procedures, or by confirming the consumer profile information or other required information under this section after issuance or delivery of the annuity;

(vi) The insurer shall establish and maintain reasonable procedures to assess, prior to or upon issuance or delivery of an annuity, whether a producer has provided to the consumer the information required to be provided under this section;

(vii) The insurer shall establish and maintain reasonable procedures to identify and address suspicious consumer refusals to provide consumer profile information;

(viii) The insurer shall establish and maintain reasonable procedures to identify and eliminate any sales contests, sales quotas, bonuses, and non-cash compensation that are based on the sales of specific annuities within a limited period of time. The requirements of this subparagraph are not intended to prohibit the receipt of health insurance, office rent, office support, retirement benefits or other employee benefits by employees as long as those benefits are not based upon the volume of sales of a specific annuity within a limited period of time; and

(ix) The insurer shall annually provide a written report to senior management, including to the senior manager responsible for audit functions, which details a review, with appropriate testing, reasonably designed to determine the effectiveness of the supervision system, the exceptions found, and corrective action taken or recommended, if any.

(c) (i) Nothing in this subsection restricts an insurer from contracting for performance of a function (including maintenance of procedures) required under this subsection. An insurer is responsible for taking appropriate corrective action and may be subject to sanctions and penalties pursuant to section .08 of this regulation regardless of whether the insurer contracts for performance of a function and regardless of the insurer's compliance with subparagraph (ii) of this paragraph.

(ii) An insurer's supervision system under this subsection shall include supervision of contractual performance under this subsection. This includes, but is not limited to, the following:

(A) Monitoring and, as appropriate, conducting audits to assure that the contracted function is properly performed; and

(B) Annually obtaining a certification from a senior manager who has responsibility for the contracted function that the manager has a reasonable basis to represent, and does represent, that the function is properly performed.

(d) An insurer is not required to include in its system of supervision:

(i) A producer's recommendations to consumers of products other than the annuities offered by the insurer; or

(ii) Consideration of or comparison to options available to the producer or compensation relating to those options other than annuities or other products offered by the insurer.

(4) Prohibited Practices. Neither a producer nor an insurer shall dissuade, or attempt to dissuade, a consumer from:

(a) Truthfully responding to an insurer's request for confirmation of suitability information;

(b) Filing a complaint; or

(c) Cooperating with the investigation of a complaint.

(5) Safe Harbor.

(a) Recommendations and sales made in compliance with comparable standards shall satisfy the requirements under this regulation. This subsection applies to recommendations and sales of annuities made by financial professionals in compliance with business rules, controls and procedures that satisfy a comparable standard even if such standard would not otherwise apply to the product or recommendation at issue. However, nothing in this subsection shall limit the insurance commissioner's ability to investigate and enforce the provisions of this regulation.

(b) Nothing in paragraph (a) shall limit the insurer's obligation to comply with Section .06(3)(a) of this regulation, although the insurer may base its analysis on information received from either the financial professional or the entity supervising the financial professional.

(c) For paragraph (a) to apply, an insurer shall:

(i) Monitor the relevant conduct of the financial professional seeking to rely on paragraph (a) or the entity responsible for supervising the financial professional, such as the financial professional's broker-dealer or an investment adviser registered under federal and state securities laws using information collected in the normal course of an insurer's business; and

(ii) Provide to the entity responsible for supervising the financial professional seeking to rely on paragraph (a), such as the financial professional's broker-dealer or investment adviser registered under federal securities laws, information and reports that are reasonably appropriate to assist such entity to maintain its supervision system.

(d) For purposes of this subsection, "financial professional" means a producer that is regulated and acting as:

(i) A broker-dealer registered under federal securities laws or a registered representative of a broker-dealer;

(ii) An investment adviser registered under federal [or state] securities laws or an investment adviser representative associated with the federal [or state] registered investment adviser; or

(iii) A plan fiduciary under Section 3(21) of ERISA or fiduciary under Section 4975(e)(3) of the IRC or any amendments or successor statutes thereto.

(e) For purposes of this subsection, "comparable standards" means:

(i) With respect to broker-dealers and registered representatives of broker-dealers, applicable SEC and FINRA rules pertaining to best interest obligations and supervision of annuity recommendations and sales, including, but not limited to, Regulation Best Interest and any amendments or successor regulations thereto;

(ii) With respect to investment advisers registered under federal [or state] securities laws or investment adviser representatives, the fiduciary duties and all other requirements imposed on such investment advisers or investment adviser representatives by contract or under the Investment Advisers Act of 1940 including but not limited to, the Form ADV and interpretations; and

(iii) With respect to plan fiduciaries or fiduciaries, means the duties, obligations, prohibitions and all other requirements attendant to such status under ERISA or the IRC and any amendments or successor statutes thereto.

Cite as Ga. Comp. R. & Regs. R. 120-2-94-.06

AUTHORITY: O.C.G.A. § [33-2-9](#).

HISTORY: Original Rule entitled "Duties of Insurers and of Insurance Producers" adopted. F. Oct. 10, 2006; eff. Oct. 30, 2006.

Repealed: New Rule of same title adopted. F. Aug. 7, 2015; eff. Aug. 27, 2015.

Amended: New title, "Duties of Insurers and of Producers." F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

120-2-94-.07 Producer Training

(1) A producer shall not solicit the sale of an annuity product unless the producer has adequate knowledge of the product to recommend the annuity and the producer is in compliance with the insurer's standards for product training. A producer may rely on insurer-provided product-specific training standards and materials to comply with this subsection.

(a) (i)

(A) A producer who engages in the sale of annuity products shall complete a one-time four (4) credit training course approved by the department of insurance and provided by the department of insurance-approved education provider.

(B) Producers who hold a life insurance line of authority on the effective date of this regulation and who desire to sell annuities shall complete the requirements of this subsection within six (6) months after the effective date of this regulation. Individuals who obtain a life insurance line of authority on or after the effective date of this regulation may not engage in the sale of annuities until the annuity training course required under this subsection has been completed.

(ii) The minimum length of the training required under this subsection shall be sufficient to qualify for at least four (4) CE credits, but may be longer.

(iii) The training required under this subsection shall include information on the following topics:

(A) The types of annuities and various classifications of annuities;

(B) Identification of the parties to an annuity;

(C) How product specific annuity contract provisions affect consumers;

(D) The application of income taxation of qualified and non-qualified annuities;

(E) The primary uses of annuities; and

(F) Appropriate standard of conduct, sales practices, replacement and disclosure requirements.

(iv) Providers of courses intended to comply with this subsection shall cover all topics listed in the prescribed outline and shall not present any marketing information or provide training on sales techniques or provide specific information about a particular insurer's products. Additional topics may be offered in conjunction with and in addition to the required outline.

(v) A provider of an annuity training course intended to comply with this subsection shall register as a CE provider in this State and comply with the rules and guidelines applicable to producer continuing education courses as set forth in Rule [120-2-3-.12](#).

(vi) A producer who has completed an annuity training course approved by the department of insurance prior to [insert effective date of amended regulation] shall, within six (6) months after [insert effective date of amended regulation], complete either:

(A) A new four (4) credit training course approved by the department of insurance after [insert effective date of amended regulation]; or

(B) An additional one-time one (1) credit training course approved by the department of insurance and provided by the department of insurance-approved education provider on appropriate sales practices, replacement and disclosure requirements under this amended regulation.

(vii) Annuity training courses may be conducted and completed by classroom or self-study methods in accordance with Rule [120-2-3-.12](#).

(viii) Providers of annuity training shall comply with the reporting requirements and shall issue certificates of completion in accordance with Rule [120-2-3-.12](#).

(ix) The satisfaction of the training requirements of another State that are substantially similar to the provisions of this subsection shall be deemed to satisfy the training requirements of this subsection in this State.

(x) The satisfaction of the components of the training requirements of any course or courses with components substantially similar to the provisions of this subsection shall be deemed to satisfy the training requirements of this subsection in this state.

(xi) An insurer shall verify that a producer has completed the annuity training course required under this subsection before allowing the producer to sell an annuity product for that insurer. An insurer may satisfy its responsibility under this subsection by obtaining certificates of completion of the training course or obtaining reports provided by commissioner-sponsored database systems or vendors or from a reasonably reliable commercial database vendor that has a reporting arrangement with approved insurance education providers.

Cite as Ga. Comp. R. & Regs. R. 120-2-94-.07

AUTHORITY: O.C.G.A. § [33-2-9](#).

HISTORY: Original Rule entitled "Mitigation of Responsibility" adopted. F. Oct. 10, 2006; eff. Oct. 30, 2006.

Repealed: New Rule entitled "Insurance Producer Training" adopted. F. Aug. 7, 2015; eff. Aug. 27, 2015.

Amended: New title, "Producer Training." F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

120-2-94-.08 Compliance Mitigation; Penalties; Enforcement

(1) An insurer is responsible for compliance with this regulation. If a violation occurs, either because of the action or inaction of the insurer or its producer, the commissioner may order:

(a) An insurer to take reasonably appropriate corrective action for any consumer harmed by a failure to comply with this regulation by the insurer, an entity contracted to perform the insurer's supervisory duties or by the producer;

(b) A general agency, independent agency or the producer to take reasonably appropriate corrective action for any consumer harmed by the producer's violation of this regulation; and

(c) Appropriate penalties and sanctions.

(2) Any applicable penalty under O.C.G.A. Section [33-2-24](#) for a violation of this regulation may be reduced or eliminated if corrective action for the consumer was taken promptly after a violation was discovered or the violation was not part of a pattern or practice.

(3) The authority to enforce compliance with this regulation is vested exclusively with the commissioner.

Cite as Ga. Comp. R. & Regs. R. 120-2-94-.08

AUTHORITY: O.C.G.A. § [33-2-9](#).

HISTORY: Original Rule entitled "Recordkeeping" adopted. F. Oct. 10, 2006; eff. Oct. 30, 2006.

Repealed: New Rule entitled "Compliance Mitigation; Penalties" adopted. F. Aug. 7, 2015; eff. Aug. 27, 2015.

Amended: New title, "Compliance Mitigation; Penalties; Enforcement." F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

120-2-94-.09 Recordkeeping

(1) Insurers, general agents, independent agencies and producers shall maintain or be able to make available to the commissioner records of the information collected from the consumer, disclosures made to the consumer, including summaries of oral disclosures, and other information used in making the recommendations that were the basis for insurance transactions for five years after the insurance transaction is completed by the insurer. An insurer is permitted, but shall not be required, to maintain documentation on behalf of a producer.

(2) Records required to be maintained by this regulation may be maintained in paper, photographic, micro-process, magnetic, mechanical or electronic media or by any process that accurately reproduces the actual document.

Cite as Ga. Comp. R. & Regs. R. 120-2-94-.09

AUTHORITY: O.C.G.A. § [33-2-9](#).

HISTORY: Original Rule entitled "Severability" adopted. F. Oct. 10, 2006; eff. Oct. 30, 2006.

Repealed: New Rule entitled "Recordkeeping" adopted. F. Aug. 7, 2015; eff. Aug. 27, 2015.

Amended: F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

120-2-94-.10 Effective Date

The amendments to this regulation shall take effect six (6) months after the date the regulation is adopted or on July 1, 2023, whichever is later.

Cite as Ga. Comp. R. & Regs. R. 120-2-94-.10

AUTHORITY: O.C.G.A. § [33-2-9](#).

HISTORY: Original Rule entitled "Effective Date" adopted. F. Oct. 10, 2006; eff. Oct. 30, 2006.

Repealed: New Rule of same title adopted. F. Aug. 7, 2015; eff. Aug. 27, 2015.

Amended: F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

**Department 120. OFFICE OF COMMISSIONER OF INSURANCE,
SAFETY FIRE COMMISSIONER AND INDUSTRIAL LOAN
COMMISSIONER**

Chapter 120-3. RULES OF SAFETY FIRE COMMISSIONER

**Subject 120-3-3. RULES AND REGULATIONS FOR THE STATE
MINIMUM FIRE SAFETY STANDARDS**

120-3-3-.04 State Minimum Fire Safety Standards with Modifications

(1) Unless otherwise stated in this chapter, the edition of the *International Fire Code (IFC)*, and the following editions of the codes, standards, recommended practices, guides and methods, as published in the *National Fire Codes (NFC)* by the National Fire Protection Association (NFPA), as adopted and modified in this Chapter, shall be the state minimum fire safety standards. Where any of the adopted publications of the NFPA references NFPA 1 or NFPA 5000, or any fire code or building code, it shall be construed that such references apply to the *International Fire Code (IFC)* or the *International Building Code (IBC)* respectively, as adopted by this Chapter 120-3-3, and the Georgia Department of Community Affairs. Where the *IFC* or *IBC* does not specifically address the referenced issue, NFPA 1 or NFPA 5000 may be applied subject to the approval of the authority having jurisdiction.

(2) Hospitals, hospices, ambulatory surgical centers, nursing homes, assisted living communities, assisted living homes, memory care units or other health care type occupancies or facilities that are regulated by the federal Centers for Medicare and Medicaid Services (CMS) shall comply with the fire and life safety rules and regulations imposed by that agency even though the codes and standards or the editions of codes and standards adopted by that agency may not be specifically addressed or included in this chapter. The codes and standards adopted and modified herein shall also apply where applicable and shall be deemed to be the minimum state fire and life safety standards where they are at least as protective as the CMS rules and regulations.

(3) *International Fire Code (IFC)*, 2018 Edition

Modifications:

(a) Modifications to Chapter 1:

1. Delete section 101.1 in its entirety and substitute in its place the following:

101.1 "**Title.** The *International Fire Code*, 2018 edition, published by the *International Code Council*, when used in conjunction with this Chapter, shall be known as a *Georgia State Minimum Fire Prevention Code*, hereafter referred to as 'this *Code*'."

2. Delete section 101.3 in its entirety and substitute in its place the following:

101.3 "**Purposes and Intents of This Code.** The primary purpose of this *Code*, as adopted, is to provide, along with other adopted codes and standards, for the reasonable minimum protection of life and property from the hazards created by fire, smoke, explosion, or panic created from a fear of fire or smoke. It is intended that the purposes of this *Code* be accomplished by:

(1) Coordinating application and enforcement of its provisions with those of other applicable laws, rules, regulations, codes, and standards; and,

(2) By coordinating the application of its provisions, where possible, with educational programs or efforts designed to bring about changes in high risk attitudes and behaviors that are the root causes of most fire related problems in Georgia; and

(3) By encouraging or requiring informational and awareness programs designed to make the citizens of Georgia aware of their responsibilities for compliance with this *Code* as well as the other Rules and Regulations of the Safety Fire Commissioner. The intent of this *Code* is to establish the minimum requirements, consistent with nationally recognized good practice, for providing a reasonable level of life safety and property protection from the hazards of fire, explosion, or dangerous conditions in new and existing buildings, structures, and premises and to provide safety to fire fighters and emergency responders during emergency operations."

3. Add an exception to section 102.1 to read as follows:

"Exception: This Code does not apply to one- and two- family dwellings or one- and two- family row houses (townhouses) separated by a 2-hour fire wall containing not more than three dwelling units per structure."

4. Add an exception to section 102.2 to read as follows:

"Exception: This Code does not apply to one- and two- family dwellings or one- and two- family row houses (townhouses) separated by a 2-hour fire wall containing not more than three dwelling units per structure."

5. Delete section 102.3 in its entirety and substitute in its place the following:

102.3 **"Change of use or occupancy.** No change shall be made in use or occupancy of any building or structure that would place the structure in a different division of the same group or occupancy or in a different group of occupancies, unless such structure is made to comply with the requirements of this *Code*, as may be applicable, as well as those of the *International Building Code (IBC)*, as adopted by the Department of Community Affairs. Pursuant to O.C.G.A. [25-2-14](#), due to a change of use or occupancy of a building or structure the building or structure shall be treated as a proposed (new) building. (Refer to 103.3 of this *Code* regarding the requirements applicable to proposed (new) buildings and structures.)"

6. Delete section 102.4 in its entirety and substitute in its place the following:

102.4 **"Application of the building code.** The design and construction of proposed (new) buildings and structures shall comply with the *International Building Code (IBC)*, as modified and adopted by the Georgia Department of Community Affairs. Repairs, alterations, additions, changes in use or occupancy classification, or changes in buildings or structures required by provisions of the *IFC*, and which are within the scope of the *IBC*, shall be made in accordance with the *IBC*, for purposes of this Chapter."

7. Add a new 102.5.1 to read as follows:

102.5.1 "The provisions of 102.5 shall apply to local authorities having jurisdiction unless there is a change of use or occupancy that would apply under 102.3 and which would bring the new use or occupancy under the jurisdiction of O.C.G.A. [25-2-13\(b\)\(1\)](#)"

8. Delete section 102.6 in its entirety and insert in its place the following:

102.6 **"Historic Buildings, General.** O.C.G.A. [25-2-13\(a\)\(2\)](#) defines a "Historic building or structure" as "any individual building which contributes to the historic character of a historic district, so designated by the state historic preservation officer pursuant to rules and regulations adopted by the Board of Natural Resources, or so designated pursuant to the provisions of Article 2 of Chapter 10 of Title 44, the "Georgia Historic Preservation Act."

(A) Refer to 102.1 and 102.2 regarding the application of this *Code* to existing buildings. Except to the extent required by applicable laws of Georgia (O.C.G.A. [25-2-13\(b\)\(3\)\(D\) and \(E\)](#)), the provisions of this *Code* are not mandatory for buildings or structures identified and classified by the state, or as appropriate, a local jurisdiction, as historic buildings when such buildings or structures are judged by the fire code official to be safe and in the public

interest of health, safety and welfare, based on the criteria established by the referenced provisions of the Official Code of Georgia Annotated. When evaluating the safety of historic buildings the fire official should consult O.C.G.A. Title 8, Chapter 2, Article 3 entitled, 'Uniform Act for the Application of Building and Fire Related Codes to Existing Buildings,' and the provisions of O.C.G.A. Sections [25-2-13\(b\)\(3\)](#) & 25-2-13(b)(4), and NFPA Standard 914, *Code for Fire Protection of Historic Structures*, as adopted by this Chapter as a recommended practice."

9. Delete section 102.7 in its entirety and substitute in its place the following:

102.7 **"Referenced codes and standards.** Where the provisions of this *Code* or the standards referenced thereby and in Chapter 45 of this *Code* do not apply to the specific subjects, situations or conditions encountered that involve risks to life and property from the hazards of fire, panic from fear of fire or smoke, or related hazards, compliance with the applicable chapters of the Rules and Regulations of the Safety Fire Commissioner shall be evidence of compliance with this *Code*."

10. Add a new section 102.13 to read as follows:

102.13 **"Coordination of provisions.** This *Code* shall apply to all buildings, structures and facilities as provided in subsections 102.1 and 102.2, and shall be utilized in conjunction with codes and standards specified in **Table 102.13** entitled, **"CODES REFERENCE GUIDE."**

Table 102.13 Codes Reference Guide		
Area	Primary	Supplement
Occupancy Classification	LSC	IBC
Building Construction Types, including allowable height, allowable building area, and the requirements for sprinkler protection related to minimum building construction types	IBC	LSC
Means of Egress	LSC	NONE
Standpipes	IBC	IFC
Interior Finish	LSC	NONE
HVAC Systems	IMC	NONE
Vertical Openings	LSC	NONE
Sprinklers Systems minimum construction standard	LSC	NONE
Fire Alarm Systems	LSC	NONE
Smoke alarms & Smoke Detection Systems	State Statute & LSC	NONE
Portable Fire Extinguishers	IFC	NONE
Cooking Equipment	LSC & NFPA 96	NONE
Fuel Fired Appliances	IFGC	NFPA 54
Liquid Petroleum Gas	NFPA 58	NFPA 54
Compressed Natural Gas	NFPA 52	NONE

11. Delete section 103 and all sections there-under in their entirety and substitute in its place the following:

SECTION 103 **"GENERAL PROVISIONS FOR EXISTING AND PROPOSED (NEW) BUILDINGS.**

103.1 **General Provisions.** The administration, enforcement and penalty provisions of O.C.G.A. Title 25, Chapter 2, and the administrative provisions of the various chapters of the Rules and Regulations of the Safety Fire

Commissioner shall apply to and regulate the application and enforcement of this *Code* by the Safety Fire Division of the Office of the Safety Fire Commissioner.

NOTE: Nothing herein shall be construed as prohibiting any local jurisdiction from adopting the deleted portions of Chapter 1 of this *Code* for local purposes, provided, however, local amendments shall not be less restrictive than this *Code*, and other codes and standards as adopted by the various chapters of the Rules and Regulations of the Safety Fire Commissioner.

103.1.1 The provisions of O.C.G.A. Title 25, Chapter 2, and other applicable state laws, and the applicable provisions of various chapters of the Rules and Regulations of the Safety Fire Commissioner regarding the requirements for certificates, licenses, permits, plan reviews, inspections, approvals, fees, etc. shall apply and are in addition to any requirements of local jurisdictions. Local authorities having jurisdiction need to be consulted to determine if rules and regulations of the local jurisdiction regarding the requirements for local certificates, licenses, permits, plan reviews, inspections, approvals, fees, etc. also apply.

103.1.1.1 The administrative, operational, and maintenance provisions of this *Code*, with regard to the Safety Fire Division of the Office of the Georgia Safety Fire Commissioner, shall be limited to the scope and intents and purposes of the Official Code of Georgia Annotated (O.C.G.A.) Title 25, Chapter 2, and the Commissioner's Rules and Regulations.

103.1.1.1.1 Pursuant to O.C.G.A. [25-2-13\(d\)](#), every person who owns or controls the use of any building, part of a building, or structure described in O.C.G.A. [25-2-13\(b\)\(1\)](#), which because of floor area, height, location, use or intended use as a gathering place for large groups, or use or intended use by or for the aged, the ill, the incompetent, or the imprisoned, constitutes a special hazard to property or to the life and safety on account of fire or panic from fear of fire, must so construct, equip, maintain, and use such building or structure as to afford every reasonable and practical precaution and protection against injury from such hazards. No person who owns or controls the use or occupancy of such a building or structure shall permit the use of the premises so controlled for any such specially hazardous use unless he has provided such precautions against damage to property or injury to persons by these hazards as are found and determined by the Commissioner in the manner described in O.C.G.A. [25-2-13\(d\)](#) to be reasonable and practical.

103.2 **Existing buildings.** Every building and structure existing as of April 1, 1968, which building or structure is listed in paragraph (1) of subsection (b) of O.C.G.A. [25-2-13](#) shall comply with the minimum fire safety standards in the Rules and Regulations of the Safety Fire Commissioner promulgated pursuant to O.C.G.A. [25-2](#) which were in effect at the time such building or structure was constructed.

Exception 1: Any nonconformance noted under the electrical standards adopted at the time such building or structure was constructed shall be corrected in accordance with the current electrical standards adopted pursuant to O.C.G.A. [25-2](#).

Exception 2: A less restrictive provision contained in any subsequently adopted minimum fire safety standard pursuant to O.C.G.A. [25-2](#), may be applied to any existing building or structure.

103.2.1 Existing buildings to be deemed a proposed building. For the purposes of O.C.G.A. [25-2-14\(b\)](#), any existing building or structure listed in paragraph (1) of subsection (b) of O.C.G.A. [25-2-13](#) and which comes under the jurisdiction of the Office of the Safety Fire Commissioner, pursuant to O.C.G.A. [25-2-12](#), shall be deemed to be a proposed (new) building in the event such building or structure is subject to substantial renovation, a fire or other hazard of serious consequence, or a change in the classification of occupancy, or a change to the occupant load or structure issued as a condition of occupancy. The term "substantial renovation", for purposes of this subsection means any construction project involving exits or internal features of such building or structure costing more than the building's or structure's assessed value according to county tax records at the time of such renovation (O.C.G.A. [25-2-14](#)). Where a change of classification is involved, also refer to 102.3 of this *Code*.

103.3 **Proposed (new) buildings and additions to existing buildings:**

103.3.1 Pursuant to O.C.G.A. [25-2-14.1\(b\)](#), every proposed building and structure listed in paragraph (1) of subsection (b) of O.C.G.A. [25-2-13](#) shall comply with the adopted minimum fire safety standards that were in effect on the date that plans and specifications therefore were received by the state fire marshal, the proper local fire official marshal, or state inspector for review and approval. Complete plans for proposed (new) buildings and structures recorded as received by the authority having jurisdiction for review prior to the effective date of this Chapter, may be reviewed under the codes, standards, and Rules and Regulations of the Safety Fire Commissioner in force prior to the effective date of this Chapter.

103.3.1.1 Projects receiving a construction permit under earlier editions of the codes and standards must start construction no later than 360 days from the issue date of the permit in order not to require resubmittal for review under the newer adopted codes and standards.

103.3.2 Plans and specifications for all proposed buildings which come under classification in paragraph (1) of subsection (b) of O.C.G.A. [25-2-13](#) and which come under the jurisdiction of the Office of the Safety Fire Commissioner pursuant to O.C.G.A. [25-2-12](#) shall be submitted to and receive approval by either the state fire marshal, the proper local fire marshal, or state inspector before any state, municipal, or county building permit may be issued or construction started (O.C.G.A. [25-2-14\(a\)](#)). All such plans and specifications submitted as required by O.C.G.A. [25-2-14\(a\)](#) shall be accompanied by a fee in the amount provided in O.C.G.A. [25-2-4.1](#) and shall bear the seal and Georgia registration number of the drafting architect or engineer or shall otherwise have the approval of the Commissioner.

103.3.3 Pursuant to O.C.G.A. [25-2-37\(a\)](#), it shall be unlawful for any person to begin construction on any proposed building or structure which comes under the classification in paragraph (1) of subsection (b) of O.C.G.A. [25-2-13](#) and which comes under the jurisdiction of the Office of the Safety Fire Commissioner pursuant to O.C.G.A. [25-2-12](#) without first having plans approved in accordance with O.C.G.A. [25-2-14](#).

103.4 Proposed building construction and completion. Pursuant to O.O.G.A. 25-2-14(b), a complete set of plans and specifications approved as set forth in 103.3.3 shall be maintained on the construction site, and construction shall proceed in compliance with the state minimum fire safety standards under which such plans and specifications were approved. The owner of any such building or structure or his authorized representative shall notify the state fire marshal, the proper local fire marshal, or state inspector upon completion of approximately 80 percent of the construction thereof and shall apply for a certificate of occupancy when construction of such building or structure is completed.

103.5 **Certificate of occupancy required.** Pursuant to O.C.G.A. [25-2-14\(c\)](#), every building or structure which comes under classification in paragraph (1) of subsection (b) of O.C.G.A. [25-2-13](#) and which comes under the jurisdiction of the Office of the Safety Fire Commissioner pursuant to O.C.G.A. [25-2-12](#) shall have a certificate of occupancy issued by the state fire marshal, the proper local fire marshal, or state inspector before such building or structure may be occupied. Such certificates of occupancy shall be issued for each business establishment within the building, shall carry a charge in the amount provided in O.C.G.A. [25-2-4.1](#), shall state the occupant load for such business establishment or building, shall be posted in a prominent location within such business establishment or building, and shall run for the life of the building, except as provided in O.C.G.A. [25-2-14\(d\)](#). (See 103.2.1 of the *IFC*, as adopted by this Chapter.)"

12. The provisions of section 105, PERMITS, are not adopted for purposes of this Chapter. Local governing authorities may adopt the provisions for local purposes. Refer to section 103.3 with regard to permits required by the Rules and Regulations of the Safety Fire Commissioner.

13. The provisions of section 109, BOARD OF APPEALS, are not adopted for purposes of this Chapter. Local governing authorities may adopt the provisions for local purposes.

14. Delete section 110.4 and all sections there-under in their entirety and substitute in its place the following:

110.4 **"Violation penalties.** Persons who shall violate a provision of this *Code* or shall fail to comply with any of the requirements thereof or who shall erect, install, alter, repair or do work in violation of the approved construction documents or directive of the fire code official, or of a permit or certificate used under provisions of this *Code*, shall

be guilty of violation of Section [25-2-37](#) of the Official Code of Georgia Annotated. Each day that a violation continues after due notice has been served shall be deemed a separate offense.

110.4.1 Abatement of violation. In addition to the imposition of the penalties herein described, the fire code official is authorized to institute appropriate action to prevent unlawful construction or to restrain, correct or abate a violation; or to prevent illegal occupancy of a structure or premises; or to stop an illegal act, conduct of business or occupancy of a structure on or about any premises."

15. The provisions of section 113, SERVICE UTILITIES, are not adopted for purposes of this Chapter. Local governing authorities may adopt the provisions for local purposes.

(b) Modifications to Chapter 2:

1. Delete section 201.3 in its entirety and substitute in its place the following:

201.3 **"Terms defined in other codes.** Where terms are not defined in [120-3-3-.03](#) of Chapter 120-3-3 or other applicable chapters of the Rules and Regulations of the Safety Fire Commissioner, or this *Code* and are defined in the *International Building Code (IBC)*, the *International Fuel Gas Code (IFGC)*, the *International Mechanical Code (IMC)*, or the codes and standards of the National Fire Protection Association (NFPA), as adopted by this Chapter and other Rules and Regulations of the Safety Fire Commissioner, such terms shall have the meanings ascribed to them as in those codes and standards."

2. Delete Institutional Group I-2 in its entirety and replace with:

Institutional Group I-2. Institutional Group I-2 occupancy shall include buildings and structures used for medical care on a 24-hour basis for more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following:

Foster care facilities

Detoxification facilities

Hospitals

Nursing homes

Psychiatric hospitals

Assisted Living Communities

Memory Care Units

Limited Care Facilities (Limited Healthcare)

(c) Modifications to Chapter 3:

1. Delete section 303.5 in its entirety and substitute in its place the following:

303.5 **"Portable Fire Extinguishers.** There shall be at least one portable fire extinguisher complying with Section 906 and with a minimum 2-A:40-B:C rating within 25 feet (7620 mm) of each asphalt (tar) kettle during the period such kettle is being utilized, and a minimum of one additional portable fire extinguisher with a minimum 3-A:40-B:C rating on the roof being covered."

2. Add new exceptions 4, 5, 6, 7 and 8 to section 308.3 to read as follows:

"Exception #4:

In Group A public assembly occupancies having an occupant load greater than 300, a minimum ceiling height of 25 feet and that are protected throughout by an approved, supervised automatic sprinkler system installed in accordance with NFPA 13, as adopted by this Chapter, pyrotechnic special effect devices shall be permitted to be used on stages before proximate audiences for ceremonial or religious purposes, as part of a demonstration in exhibits, or as part of a performance, provided that precautions satisfactory to the authority having jurisdiction are taken to prevent ignition of any combustible material and use of the pyrotechnic device complies with NFPA 1126, *Standard for the Use of Pyrotechnics before a Proximate Audience*, as adopted by Chapter 120-3-22 Rules and Regulations of the Safety Fire Commissioner. The ceiling height may be lowered to a minimum of 15 feet upon approval of the authority having jurisdiction having witnessed a demonstration shot of all types of devices being used in the display.

Exception #5:

In Group A public assembly occupancies having an occupant load greater than 300, a minimum ceiling height of 25 feet and that are protected throughout by an approved, supervised automatic sprinkler system installed in accordance with NFPA 13, as adopted by this Chapter, flame effects before an audience shall be permitted in accordance with NFPA 160, *Standard for Flame Effects Before an Audience*, as adopted by Chapter 120-3-22 Rules and Regulations of the Safety Fire Commissioner. The ceiling height may be lowered to a minimum of 15 feet upon approval of the authority having jurisdiction having witnessed a demonstration of all types of devices being used in the display.

Exception #6

On stages and platforms as a necessary part of a performance in public assembly occupancies having an occupant load greater than 300, a minimum ceiling height of 25 feet and that are protected throughout by an approved, supervised automatic sprinkler system installed in accordance with NFPA 13, as adopted by this Chapter. The ceiling height may be lowered to a minimum of 15 feet upon approval of the authority having jurisdiction having witnessed a demonstration of all types of devices being used in the display.

Exception #7

In Group A public assembly occupancies having an occupant load greater than 100 with fixed seating, a minimum ceiling height of 25 feet and that have a minimum of two certified fire fighters on site with proper firefighting equipment as determined by the local fire official, pyrotechnic special effect devices shall be permitted to be used on stages before proximate audiences for ceremonial or religious purposes, as part of a demonstration in exhibits, or as part of a performance, provided that precautions satisfactory to the authority having jurisdiction are taken to prevent ignition of any combustible material and use of the pyrotechnic device complies with NFPA 1126, *Standard for the Use of Pyrotechnics before a Proximate Audience*, as adopted by Chapter 120-3-22 Rules and Regulations of the Safety Fire Commissioner. The ceiling height may be lowered to a minimum of 15 feet upon approval of the authority having jurisdiction having witnessed a demonstration shot of all types of devices being used in the display.

Exception #8:

In public assembly occupancies having an occupant load greater than 100 with fixed seating, a minimum ceiling height of 25 feet and that have a minimum of two certified fire fighters on site with proper firefighting equipment as determined by the local fire official, flame effects before an audience shall be permitted in accordance with NFPA 160, *Standard for Flame Effects Before an Audience*, as adopted by this Chapter. The ceiling height may be lowered to a minimum of 15 feet upon approval of the authority having jurisdiction having witnessed a demonstration of all types of devices being used in the display."

3. Delete section 310.1 'General' its entirety and substitute in its place the following:

310.1 **"General.** The smoking or carrying of a lighted pipe, cigar, cigarette or any other type of smoking paraphernalia or material is prohibited in areas indicated in Sections 310.2 through 31.8, buildings, structures, or areas, or portions of buildings, structures, or areas, as indicated is this in any other code or standard as adopted by the Rules and Regulations of the Safety Fire Commissioner, or where prohibited in accordance Chapter 12A of Title 31 of the O.C.G.A."

4. Delete section 319.1 'General' its entirety and substitute in its place the following:

319.1 **General.** Mobile food preparation vehicles that are equipped with appliances that produce smoke or grease-laden vapors shall comply with NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations* as adopted by this Chapter 120-3-3 and this section.

5. Delete section 319.3 'Exhaust hood' in its entirety and substitute in its place the following:

319.3 Exhaust hood. Cooking equipment that produces grease-laden vapors shall be provided with a kitchen exhaust hood that complies with NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations* as adopted by this Chapter 120-3-3.

6. Delete section 319.4 'Fire protection' in its entirety and substitute in its place the following:

319.4 **Fire protection.** Fire protection shall be provided in accordance with NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations* as adopted by this Chapter [120-3-3.3](#) -3 of the Rules and Regulations of the Safety Fire Commissioner."

(d) **Modifications to Chapter 4:**

(4) Add section 403.1.1 to read as follows:

403.1.1 "**Caregiver training.** A minimum of three hours' initial fire safety training for receipt of a certificate of training for successful completion shall be required for all directors, operators and all staff members of day-care facilities (adult and children), and for administrator's, directors, operators and all staff of Group I-1 and Group R-4, assisted living communities, assisted living facilities, community living arrangements, memory care units, personal care homes, and residential board and care homes, as defined in Chapter 2 of this *Code* or as defined by the *Life Safety Code*, and or as adopted by Chapter 120-3-3 of the Rules and Regulations of the Georgia Safety Fire Commissioner. The curriculum for the fire safety training shall receive written approval by the State Fire Marshal's Office and be taught by an instructor registered with the Safety Fire Commissioner's Office. All persons as required herein to obtain such required training shall receive this training within 90 days from receipt of a license, being commissioned or the opening of a new facility. Such new persons shall receive a minimum of three hours' initial fire safety training and recommendation for receipt of a certificate of training for successful completion of the training within 90 days of employment. In addition, a minimum of two hours of fire safety refresher training shall be required for receipt of a certificate of training for successful completion of the refresher training. The refresher training shall be required for all persons coming under 403.1.1, every three years from the date initial training is received. Registered instructors shall deliver the training based on policies and direction from the State Fire Marshal's Office. Instructors found not to be delivering the training in accordance with the said policies and direction shall be removed from the registry and prohibited from delivering future training."

2. Delete section 403.8.2 in its entirety and substitute in its place the following:

403.8.2 **Group I-2 occupancies.** Group I-2 occupancies to include Assisted Living Communities, Memory Care Units and Limited Care Facilities (Limited Healthcare) shall comply with Sections 401, 403.8.2.1 through 403.8.2.3 and 404 through 406.

(e) **Modifications to Chapter 5:**

1. Add a new section 501.5 to read as follows:

501.5 " Where buildings or facilities fall under the jurisdiction of the Georgia Safety Fire Commissioner as set forth in the Official Code of Georgia Annotated (O.C.G.A.), Title 25, Chapter 2, except for State owned facilities and State occupied facilities, it is intended that the provisions of Chapter 5 that primarily relate to fire department response, access to facilities, access to building interiors, key boxes, premises identification, fire department connection locations, and fire hydrant locations be administered by the local Fire Chief and/or Fire Code Official

responsible for providing fire or other emergency response to the buildings or facilities. With regard to State owned State occupied facilities, that are not provided with a facility fire department, it is intended that the local Fire Chief and/or Fire Code Official providing fire protection to such facilities shall have input in the planning of facilities with regard to the noted provisions covered by Chapter 5."

2. Delete section 503.1.1 in its entirety and substitute in its place the following:

503.1.1 "**Buildings and facilities.** Approved fire apparatus access roads shall be provided for every facility, building or portion of a building hereafter constructed or moved into or within the jurisdiction as determined by the local Fire Chief and/or Fire Code Official of the responding fire department or agency. The fire apparatus access road shall comply with the requirements of this section and Appendix D of this *Code*. The fire apparatus access road shall extend to within 150 feet (45.7 m) of all portions of the facility or any portion of the exterior wall of the first story of the building as measured by an approved route around the exterior of the building or facility.

Exception: The local Fire Chief and/or Fire Code Official of the responding fire department or agency is authorized to increase the dimension of 150 feet (45.7 m) where:

1. *The building is equipped throughout with an approved automatic sprinkler system installed in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3.*
2. *The fire apparatus access roads cannot be installed because of location on the property, topography, waterways, nonnegotiable grades or other similar conditions, and an approved alternative means of fire protection is provided.*
3. *There are not more than two Group R-3 or Group U occupancies."*

3. Add a new section 504.1.1 to read as follows:

504.1.1 "**Access Doors.** For fire department emergency access purposes, there shall be at least one access door in each 100 linear feet (30.5 m) or major fraction thereof of the exterior walls which face the access roadways required by Section 503, unless otherwise required in this code section. In exterior walls designed with continuous rolling dock doors, which face access roadways, there shall be at least one access door in each 200 linear feet (61 m) or fraction thereof. Required access doors shall be a minimum of 3 feet (0.9 m) wide and 6 feet 8 inches (2 m) high and shall be accessible without use of a ladder. Rolling doors are acceptable for such purposes in buildings protected throughout by an approved automatic sprinkler system(s) unless otherwise approved for unsprinklered buildings by the local Fire Chief and /or Fire Code Official."

Exception: The local Fire Chief and / or Fire Code Official of the responding fire department or agency is authorized to increase the 100 linear feet.

4. Delete section 507.5.1 in its entirety and substitute in its place the following:

507.5.1 "**Where required.** Where a portion of the facility or building hereafter constructed or moved into or within the jurisdiction is more than 500 feet (152 m) from a hydrant on a fire apparatus access road, as measured by an approved route around the exterior of the facility or building, on-site fire hydrant and mains shall be provided where required by the local Fire Chief and/or Fire Code Official of the responding fire department or agency.

Exceptions:

1. *For group R-3 and Group U occupancies, the distance requirement shall be 600 feet (183 m).*
2. *For buildings equipped throughout with an approved automatic sprinkler system installed in accordance with Section 903.3.1.1 or 903.3.1.2, the distance requirement shall be 600 feet (183 m)."*

5. Delete subsection 507.5.1.1 in its entirety without substitution. Refer to section 905 of this *Code*.

6. Delete Section 510 (510.1 through 510.6.4) in its entirety and replace with the following:

Section 510 In-Building Emergency Responder Communications Enhancement Systems

510.1 In all new and existing buildings, minimum radio signal strength for emergency services department communications shall be maintained at a level determined by the local Fire Chief and/or Fire Code Official responsible for providing fire or other emergency response to the building.

510.2 In-building emergency responder communication enhancement systems shall comply with the design, installation, testing, inspection, and maintenance requirements in Chapter 18 of NFPA 1225 as adopted in the Rules and Regulations of the Safety Fire Commissioner Chapter 120-3-3.

7. Add a new section, Appendix D 107.1, as follows:

Developments of one- or two-family dwellings where the number of dwelling units exceeds 120 shall be provided with two separate and approved fire apparatus access roads.

Exceptions:

1. Where there are more than 120 dwelling units on a single public or private fire apparatus access road and all dwelling units are equipped throughout with an approved automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3, access from two directions shall not be required.

2. The number of dwelling units on a single fire apparatus access road shall not be increased unless fire apparatus access roads will connect with future development, as determined by the fire code official.

3. The fire apparatus access roads cannot be installed because of location on the property, topography, waterways, nonnegotiable grades or other similar conditions, and an approved alternative means of fire protection is provided. Plans shall accompany the written request that delineate improvements to proposed fire apparatus access roads approved by the fire code official of the local responding fire department. Recommended compliance alternatives for residential developments having less than the minimum of two entrances includes, but is not limited to one of more of the following alternative remedies:

1. Enhanced turning radii to meet local responding fire department requirements; and/or

2. Increased road widths to meet local responding fire department requirements; or

3. Fire Lane signs per D103.6 in locations determined by the Fire Code Official; or

4. The absence of dead-end streets and cul-de-sacs; and unless the requirements meet or exceed Table D103.4 for Fire Apparatus Access Roads; or

5. The primary entrance roadway being a boulevard with medians and each lane meeting fire access road widths; or

6. Single entrance roads providing a dedicated emergency lane separating each drive lane; or

7. Additional fire apparatus access road which is permitted to be a roadway or approved surface not accessible to motor vehicles, designed by a registered design professional to meet the loading requirements and minimum specifications of Appendix D; and this surface provides all weather conditions capabilities for emergency fire department access; or

8. Statement by Fire Code Official that the Plans submitted meet the requirements of Exception 3 and/or Appendix D for access by local responding fire department

Pursuant to O.C.G.A. Title 25-2-12 (e)(4) the local fire official, building official, or developer may obtain a waiver when adequate access appropriate for the fire apparatus of the local responding fire department is not met or provided by using alternative methods on a waiver form designed and prescribed by the Safety Fire Commissioner.

The State Fire Marshal or designated representative shall respond within 30 days for the decision for approval or disapproval or recommendations for modifications to the Plan. If the 30-day time frame is not met, the Plans submitted shall be deemed to be approved.

Add a new section, Appendix D 107.2, as follows:

Where two fire apparatus access roads are required, they shall be placed a distance apart equal to not less than one-half of the length of the maximum overall diagonal dimension of the property or area to be served, measured in a straight line between accesses.

(f) Modifications to Chapter 6:

1. Add exception number 3 to 603.4 to read as follows:

3. In emergency conditions, when approved by the authority having jurisdiction, equipment designed to be portable may be used for a specified time provided such equipment is properly protected and separated from combustibles as specified by the manufacturer's instructions and the authority having jurisdiction. Such devices shall be supervised during their period of operation by the establishment of a fire watch system based on the definition of "Fire Watch" in Chapter 2 of this Code. Persons assigned to perform fire watch duties shall be instructed as to their duties.

2. Delete section 604.4 in its entirety and substitute in its place the following:

604.4 "Multiplug adapters & Relocatable Power Taps (RPTs).

604.4.1 Multiplug adapters. The use of multiplug electrical outlet adapters, such as but not limited to cube adapters or plug strips, or any other similar device that is not UL listed and is not equipped with overcurrent protection shall be prohibited. Such devices that are UL listed and are equipped with overcurrent protection shall only be used in accordance with the UL listing and in accordance with the manufacturer's instructions. Such listed devices shall not be used where specifically prohibited by a provision of NFPA 70, *National Electrical Code*. Where there is any conflict between the UL listing and the manufacturer's instructions, the UL listing provisions shall prevail. The suitability for the use of RTP's shall be based, by the user, on 110.3(A)(1) of the *National Electrical Code*.

604.4.2 Relocatable Power Taps (RPT's):

604.4.2.1 Relocatable Power Taps (RPT's) shall be UL listed and labeled in accordance with UL1363. They shall be of the polarized or grounded type, and be equipped with overcurrent protection. RPT's shall be used in accordance with their UL listing and the manufacturer's instructions. [NEC, 110.3(B)] Where there is any conflict between the UL listing and the manufacturer's instructions, the UL listing provisions shall prevail. Such listed devices shall not be used where specifically prohibited by a provision of NFPA 70, *National Electrical Code*.

604.4.2.2 RPT power supply. RPT's shall be directly connected to a permanently installed electrical receptacle. An RPT shall not be plugged into another RPT or into an extension cord or flexible cord. A UL listed extension cord or flexible cord having only one outlet and serving only one device may be plugged into an RPT so long as the arrangement does not cause an overcurrent condition in the RPT.

604.4.2.3 RPT power cords. Power cords of RPT's shall not be extended through holes in walls, structural ceilings, or floors. Such cords shall not be run under doors or floor coverings. They shall not be run through doorways, windows, or similar openings.

604.4.2.4 Protection from physical damage. RPT's shall be mounted off floors to a wall or fixture so as to be protected against physical damage. The method of mounting shall not be permanent so that the devices may be easily relocated as need dictates.

604.4.2.5 Restricted use in Health Care Occupancies. "Hospital grade "RPT's listed, based on UL 1363A, for use in "patient care" or "patient sleeping rooms" of a hospital, limited care facility, nursing home, hospice, or ambulatory health care facility may be used in such locations, unless such use is specifically prohibited by this

Code, NFPA 70, *National Electrical Code*, NFPA 101, *Life Safety Code*, NFPA 99, *Health Care Facilities Code*, or other applicable State or Federal rule or regulation."

3. Insert an Informational Note following section 604.4.2.4 to read as follows:

"Informational Note: Based on UL1363, RPT's are intended for indoor use as an extension of a grounding alternating-current branch circuit for general use. Where such devices are used or intended to be used for voltage surge suppression, the RPT is also required by UL1363 to meet the provisions of UL1449 for Transient Voltage Surge Suppressors. UL1363 incorporates this compliance. Such devices may be utilized for the protection of personal or laptop computers, computer related devices, word processors, memory typewriters, and other low load devices. They are not intended for use with high load equipment such as, but not limited to, refrigerators, coffee pots, microwave ovens, toasters, toaster ovens, space heaters, and other high power load devices. The labeling and manufacturer's information and instructions need to be consulted to determine if the RPT is also listed for transient voltage suppression. In addition, some RPT devices have additional options included in the device such as "electrical noise" filtration. UL1363 would also require and ensure that component would meet UL1283. The safety requirements relative RPT's regardless of the various extras that may be included in a device covered by UL1363 and the RPT manufacturer's instructions. RPT's have also been referred to as "Temporary Power Taps (TPT's)", "power strips", "Surge/Spike Protectors", or "Portable Outlets" among other designations. NFPA 70, *National Electrical Code* (NEC), 2011 edition, does not utilize the term "Relocatable Power Tap or RPT, however, for safety provisions similar to those utilized by UL, reference can be made to NEC Article 400, Flexible Cords and Cables, Article 406, Receptacles, Cord Connectors, and Attachment Plugs (CAPS), and Article 517 Health Care Facilities."

4. Delete section 604.10 and the exception thereto, and substitute in its place the following: Sections 604.10.1 through 604.10.4 remain unchanged.

604.10 "Portable, electric space heaters. Portable, electric heaters are prohibited in all portions of occupancies in Groups A, E (including day care), I-1, I-3, R-1, R-2, and R-4. Where not prohibited by other chapters of this *Code*, or by provisions of NFPA 101, *Life Safety Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner, portable, electrical space heaters shall be permitted to be used in all other occupancy groups. Where use is permitted, portable electric space heaters shall comply with Sections 604.10.1 through 604.10.5 and 604.10.6 where applicable."

5. Add a new section 604.10.6 to read as follows:

604.10.6 "Oil filled radiator type, portable electric space heaters that have a maximum surface temperature restriction of 250° F, may be permitted to be used in staff and employee areas that are located on floors not occupied by patient or staff sleeping areas and that are totally sprinkler protected in I-2 occupancies as defined in Chapter 2 of this *Code*. For single story I-2 occupancies, such devices may be used in staff and employee non-sleeping areas that are totally sprinkler protected and that are separated from staff and patient sleeping room areas by 1-hour fire rated construction. Such space heaters shall comply with 604.10.1 through 604.10.5."

6. Add a new 604.12 to read as follows:

604.12 "**Separation from Transformers.** Space separation for transformers shall be as follows:

- (1) Transformer pad locations shall be a minimum of 10 feet (3 m) from any building, building overhangs, canopies, exterior walls, balconies, exterior stairs and/or walkways connected to the building.
- (2) Transformer pad edges shall be not less than 14 feet (4.3 m) from any doorway.
- (3) Transformer pad edges shall be not less than 10 feet (3 m) from any window or other opening.
- (4) If the building has an overhang, the 10 foot (3 m) clearance shall be measured from a point below the edge of the overhang only if the building is three stories or less. If the building is four stories or more, the 10 foot (3 m) clearance shall be measured from the outside building wall.

(5) Fire escapes, outside stairs, and covered walkways attached to or between buildings, shall be considered as part of the building.

604.12.1 Transformer pads may be located closer to noncombustible walls than the above required minimum clearances in 605.12(1) upon written approval of the authority having jurisdiction, however, in no case shall the transformer location be less than 3 feet (0.9 m) from the building.

604.12.2 Transformer pads existing prior to December 31, 1994, are exempted from the requirements of 605.11. When buildings are modified, reductions in space separations may be less than the above required minimum clearances upon written approval of the authority having jurisdiction."

7. Delete section 607 in its entirety and substitute in its place the following:

607.1 "General. Commercial kitchen exhaust hoods and residential cooking appliances in commercial and public buildings shall comply with the requirements of NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*, as adopted by this Chapter 120-3-3."

7. Delete section 609.2 in its entirety and substitute in its place the following:

607.2 "**Where required.** A commercial hood complying with NFPA 96, as adopted by this Chapter 120-3-3, shall be installed in any occupancy at or above all commercial cooking appliances, and domestic cooking appliances used for commercial purposes and which produce grease laden vapors.

607.2.1 The provisions of 607.2 shall not apply where provided for in the scoping provisions of subsection 1.1.4 of NFPA 96, as adopted by this Chapter 120-3-3."

8. Delete 607.3 in its entirety and substitute in its place the following:

607.3 "**Operations and maintenance.** Commercial cooking appliances, and domestic cooking appliances used for commercial purposes and which produce grease laden vapors, and all components of ventilation systems serving such appliances shall be installed, operated and maintained in accordance with the provisions of NFPA 96 as adopted by this Chapter 120-3-3."

(g) **Modifications to Chapter 7:**

1. Add a new 701.2.2 to read as follows:

701.2.2 "**Barrier Identification.** All fire and/or smoke barriers or walls shall be effectively and permanently identified with signs or stenciling above a decorative ceiling and/or in concealed spaces with letters a minimum of 2 inches (51 mm) high on a contrasting background spaced a maximum of 12 feet (3.7m) on center with a minimum of one per wall or barrier. The hourly rating shall be included on all rated barriers or walls. Suggested wording is, "() Hour Fire and Smoke Barrier-Protect All Openings."

(h) **Modifications to Chapter 8:**

1. Delete section 801.1 in its entirety and substitute in its place the following:

SECTION 801 "GENERAL,

801.1 Scope. The provisions of this *Code*, as adopted by this Chapter shall govern furniture, furnishings, decorative vegetation, and decorative materials, as defined in Chapter 2 of this *Code*, in buildings and structures. Section 803 shall be applicable to all existing buildings, structures, or spaces constructed and issued the required certificate of occupancy prior to the effective date of this Chapter 120-3-3. Sections 804 through 808 shall be applicable to such existing buildings, structures, and or spaces, and to proposed (new) buildings, structures, or spaces. For the purposes of this *Code*, wall padding, wall mounted gym pads, crash pads, or other pads mounted or secured to walls shall meet the provisions of this NFPA 101, *Life Safety Code* applicable to interior finish materials. Gym pads or other

pads used on floors shall be considered as furnishings. Interior finish and trim in proposed (new) buildings shall be regulated by NFPA 101, *Life Safety Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

(i) **Modifications to Chapter 9:**

1. Delete section 901.3 in its entirety and substitute in its place the following:

901.3 "**Approvals and Permits.** Fire protection systems shall be approved as set forth by the authority having jurisdiction. Local authorities having jurisdiction may require permits as required and set forth in 105.6 and 105.7 of this *Code*."

2. Delete section 901.4.1 in its entirety and substitute in its place the following:

901.4.1 "Required fire protection systems. Fire suppression systems required by this *Code*, the *International Building Code*, the *Life Safety Code*, or other codes and standards adopted by the Rules and Regulations of the Georgia Safety Fire Commissioner, shall be installed, operated, tested, repaired and maintained in accordance with this *Code* and applicable standards adopted by the Rules and Regulations of the Georgia Safety Fire Commissioner."

3. Delete section 901.4.2 in its entirety and substitute in its place the following:

901.4.2 "Provisions in excess of the minimum code requirements shall, as a minimum, be installed to meet the provisions of the currently adopted code(s) and/or standard(s) which may be applicable to the provision at the time of its installation. Any non-required fire protection system which is added onto, interconnected with, any required fire protection system (of a similar type), shall be designed, installed, and maintained in accordance with the provisions of the currently adopted code(s) and/or standard(s) which may be applicable to the provision at the time of its installation.

901.4.2.1 The provisions of 901.4.2 shall not apply to other installations not conforming with the provisions of the currently adopted code(s) and/or standard(s) applicable to the provision at the time of its installation if such installations are reported and filed with the local responding fire department and the authority having jurisdiction. In addition such systems shall be identified as required by the authority having jurisdiction.

901.4.2.2 The provisions of 901.4.2 shall not apply for non-required systems designed, reviewed, installed and approved in accordance with local codes and/or ordinances."

4. Delete section 903.2 in its entirety and substitute in its place the following:

903.2 "**Where required.**

(a) Approved automatic sprinkler systems for proposed (new) buildings and structures approved for construction as set forth in 103.3.1 of this *Code*, or where specifically required for existing buildings and structures, shall as the minimum level of protection, be that required by the applicable provisions of NFPA 101, *Life Safety Code* and applicable provisions of other codes and standards adopted by Chapter 120-3-3 of the Rules and Regulations of the Georgia Safety Fire Commissioner, and this *Code* section; provided, however, the *International Building Code (IBC)* shall govern the requirements for sprinkler protection that are related to minimum building construction types, or to increases in building area and height limitations imposed by the *IBC*." (Refer to **Table 102.13, CODES REFERENCE GUIDE**)

(b) Where a new automatic sprinkler system is required by this *Code* or other code, standard, rule or regulation, the system shall be designed and installed in accordance with the requirements applicable to systems in proposed (new) buildings and structures.

(c) In addition, an automatic sprinkler system may be required for new or existing buildings, structures, spaces, or conditions by other NFPA standards adopted by this Chapter 120-3-3, or other Rules and Regulations of the Safety Fire Commissioner.

(d) The requirements for the installation, design, and testing of automatic sprinkler systems shall be as applicable, NFPA 13, *Standard for the Installation of Sprinkler Systems*, NFPA 13R, *Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height*; and NFPA 13D, *Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes*, or as adopted and modified by this Chapter 120-3-3.

903.2.1 The sprinkler protection provision of 903.2 shall not be mandatory for spaces or areas in telecommunications buildings used exclusively for telecommunications equipment, associated electrical power distribution equipment, batteries and standby engines, provided those spaces or areas are equipped throughout with a supervised automatic fire alarm system, and are separated from the remainder of the building by fire barriers consisting of walls and floor/ceiling assemblies having a fire resistance rating of not less than 2-hours.

NOTE: NFPA 76, *Fire Protection of Telecommunications Facilities*, should be consulted. Refer to the edition adopted by this Chapter 120-3-3."

5. Delete section 903.3.7 of this *Code* in its entirety and substitute in its place the following:

903.3.7 "**Fire department connections.** The location of fire department connections shall be approved by the Fire Chief as set forth in subsection 501.5 of this *Code*, adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

6. Delete section 904.2.2 in its entirety and substitute in its place the following:

904.2.2 "**Commercial hood and duct systems.** Each required commercial kitchen exhaust hood and duct system required by Section 607 to have a commercial hood complying with NFPA 96, shall be protected with an approved automatic fire-extinguishing system installed in accordance with this *Code* and applicable provisions of NFPA 96."

7. Delete section 904.12 in its entirety and substitute in its place the following: "904.12 Fire Protection for Commercial Cooking Operations.

904.12.1 The requirements for, as well as the design, installation, protection and maintenance of cooking equipment, shall be as required by NFPA 101, *Life Safety Code* and NFPA 96, *Standard for the Ventilation Control and Fire Protection of Commercial Cooking Operations*, as adopted by this Chapter 120-3-3." (Refer to **Table 102.13, CODES REFERENCE GUIDE**)

904.12.2 Fire suppression systems approved for the protection of commercial cooking appliances shall be designed, installed, and maintained in accordance with the applicable standards adopted in this Chapter.

904.12.3 Portable fire extinguishers for commercial cooking appliances. Portable fire extinguishers shall be installed in kitchens or other commercial cooking areas in accordance with NFPA 10 and NFPA 96, as adopted by this Chapter 120-3-3 of the Rules and Regulations of the Georgia Safety Fire Commissioner. Class K portable fire extinguishers and the required operation sequence signage required by NFPA 10, shall be located between 5 feet and 10 feet from the manual release device(s) of the kitchen exhaust hood fire suppression system(s)."

8. Delete section 905.1 in its entirety and substitute in its place the following:

905.1 "**General.** The State's minimum requirements for standpipe systems shall be as required by the *International Building Code (IBC)* or This *Code*. Standpipe systems shall be designed, installed and tested in accordance with NFPA 14, *Standard for the Installation of Standpipe, and Hose Systems* as adopted by this Chapter 120-3-3. (Refer to **Table 102.13, CODE REFERENCE GUIDE**)"

9. Insert a new subsection 905.13 to read as follows:

905.13 **"Fire department connections.** The location of fire department connections shall be approved by the Fire Chief as set forth in subsection 501.5 of this *Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

10. Delete section 906.1 in its entirety and substitute in its place the following:

906.1 " Portable Fire Extinguishers - General. Portable fire extinguishers shall be installed in all buildings, structures and facilities falling under this *Code* and O.C.G.A. [25-2](#). For any other building, structure, facility, or condition or special hazard, portable fire extinguishers shall be provided as may be required by this *Code* in Table 906.1, or by various codes and standards adopted by this Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner. (Refer to **Table 102.13, CODES REFERENCE GUIDE**)."

11. Delete section 906.2 in its entirety and substitute in its place the following:

906.2 **"General requirements.** The selection, distribution, installation, and maintenance of portable fire extinguishers shall comply with NFPA 10, *Standard for Portable Fire Extinguishers*, as adopted by this Chapter 120-3-3.

906.2.1 The maximum travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.

906.2.2 Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:

- (a) Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.
- (b) Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.
- (c) The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.
- (d) Electronic monitoring devices and supervisory circuits shall be tested every three years when extinguisher maintenance is performed.
- (e) A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to ensure that hydrostatic tests are conducted at the frequency required by NFPA 10.

906.2.3 In Group E - Educational occupancies, in lieu of locating fire extinguishers in corridors and normal paths of travel as specified in NFPA 10, *Standard for Portable Fire Extinguishers*, fire extinguishers may be located in rooms that open directly onto such corridors and pathways provided all of the following are met:

- (a) The room in which such extinguishers are placed are located in close proximity to that portion of the corridor where a fire extinguisher would otherwise be placed in accordance with NFPA 10; *Standard for Portable Fire Extinguishers*,
- (b) A sign which states in white letters at least one inch in height on a red background, 'FIRE EXTINGUISHER LOCATED IN THIS ROOM,' is placed on the corridor wall immediately adjacent to the entrance way of each such room so that it can be clearly seen at all times;
- (c) The rooms in which such extinguishers are placed shall be constantly supervised during school hours; and,
- (d) Those rooms cannot be subject to being locked at any time the building is occupied."

12. Delete sections 906.3 through 906.10 without substitution (Refer to NFPA 10).

13. Delete section 907.1 in its entirety and substitute in its place the following, while retaining existing subsections:

907.1 "Fire Alarm Systems - General.

(a) The State's minimum requirements for fire alarm systems in proposed (new) buildings and structures approved as set forth in 103.3.1 of this *Code* shall be as required by NFPA 101, *Life Safety Code*, as adopted by this Chapter 120-3-3. Fire alarm systems shall be designed, installed, tested, and maintained in accordance with NFPA 72, *National Fire Alarm and Signaling Code*, as adopted by this Chapter 120-3-3.

(b) New fire alarm systems to be installed in existing buildings shall be designed, installed, and maintained in accordance with NFPA 72, as adopted by this Chapter 120-3-3. (Refer to **Table 102. 13 CODES REFERENCE GUIDE**)"

17. Delete sections 907.2 through 907.6.6.2 in their entirety and without substitution.

18. Delete section 909.1 in its entirety and substitute in its place the following:

909.1 "Scope and purpose. This section applies to mechanical or passive smoke control systems when they are required for proposed (new) buildings or portions thereof by provisions of the *Life Safety Code* (LSC) or this *Code*, as adopted by this Chapter 120-3-3, or by provisions of the *International Building Code* (IBC), as adopted by the Department of Community Affairs. The purpose of this section is to establish minimum requirements for the design, installation, and acceptance testing of smoke control systems that are intended to provide a tenable environment for the evacuation or relocation of occupants. These provisions are not intended for the preservation of contents, the timely restoration of operations, or for assistance in fire suppression or overhaul activities. Smoke control systems regulated by this section serve a different purpose than the smoke and heat venting provisions found in Section 910. Mechanical smoke control systems shall not be considered exhaust systems under Chapter 5 of the *International Mechanical Code* (IMC)."

19. Delete section 909.2 in its entirety and substitute in its place the following:

909.2 "General design requirements. Buildings, structures, or portions thereof required by provisions of the *Life Safety Code* (LSC) or this *Code*, as adopted by this Chapter, or by provisions of the *International Building Code*, as adopted by the Department of Community Affairs, to have a smoke control system or systems shall have such systems designed in accordance with the applicable requirements of Section 909 of this *Code* and the generally accepted and well established principles of engineering relevant to the design. The construction documents shall include sufficient information and detail to describe adequately the elements of the design necessary for the proper implementation of the smoke control systems. These documents shall be accompanied with sufficient information and analysis to demonstrate compliance with these provisions."

20. Add a new section 909.2.1 to read as follows:

909.2.1 " Smoke Control. For the purposes of 909.2 the following publications shall be considered as providing the generally accepted and well established principals of engineering relevant to design of required smoke control systems.

(1) NFPA 92, *Standard for Smoke Control Systems*

(2) NFPA SPP-53, *Smoke Control in Fire Safety Design*

(3) ASHRAE/SFPE, *Design of Smoke Management Systems*

(4) ASHRAE, Guideline 5: *Guideline for Commissioning Smoke Management Systems*"

(5) NFPA 101, *Life Safety Code* (For non-mandatory guidance involving systems for existing detention and correction facilities refer to A.23.3.1.3 of the 2012 Edition)

21. Add a new section 909.2.1 to read as follows:

909.2.1 **"Deactivation of Mechanical Pressurization Systems.** The design of pressurization systems shall ensure that smoke is not introduced into the pressurized enclosure so as to result in the untenable contamination of the fresh air. Approved smoke detectors shall be installed at each intake in such approved manner that the operation of the fan providing mechanical pressurization to the enclosure where smoke is detected shall be deactivated upon detection of smoke."

22. Add a new subsection 912.2.3 to read as follows:

912.2.3 **"Location of fire department connections.** The location of fire department connections for automatic sprinkler systems shall be as approved by the Fire Chief as set forth in accordance with Section 912 and Section 501.5 of this *Code*, as adopted by 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

23. Add a new section 914.7.3 to read as follows:

914.7.3 **"Limited Use Special Amusement Buildings:** Special amusement buildings not open to the public in excess of 45 days in a twelve month period shall be permitted, provided all of the following conditions are met:

1. Portable fire extinguishers with a minimum of a 2A:10B:C rating are placed within 25 feet of each activity or viewing station, so as to be readily accessible and visible to staff;
2. A smoke detection system is placed throughout the facility with a smoke detector located at each activity or viewing station and located throughout corridors and halls not to exceed a spacing more than 15 feet (4.6 m) from a wall or more than 30 feet (9.1 m) on center. Where there is no ceiling or cover over activity or viewing stations, or over exit access routes, other than the standard ceiling, smoke detectors shall be placed so that their area of coverage does not exceed the approval listing of the detectors;
3. Emergency lighting shall be provided which will cause illumination of the means of egress upon loss of power to lighting circuits for the means of egress routes serving the special amusement building. In addition, all staff shall be provided with flashlights;
4. Personnel dedicated for the sole purpose of performing fire watch duties as defined in Chapter 2 of the *International Fire Code* and as be deemed necessary for specific circumstances by the authority having jurisdiction, shall be provided in such numbers to ensure the entire special amusement space is surveyed at least every 30 minutes starting 30 minutes prior to public occupancy. Such personnel shall be provided with a direct communication device for communication with all viewing or activity stations throughout the facility. In addition such personnel shall be provided with appropriate training for the operation of portable fire extinguishing equipment;
5. Communication to the responding fire department or emergency dispatch center is available from the facility (a regular telephone or at least two cell phones are acceptable);
6. "NO SMOKING" signs shall be posted at entrances to the building. Receptacles for the discard of smoking material shall be located a minimum of 15 feet (9.1 m) from the structure and shall be clearly identified by applicable signage;
7. Documentation of fire watch tours required by item 4 above is maintained. The documentation, at the minimum, shall note the time when the tour was conducted the name of personnel conducting the tour, and information about any hazards identified and actions taken to remove such hazards. Such documentation shall be readily available to the code official upon request."

(j) **Modifications to Chapter 10:**

1. Delete sections 1001 through 1030 in their entirety and substitute in their place the following:

1001.1 "General.

(A) Proposed (new) buildings or portions thereof approved for construction as set forth in 103.3 of this *Code*, shall be provided with means of egress and related safeguards as set forth by NFPA 101, *Life Safety Code*, as adopted this Chapter. (Refer to **Table 102.13, CODES REFERENCE GUIDE**)

(B) Buildings and structures existing and approved prior the effective date of this Chapter 120-3-3, as set forth in 103.3 of this *Code*, having means of egress and related safeguards conforming to NFPA 101, *Life Safety Code*, under which they were approved and constructed shall be considered as complying with this *Code*. Means of egress and related safeguards in existing buildings constructed without approval, may be considered as complying with this code section if, in the judgment of the authority having jurisdiction, they do not constitute a distinct hazard to life. Where, in the judgment of the authority having jurisdiction, the means of egress or related safeguards provided constitute a distinct hazard to life, the hazardous condition or conditions shall be remedied based on the provisions for existing buildings of the *Life Safety Code* as adopted by this Chapter 120-3-3.

(C) Exit discharge termination dispersal areas may be utilized where authorized and designed in accordance with 7.7.1.5 of the *Life Safety Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

2. Add the following section 1001.2 to read as follows:

1001.2 "Overcrowding and Life Safety Hazard Prevention. Overcrowding or admittance of any person beyond the approved capacity of a building or a portion thereof shall not be allowed. It is the responsibility of the manager and the person in charge of a building, structure, or portion thereof not to allow an overcrowded condition or any condition which constitutes a life safety hazard to exist, and to take prompt action to remedy an overcrowded condition or life safety hazard when evidence of such a condition is noted, or when advised or ordered by the Fire Code Official or his/her representative. (Refer to 107.6)

1001.2.1 Decreases in the Occupant Load. For authorized decreases in the occupant load approved by the fire code authority having jurisdiction, the actual number of occupants for whom each occupied space, floor or building is designed, although less than those determined by calculation, shall be permitted to be used in the determination of the design occupant load.

1001.2.2 Increases in the Occupant Load. For approved increases in the occupant load by the fire code authority having jurisdiction, refer to 7.3.1.5 of Subsection 7.3.1 of NFPA 101, *Life Safety Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner.

1001.2.3 Overcrowded Condition or Life Safety Hazard Determined. The fire code official, upon finding any overcrowded conditions or obstructions in aisles, passageways or other means of egress, or upon finding any condition which constitutes a life safety hazard, shall be authorized to cause the event to be stopped until such condition or obstruction is corrected. In addition, a structure, building, room or designated portion thereof shall be deemed overcrowded if the total of occupants exceeds the exit capacity of the structure, building, room or area involved."

(k) Modifications to Chapter 11:

1. Delete 1101.1 and substitute in its place the following:

1101.1 "Scope. The provisions of this chapter shall apply to existing buildings constructed prior to the effective date of this Chapter 120-3-3.

2. Delete 1101.2 and substitute in its place the following:

1101.2 "Intent. The intent of this chapter is to provide a minimum degree of fire and life safety to persons occupying buildings by providing for existing building rehabilitation activities including repair, renovation, modification, reconstruction, change of use or occupancy classification, and additions to such buildings.

3. Delete 1101.3 and substitute in its place the following:

1101.3 **"Permits.** Construction permits for buildings falling under State jurisdiction, as set forth in O.C.G.A. [25-2-13](#), shall be required for the activities noted in 4601.1 when the criteria of O.C.G.A. [25-2-14\(d\)](#) for an existing building to be classified as a proposed (new) building or structure are met. For local jurisdictions, permits shall be required as set forth in Section 105.7 of this *Code* and the *International Building Code*.

4. Delete Sections 1102 through 1104 and substitute in their place a new 1102 to read as follows:

SECTION 1102 "FIRE AND LIFE SAFETY REQUIREMENTS FOR EXISTING BUILDINGS AND STRUCTURES"

1102.1 **"General.** The intents and purposes of this section shall be met through the application of the applicable provisions of this *Code*, the *Life Safety Code*, and other codes and standards as adopted by Chapter 120-3-3 of the Rules and Regulations of the Georgia Safety Fire Commissioner, as they apply to existing conditions and routine maintenance of fire and life safety protection systems and devices. For building rehabilitation activities, including repair, renovation, modification, reconstruction, change of use or occupancy classification, and additions to such buildings, the definitions and requirements of Chapter 43, of the *Life Safety Code*, adopted by Chapter 120-3-3 of the Rules and Regulations of the Georgia Safety Fire Commissioner shall apply."

(l) Modifications to Chapter 20:

1. Delete section 2003.5 in its entirety and substitute in its place the following:

2003.5 "Dispensing of flammable and combustible liquids. No dispensing, transfer or storage of flammable or combustible liquids shall be permitted inside any building or structure.

Exceptions:

1. *As provided in Chapter 57 of this Code, provided, the provisions are not less protective than the provisions of any applicable Codes and standards adopted by the Rules and Regulations of the Safety Fire Commissioner.*

2. *When the procedures used follow the guidelines and requirements set forth in NFPA 410 - Standard for Aircraft Maintenance, adopted by this Chapter 120-3-3."*

2. Delete sections 2006.1 through 2006.21.1 in their entirety and substitute in their place a new paragraph 2006.1 to read as follows:

2006.1 "Aircraft motor vehicle fuel-dispensing stations and Airport Fuel Systems. All aircraft motor vehicle fuel-dispensing stations and airport fuel systems shall be in accordance with Chapter 120-3-11 Rules and Regulations of the Safety Fire Commissioner entitled, 'Rules and Regulations for Flammable and Combustible Liquids.'"

3. Delete section 2007.1 in its entirety and substitute in its place the following:

2007.1 **"General.** Helistops and heliports shall be maintained in accordance with Section 2007. Helistops and heliports on buildings or structures shall be constructed in accordance with the *International Building Code* and the requirements set forth by NFPA 418, Standard for Heliports, adopted by this Chapter 120-3-3."

(m) Modification to Chapter 23.

1. Delete sections 2301.1 through 2301.6 in their entirety and substitute in their place a new paragraph 2301.1 to read as follows:

2301.1 **"Scope.** Automotive motor fuel-dispensing facilities, marine motor fuel dispensing facilities, fleet vehicle motor fuel-dispensing facilities and repair garages shall be in accordance with Chapter 120-3-11 Rules and

Regulations of the Safety Fire Commissioner entitled, 'Rules and Regulations for Flammable and Combustible Liquids'."

Exception: This chapter shall apply to hydrogen motor fuel-dispensing and generation facilities as specified in section 2309 and repair garages where referenced by subsection 406.6, entitled, 'Repair Garages,' of the International Building Code.

2. Delete sections 2303 through 2308 and all other paragraphs there-under, and section 2310 and all other paragraphs thereunder in their entirety without substitution.

(n) Modification to Chapter 31:

1. Delete 3106.5.2 in its entirety and substitute in its place the following:

3106.5.2 "Cooking Operations. Cooking operations shall be evaluated and comply with NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

(o) Modification to Chapter 50:

1. Add two new exceptions 12 and 13 to section 5001.1 to read as follows:

12. "Storage, transportation, use, dispensing, mixing and handling of Flammable and combustible liquids as outlined in Chapter 120-3-11 Rules and Regulations of the Safety Fire Commissioner entitled, "Rules and Regulations for Flammable and Combustible Liquids.

13. Storage, handling, and transportation of liquefied petroleum gas (LP-Gas) and the installation of LP-gas equipment pertinent to systems for such use as outlined Chapter 120-3-16 Rules and Regulations of the Safety Fire Commissioner entitled, 'Rules and Regulations for Liquefied Petroleum Gases.'

2. In Table 5003.11.1, add superscript "k" to Oxidizers in the Material column and add the following footnote "k" to read as follows:

k. "Group M occupancies with Class 2 and Class 3 oxidizers exceeding these quantities shall comply with the applicable provisions of NFPA 400, *Hazardous Materials Code* as adopted by this Chapter 120-3-3."

(p) Modifications to Chapter 56:

2. Delete sections 5601 through 5607 and all related paragraphs there under in their entirety and substitute in their place the following:

5601. **"Explosives and blasting.** The provisions of Chapter 120-3-10 Rules and Regulations of the Safety Fire Commissioner entitled, 'Rules and Regulations for Explosives and Blasting Agents' shall govern the possession, manufacture, storage, handling, sale and use of explosives, explosive materials and small arms ammunitions."

3. Delete section 5608.1 in its entirety and substitute in its place the following:

5608.1 "GENERAL PROVISIONS. In addition to the requirements of this Section for the display of fireworks the provisions of O.C.G.A. Title 25, Chapter 2, and Chapter 120-3-22, Rules and Regulations of the Safety Fire Commissioner, shall apply. Where there may be a conflict between a provision of this Section and a provision of the above referenced law or regulation, the provision of the above referenced law or regulation shall apply. Nothing in this chapter shall be construed to prohibit the use of fireworks by railroads or other transportation agencies for the signal purposes or illumination, or the sale or use of blank cartridges for a show or theater, or for signal or ceremonial purposes in athletics or sports or for the use by military organizations."

2. Insert a new section 5608.11 to read as follows:

5608.11 "Retail display and sale. (a) Fireworks as defined in the Official Code of Georgia (O.C.G.A.) Title 25, Chapter 10 in 25-10-1(a)(1) shall not be made available for sale at retail or wholesale, except as provided in O.C.G.A. [25-10](#). (b) Non-explosive sparkling devices as defined in O.C.G.A. [25-10-1\(b\)](#) are permitted for retail sales to the public, provided, however, it is unlawful for any such devices to be sold to any person under 18 years of age (O.C.G.A. [25-10-2\(b\)\(1\)](#)). In addition, it is unlawful to sell such items to any person by any means other than an in-person, face-to-face sale. Further, such person shall provide proper identification to the seller at the time of such purchase. The term 'proper identification' means any document issued by a governmental agency containing a description of the person, such person's photograph, or both, and giving such person's date of birth and includes without being limited to, a passport, military identification card, driver's license, or an identification card authorized under O.C.G.A. Sections [40-5-100](#) through [40-5-104](#). (c) In areas where devices are stored or displayed for retail sales, at least one pressurized-water type portable fire extinguisher complying with NFPA 10, as adopted by this Chapter shall be located not more than 20 feet and not closer than 15 feet from the storage or display location. In addition, "NO SMOKING" signs complying with Section 310 shall be conspicuously posted in areas of such storage or display, unless in a building where smoking is clearly marked as prohibited."

(q) Modification to Chapter 57:

1. Add a new non-applicability paragraph number 12 to section 5701.2 to read as follows:

12. " The storage, transportation, use, dispensing, mixing and handling of Flammable and Combustible Liquids as outlined in Chapter 120-3-11 Rules and Regulations of the Safety Fire Commissioner entitled, 'Rules and Regulations for Flammable and Combustible Liquids.'"

(r) Modifications to Chapter 61:

1. Delete Chapter 61 in its entirety and substitute in its place the following:

"CHAPTER 61 LIQUEFIED PETROLEUM GASES. The provisions relating to the storage and handling of liquefied petroleum gases shall be those in NFPA 58, *Liquefied Petroleum Gas Code*, as adopted by Chapter 120-3-16, Rules and Regulations of the Safety Fire Commissioner. (Refer to **Table 102.13, CODES REFERENCE GUIDE**)"

(s) Modifications to Chapter 80:

1. Add an Explanatory Note at the start of the Chapter to read:

"Replace the NFPA Standard Reference numbers with the year edition with the same NFPA Standard Reference numbers and titles however; each year edition shall be those as adopted by the Rules and Regulations of the Georgia Safety Fire Commissioner Chapters 102-3-3, 120-3-10, 120-3-11 and 120-3-12."

(4) NFPA 2, 2020 Edition Hydrogen Technologies Code

Modifications: None

(5) NFPA 3, 2018 Edition, Guide for the Commissioning and Integrated Testing of Fire Protection and Life Safety Systems Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.3 to read as follows:

1.1.3 "This document is recognized strictly as a recommended practice for fire prevention and fire protection. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, and it is not adopted as a minimum

state code or standard. It may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards, or it may be adopted and enforced by a local jurisdiction under local ordinance."

(6) NFPA 10, 2018 Edition, *Standard for Portable Fire Extinguishers*

Modifications:

(a) Modification to Chapter 6:

1. Delete 6.1.3.8.1 in its entirety and insert in its place the following (6.1.3.8.2 and 6.1.3.8.3 remain unchanged:

6.1.3.8.1 "Portable fire extinguishers having a gross weight not exceeding 40 lb. (18.14 kg) shall be installed so that the top of the extinguisher is not more than 48 in (1.19 m) above the floor."

2. Delete 6.1.3.10.5 in its entirety and substitute in its place the following:

6.1.3.10.5 Cabinets or wall recesses for fire extinguishers shall be installed that the top of the opening for the fire extinguisher is at 50 in. (1.27 m) above the finished floor.

6.1.3.10.5.1 The provisions of 6.1.3.10.5 shall not apply to existing installations.

(b) Modifications to Chapter 7:

1. Delete 7.1.2.1* in its entirety and insert in its place the following:

7.1.2.1 "Persons performing maintenance and recharging of extinguishers shall be licensed and/or permitted in accordance with Chapter 12 of Title 25 of the Official Code of Georgia Annotated."

2. Delete subparagraphs 7.1.2.1.1 thru 7.1.2.1.5 in their entirety without substitution.

3. Delete subparagraph 7.1.2.3 in its entirety without substitution.

4. Delete subsection 7.3.4.1.1 in its entirety and substitute in its place the following:

7.3.4.1.1 "Tags shall comply the requirements of Chapter 120-3-23 Rules and Regulations of the Safety Fire Commissioner."

5. Delete subsection 7.3.4.2 in its entirety and substitute in its place the following:

7.3.4.2 "**Verification-of-Service Collar (Maintenance or Recharging)**. Verification-of-Service Collars shall comply with the requirements of Chapter 120-3-23 Rules and Regulations of the Safety Fire Commissioner."

6. Delete subsection 7.3.6.5.3 in its entirety and substitute in its place the following:

7.3.6.5.3 "The 6 year Maintenance internal examination label shall be blue in color and shall comply with the requirements of Chapter 120-3-23 Rules and Regulations of the Safety Fire Commissioner."

7. Delete subsection 7.11.3 in its entirety and substitute in its place the following:

7.11.3 "Verification-of-Service Collars shall comply with the requirements of Chapter 120-3-23 Rules and Regulations of the Safety Fire Commissioner."

(c) Modifications to Chapter 8:

1. Delete subsection 8.1.2.1 in its entirety and substitute in its place the following:

8.1.2.1 "Hydrostatic testing shall be performed by persons who are, licensed and/or permitted in accordance with Chapter 12 of Title 25 of the Official Code of Georgia Annotated, trained in pressure testing procedures and safeguards complying with 7.1.2, who have testing equipment, facilities, and an appropriate manufacturer's service manual(s) available."

2. Delete subsection 8.1.2.1.2 in its entirety without substitution.

3. Delete subsection 8.1.2.1.3 in its entirety and substitute in its place the following:

8.1.2.1.3 "*Where hydrostatic testing is subcontracted to a facility described in 8.1.2.1.1, the secondary firm actually performing the hydro testing must be listed on the primary firms license(s) application on file in the Georgia State Fire Marshal's Office."

4. Delete subsection 8.7.2.2 in its entirety and substitute in its place the following:

8.7.2.2 "The label shall comply with the requirements of Chapter 120-3-23 Rules and Regulations of the Safety Fire Commissioner."

(7) NFPA 11, 2016 Edition, Standard for Low-, Medium-, and High-Expansion Foam

Modifications: None

(8) NFPA 12, 2018 Edition, Standard on Carbon Dioxide Extinguishing Systems

Modifications: None

(9) NFPA 12A, 2018 Edition, Standard on Halon 1301 Fire Extinguishing Systems

Modifications: None

(10) NFPA 13, 2019 Edition, Standard for the Installation of Sprinkler Systems

Modifications:

(a) Modification to Chapter 4:

1. Add a new Section 4.2.1 to read as follows:

4.2.1.1 "**Modification of Existing Sprinkler Systems.** In existing sprinkler systems, heads may be relocated from original installation locations. All alterations or modifications to existing branch lines shall be submitted with hydraulic calculations if work is outside of scope of subsections 4.4.1 through 4.4.4. New hydraulic data nameplate shall be placed on any modified system at the riser or sectional valve along with the existing hydraulic data nameplate.

4.2.1.2 One additional sprinkler may be added to an original installation location if the additional sprinkler is in a remotely located or non-communicating compartment from the existing or relocated sprinkler.

4.2.1.3 Two sprinklers may be added to an existing branch line if the additional sprinklers are in remotely located or non-communicating compartments from the existing or relocated sprinkler.

4.2.1.4 New branch lines added to existing cross mains shall be sized the same as the existing branch lines.

4.2.1.5 No more than two heads shall be supplied from 1 inch (25.4 mm) pipe unless the existing system was calculated to supply more than two heads. In such case, the calculated maximum for 1 inch (25.4 mm) pipe shall take precedence."

(b) Modification to Chapter 5:

1. Add a new paragraph 5.2.2.3 to read as follows:

5.2.2.3 "A water test taken to determine the period of highest demand and made not more than six months prior to plan submittal shall be submitted to the authority having jurisdiction with all new system designs."

(c) Modification to Chapter 9:

1. Delete the Annex note A.9.3.5.1 to 9.3.5.1* and insert a revised A.9.3.5.1 to read follows: "A.9.3.5.1 It is the intent of this section to apply the requirement for draft stops and closely spaced sprinklers to openings in fire rated floor/ceiling assemblies. It is not the intent of this section to require draft stops and closely spaced sprinklers to the perimeter around mezzanines, raised platforms, lofts or other places where stairs or escalators ascend to a floor or landing that is open to the space below.

2. Insert a new 9.3.5.2.1 to read as follows:

9.3.5.2.1 "Draft stops required by Section 8.15.4.1 shall not be required in Light and Ordinary Hazard Occupancies utilizing quick response sprinklers throughout."

(d) Modification to Chapter 16:

1.) Delete paragraph 16.12.5.7 in its entirety and substitute in its place the following. The annex note shall remain.

16.12.5.7 **"FDC Locations.** The location of fire department connections shall be approved by the Fire Chief as set forth in subsections 501.5 and 912 of the *International Fire Code (IFC)*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner. Where there may be conflict between subsection 501 or 912 of the *IFC* and section 8.17.2 of this *Code*, the provisions of 501 and 912 of the *IFC* shall prevail."

(e) Modification to Chapter 27:

1. Add a new 27.1.2.1 to read as follows:

27.1.2.1 "Where plan review notes returned with submitted plans or comments on submitted plans by the authority having jurisdiction (AHJ), indicating the need for corrections, such corrections shall be made by the Fire Protection Sprinkler Designer. Only after the needed corrections are made and shown on corrected plans shall changes by installation personnel be allowed. Corrected plans shall be kept at the project site and shall be firmly attached to the set of plans stamped as approved with comments by the AHJ. Submitted plans returned without the approval stamp of the AHJ shall have corrections made and be resubmitted to the AHJ for review and approval. The installation of a system shall not be allowed where plans have been returned without an approval stamp until corrected plans have been submitted, reviewed, and stamped as approved by the AHJ."

2. Add new items (48) through (51) to subsection 27.1.3 to read as follows:

(48) "Type of construction, (i.e., obstructed or unobstructed as defined in Section 3.7), and the distance between the sprinkler deflector and the structure in exposed structure areas.

(49) Indicate the system is a NFPA 13 designed system.

(50) Owner's Certificate, provided in accordance with Section 4.2.

(51) Name, number and signature of the Certificate of Competency holder & Designer."

3. Add a new subsection 27.2.4.11.2.1 to read as follows:

27.2.4.11.2.1 " There shall be a minimum 10 psi (0.69 bar) cushion between the hydraulically calculated sprinkler system demand and supply when there is a backflow prevention device present.

27.2.4.11.2.1.1 The 10 psi (0.69 bar) cushion may be lowered to not less than 7 psi with written approval of the authority having jurisdiction based on the capability of the fire department to provide support to the system within 10 minutes of the receipt of notification of the alarm of fire in the building."

4. Add a new subparagraph 27.2.4.11.3 to read as follows:

27.2.4.11.3 "There shall be a minimum 15 psi (1.03 bar) cushion between the hydraulically calculated sprinkler system demand and supply in systems that do not have a backflow prevention device.

27.2.4.11.3.1 The 15 psi (1.05 bar) cushion may be lowered to not less than 7 psi with approval of the authority having jurisdiction based on the capability of the fire department to provide support to the system within 10 minutes of the receipt of notification of the alarm of fire in the building."

(i) **Modification to Chapter 28:**

1. Add a new item (5) to 28.1 to read as follows:

(5) "Attach an initial **"GREEN"** inspection tag to the sprinkler system riser.

(a) After installation, acceptance testing, and inspection, at the time the system is initially accepted as being in a state of operational readiness, an Inspection Tag shall be completed and attached to the system at a conspicuous location so as to permit convenient inspection, and not hamper system activation.

(b) Inspection Tags must be **GREEN** in color and have a minimum dimension of 5¼ inches (133 mm) in length and 2 inches (67 mm) in width.

(c) Inspection tags shall bear at least the following information in an easy to read format:

1. **"DO NOT REMOVE BY ORDER OF THE STATE FIRE MARSHAL."** This order shall be in a minimum of 10pt capital letters.

2. The license number, name, and physical address of the licensed Fire Sprinkler Contractor.

3. The license number, printed name, and signature of the licensed Fire Sprinkler Inspector.

4. The properly punched day, month and year the system was inspected and placed in a state of operational readiness.

5. The name and physical address, including tenant space designation, as applicable of the facility."

2. Add a new Section 28.7 Document Accessibility.

28.7.1 With every new system, a documentation cabinet shall be installed in the system riser room or at another approved location at the protected premises.

28.7.2 The documentation cabinet shall be sized so that it can contain all necessary documentation.

28.7.3 Required minimum documentation shall include copies of Approved Hydraulic calculations, Approved Plans, Above and Below ground contractors test, and Inventory of sprinkler heads.

28.7.4 Where the documentation cabinet is not in the sprinkler riser room, its location shall be identified at the system control valve.

28.7.5 The documentation cabinet shall be prominently labeled **SPRINKLER SYSTEM DOCUMENTS**.

28.7.6 The contents of the cabinet shall be accessible by authorized personnel only.

(11) NFPA 13D, 2019 Edition, *Standard for the Installation of Sprinkler Systems in One-and Two-Family Dwellings and Manufactured Homes*

Modifications: None

(12) NFPA 13R, 2019 Edition, *Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height*

Modifications:

(a) Modification to Chapter 1:

Delete Section 1.1 in its entirety and substitute in its place the following. Subsection 1.1.1 and 1.1.2 shall remain.

1.1 **"Scope.** This standard deals with the design and installation of automatic sprinkler systems for protection against fire hazards in residential occupancies, personal care homes, day-care centers and group day-care homes, up to and including four stories in height. When a single-story open-air parking structure of fire-restrictive construction having a rating greater than 2-hours is below a four-story residential occupancy, the structure is considered within this scope."

1. Delete Section 1.2 in its entirety and substitute in its place the following:

1.2 **"Purpose.** The purpose of this standard is to provide design and installation requirements for a sprinkler system to aid in the detection and control of fires in residential occupancies, day-care centers, group day-care homes, and personal care homes, and thus provide improved protection against injury, loss of life, and property damage. A sprinkler system designed and installed in accordance with this standard is expected to prevent flashover (total involvement) in the room of fire origin, where sprinklered, and to improve the chance for occupants to escape or be evacuated. This standard shall not be applied to "new assisted living communities" or new "memory care units" as defined in [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner, and as regulated by Chapter 34 or 35, as applicable, of the *Life Safety Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(b) Modification to Chapter 3:

1. Delete subsection 3.3.10 in its entirety and substitute in its place the following:

3.3.10 **"Residential Occupancies.** Residential Occupancies, as specified in the scope of this standard and for the purposes of this standard, include the following, as defined by State law, or by the Rules and Regulations of the Georgia Safety Fire Commissioner: (1) Apartment buildings, (2) Lodging and rooming houses, (3) Board and care facilities, (4) Hotels, motels, and dormitories, (5) Personal care homes (prompt and slow evacuation type only), (6) Day-care centers and group day-care homes."

2. Add a new paragraph 3.3.9.1 to read as follows:

3.3.10.1 "Day-care Center - For purposes of NFPA 13R, a day-care facility subject to licensure or commission by the Department of Human Resources where more than 12 clients receive care. A day-care center is within the definition of a dwelling unit."

3. Add a new paragraph 3.3.10.2 to read as follows:

3.3.10.2 **"Group Day-care Home** - For purposes of NFPA 13R, a day-care facility subject to licensure or commission by the Department of Human Resources where at least seven but not more than 12 clients receive care. A group day-care home is within the definition of a dwelling unit."

4. Add a new paragraph 3.3.10.3 to read as follows:

3.3.10.3 **"Dwelling** - For purposes of NFPA 13R, any building which contains not more than one or two 'dwelling units' intended to be used, rented, leased, hired out to be occupied for habitation purposes, or for use as a day-care center, a group day-care home, or as a personal care home or community living arrangement."

5. Add a new paragraph 3.3.10.4 to read as follows:

3.3.10.4 **"Outside Dwelling Unit** - Any area such as, but not limited to, storage, mechanical and equipment rooms and/or other area(s) that, in the opinion of the authority having jurisdiction, constitutes a fire hazard in excess of the hazards normally found within the dwelling unit."

6. Add a new paragraph 3.3.10.5 to read as follows:

3.3.10.5 **"Personal Care Home** - For the purposes of NFPA 13R, any building or part thereof that is used as defined in Chapter 120-3-3 in [120-3-3-.03\(11\)](#) of the Rules and Regulations of the Safety Fire Commissioner."

(c) Modification to Chapter 4:

1. Add a new Section 4.6 to read as follows:

4.6 **"Minimum Pipe Sizes.** Minimum pipe sizes shall be $\frac{3}{4}$ inch (19.1 mm) for copper and 1-inch (25.4 mm) for steel. For other approved pipe or tubing used, a minimum size of $\frac{3}{4}$ inch (19.1 mm) for those with a Hazen-Williams 'C' value of 150 or more and 1 inch (19.1 mm) for those less than 150."

(d) Modification to Chapter 6:

1. Delete paragraph 6.6.1 in its entirety and substitute in its place the following:

6.6.1 "Sprinklers shall be installed in all areas except where omission is permitted by 6.6.2 through 6.6.9 excluding day-care facilities. Sprinklers shall be installed in all areas of day-care facilities except where omission is permitted by 6.6.4 and 6.6.5."

2. Add a new paragraph 6.8.11 to read as follows:

6.8.11 "A non-multipurpose piping system shall be isolated from the domestic water system by not less than two spring-loaded check valves or equivalent."

3. Add a new paragraph 6.8.12 to read as follows:

6.8.12 "All valves controlling water supplies for sprinkler systems or portions thereof, including floor control valves, shall be easily accessible to authorized persons. Water supply connections shall not extend into or through a building unless such connection is under control of an outside listed indicating valve or an inside listed indicating valve located near an outside wall of the building."

(e) Modification to Chapter 9:

1. Delete subsection 9.6.2.1 in its entirety and substitute in its place the following:

"Where a waterflow test is used for the purpose of system design, the test shall be conducted no more than 6 months prior to working plan submittal unless otherwise approved by the authority having jurisdiction."

2. Add a new subsection 9.7.2.1 to read as follows:

9.7.2.1 "A fire pump not meeting NFPA 20, *Standard for the Installation of Stationary Pumps for Fire Protection*, may be acceptable for small community living arrangements, day-care centers, day-care homes, and small personal care homes based upon documentation and subject to written approval of the authority having jurisdiction."

(f) **Modification to Chapter 10:**

1. Add a new subsection 10.1.5 to read as follows:

10.1.5 "Upon completion of the acceptance test as set forth in this section, the installer shall attach an initial **"GREEN"** inspection tag to the sprinkler system riser.

(a) After installation, testing, and inspection, at the time the system is initially accepted as being in a state of operational readiness, an Inspection Tag shall be completed and attached to the system at a conspicuous location so as to permit convenient inspection, and not hamper system activation.

(b) Inspection Tags must be GREEN in color and have a minimum dimension of 5¼ inches (133 mm) in length and 2 inches (67 mm) in width.

(c) Inspection tags shall bear at least the following information in an easy to read format:

(1) **"DO NOT REMOVE BY ORDER OF THE STATE FIRE MARSHAL."** This order shall be in a minimum of 10pt capital letters.

(2) The license number, name, and physical address of the licensed Fire Sprinkler Contractor.

(3) The license number, printed name, and signature of the licensed Fire Sprinkler Inspector.

(4) The properly punched day, month and year the system was inspected and placed in a state of operational readiness.

(5) The name and physical address (including tenant space as applicable) of the facility."

(13) **NFPA 14, 2019 Edition, *Standard for the Installation of Standpipe, and Hose Systems***

Modifications:

(a) **Modifications to Chapter 1:**

1. Delete Section [1-1](#) in its entirety and substitute in its place the following:

1-1 **"Scope.** The State's minimum requirements for standpipes shall be established by the *IBC* (Refer to **Table 102.13, CODES REFERENCE GUIDE**) of the *International Fire Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner). In addition, the requirements for occupant hoses are eliminated for new and existing buildings subject to the approval of the authority having jurisdiction. Where the installation of standpipes and /or hose systems is required, this standard covers the minimum requirements for the installation of standpipes and hose systems for buildings and structures. This standard does not cover requirements for periodic inspection, testing, and maintenance of standpipe systems. (See NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*.)"

(b) **Modification to Chapter 7:**

1. Delete 7.8 in its entirety and substitute in its place the following:

7.8 "Minimum and Maximum Pressure Limits

7.8.1 Hydraulically designed standpipe systems shall be designed to provide the waterflow rate required by Section 7.10 at a minimum residual pressure of 100 psi (6.9 bar) at the outlet of the hydraulically most remote 2-1/2 inch (65 mm) hose connection and 65 psi (4.5 bar) at the outlet of the hydraulically most remote 1-1/2 (38 mm) hose connection.

7.8.1.1 Where the local Fire Chief or local Fire Code Official having fire suppression jurisdiction permits lower than 100 psi (6.9 bar) for 2-1/2 inch (65 mm) hose connections, based upon local suppression tactics, the pressure shall be permitted to be reduced to not less than 65 psi (4.5 bar).

7.8.1.2 Where the building is protected throughout by a supervised automatic sprinkler system and the building is not a high-rise, as defined in 3.3.5, the minimum residual pressure provisions shall not be mandatory when the standpipe system piping is a minimum of eight inches (8") nominal diameter.

7.8.1.3 Existing high-rise buildings, as defined in 3.3.5, that are protected throughout by a supervised automatic sprinkler system shall be permitted a reduction of the minimum residual pressure requirement of 100 psi (6.9 bar) at the hydraulically most remote 2-1/2 inch (63.5 mm) hose connection to 65 psi (4.5 bar).

7.8.1.4 Manual standpipe systems shall be designed to provide 100 psi (6.9 bar) at the topmost outlet with the calculations terminating at the fire department connection."

2. Insert a new subsection 7.12.3.4 to read as follows:

7.12.3.4 **"Location.** The location of fire department connections shall be approved by the Fire Chief as set forth in subsection 501.5 of the *International Fire Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

(c) Modification to Chapter 10:

1. Add a new subsection 10.3 to read as follows:

10.3 "A letter certifying that all pressure restricting and pressure reducing equipment is installed and set per NFPA requirements and manufacturer's instructions shall be presented to the inspector along with test certificates at the time of final inspection."

(d) Modification to Annex A:

1. Add a New Annex Note A.7.8.1.4 to read as follows:

A.7.8.1.4 "It is not the intent of this standard to provide an automatic water supply for manual standpipe systems. Manual standpipe systems are designed (sized) to provide 100 psi (6.9 bar) at the topmost outlet using a fire department pumper as the source of flow and pressure."

(14) NFPA 15, 2012 Edition, *Standard for Water Spray Fixed Systems for Fire Protection*

Modifications: None

(15) NFPA 16, 2019 Edition, *Standard for the Installation of Foam-Water Sprinkler and Foam- Water Spray Systems*

Modifications: None

(16) NFPA 17, 2017 Edition, *Standard for Dry Chemical Extinguishing Systems*

Modifications:

(a) **Modification to Chapter 1:**

1. Delete Section 1.6 in its entirety and substitute in its place the following:

1.6 **"*Qualifications.** Only persons who are properly trained and licensed and/or permitted in accordance with Chapter 12 of Title 25 of the Official Code of Georgia Annotated, shall be considered competent to design, install, and service dry chemical systems."

(b) **Modification to Chapter 11:**

1. Delete subsection 11.1.3 in its entirety and substitute in its place the following:

11.1.3 "Only persons trained and licensed and/or permitted in accordance with Chapter 12 of Title 25 of the Official Code of Georgia Annotated, shall be considered competent to design, install, and service dry chemical extinguishing systems, in accordance with this standard and the manufacturer's instructions."

2. Delete paragraph 11.1.3.1 in its entirety without substitution.

3. Delete subparagraph 11.3.1.2.4 in its entirety and substitute in its place the following:

11.3.1.2.4 "The label shall comply with the requirements of Chapter 120-3-23 Rules and Regulations of the Safety Fire Commissioner."

4. Delete subparagraph 11.3.1.2.7 in its entirety and substitute in its place the following:

11.3.1.2.7 "The collar shall comply with the requirements of Chapter 120-3-23 Rules and Regulations of the Safety Fire Commissioner."

5. Delete paragraph 11.3.1.10 in its entirety and substitute in its place the following:

11.3.1.10 "Each dry chemical system shall have the required tags or labels complying with the requirements of Chapter 120-3-23 Rules and Regulations of the Safety Fire Commissioner after each service has been conducted on the system. Only the current applicable tag or label shall remain on the system."

6. Delete subsection 11.4.2 in its entirety and substitute in its place the following:

Systems shall be recharged by persons who are properly trained and licensed under the requirements of Chapter 120-3-23, Rules and Regulations of the Safety Fire Commissioner, in accordance with the manufacturer's listed installation and maintenance manual."

(17) **NFPA 17A, 2013 Edition, *Standard for Wet Chemical Extinguishing Systems***

Modifications:

(a) **Modification to Chapter 1:**

1. Delete Section 1.7 in its entirety and substitute in its place the following:

1.7 **"*Qualifications.** Only persons who are properly trained and licensed and/or permitted in accordance with Chapter 12 of Title 25 of the Official Code of Georgia Annotated, shall be considered competent to design, install, and service wet chemical systems."

(b) **Modification to Chapter 7:**

1. Delete subsection 7.3.1 in its entirety and substitute in its place the following:

7.3.1 "A service technician who performs maintenance on an extinguishing system shall be trained and shall possess a licensed and/or permitted in accordance with Chapter 12 of Title 25 of the Official Code of Georgia Annotated."

2. Delete paragraph 7.3.1.1 in its entirety without substitution.

3. Delete subparagraph 7.3.3.6.1 in its entirety and substitute in its place the following:

7.3.3.6.1 "The owner or owner's representative shall retain all maintenance reports for a period of 3 years after the next maintenance of that type required by the standard."

4. Delete paragraph 7.3.3.7 in its entirety and substitute in its place the following:

7.3.3.7 "*Each wet chemical system shall have a tag or label securely attached, complying with the requirements of Chapter 120-3-23 Rules and Regulations of the Safety Fire Commissioner. Only the current tag or label shall remain in place."

5. Add a new paragraph 7.5.2.4 to read as follows:

7.5.2.4 "Each stored pressure system agent cylinder that has undergone maintenance or hydrostatic testing that includes internal examination, or that has been recharged shall have 'Verification of Service' collar located around the neck of the cylinder. The collar shall contain a single circular piece of uninterrupted material forming a hole of a size that will not permit the collar assembly to move over the neck of the cylinder unless the valve is completely removed. The collar shall not interfere with the operation and actuation of the system cylinder. The 'Verification of Service' collar shall comply with the requirements of NFPA 10, *Standard for Portable Fire Extinguishers*, as adopted by Chapter 120-3-3, Rules and Regulations of the Safety Fire Commissioner.

7.5.2.4.1 The provisions of 7.5.2.4 do not apply to stored pressure system cylinders undergoing maintenance before March 1, 2002.

7.5.2.4.2 Non-stored pressure cylinders such as cartridge cylinders for cartridge-operated systems do not require a 'Verification of Service' collar for the cartridge."

(18) NFPA 18, 2017 Edition, *Standard on Wetting Agents*

Modifications: None

(19) NFPA 18A, 2017 Edition, *Standard on Water Additives for Fire Control and Vapor Mitigation*

Modifications: None

(20) NFPA 20, 2019 Edition, *Standard for the Installation of Stationary Pumps for Fire Protection*

Modifications:

(a) Modification to Chapter 4:

1. Add new paragraphs 4.6.2.3.4 and 4.6.2.3.5 to read as follows:

4.6.2.3.4 "At 150% rated capacity or below, the pump suction supply shall not drop below 20 psi (1.38 bar).

4.6.2.3.5 Suction supply pressure may be lowered upon approval of the authority having jurisdiction."

(21) NFPA 22, 2018 Edition, *Standard for Water Tanks for Private Fire Protection*

Modifications: None

(22) NFPA 24, 2019 Edition, *Standard for the Installation of Private Fire Service Mains and Their Appurtenances*

Modifications:

(a) Modifications to Chapter 4:

1. Delete 4.1.3 (10) in its entirety and substitute in its place the following:

(10) "Size, location, and piping arrangement of fire department connections as approved by the local Fire Chief having jurisdiction as set forth in 501.5 of the *International Fire Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

(b) Modifications to Chapter 13:

1. Delete Section 13.1 in its entirety and substitute in its place the following: "13.1* Private Service Mains.

13.1.1 No pipe smaller than a nominal 8 inches (203 mm) in diameter shall be used to supply more than one hydrant or one hydrant on dead end mains over 500 feet (152 m).

13.1.2 No pipe smaller than a nominal 8 inches (203 mm) in diameter shall be used to supply one hydrant and automatic extinguishing systems.

13.1.3 No pipe smaller than a nominal 8 inches (203 mm) in diameter shall be used to supply more than one hydrant and automatic extinguishing systems on looped mains over 1,000 feet (305 m)."

2. Add the following in Annex A, A13.1:

A.13.1 "Pipe sizing should be based upon good engineering practices based on the projected water demand, firefighting capabilities and water supply characteristics. Pipe sizes other than those specified in 13.1 may be acceptable in new or existing installations with the written approval of the authority having jurisdiction."

(23) NFPA 25, 2017 Edition, *Standard for the Inspection, Testing, and Maintenance of Water- Based Fire Protection Systems*

Modifications:

(a) Modifications to Chapter 4:

1. Add a new Subsection 4.3.1.2 to read as follows:

4.3.1.2 "On non-compliant or impaired systems, a copy of the inspection report shall be forwarded to the authority having jurisdiction by the owner and/or the occupant."

2. Delete 4.3.3* in its entirety and substitute in its place the following:

4.3.3 "*Records shall be maintained by the property owner for a period of at least three years."

3. Delete Section 4.3.5 and replace with the following:

4.3.5 " Subsequent records shall be retained for a period of 3 years after the next inspection of that type required by the standard."

4. Add a new subsection 4.3.6 to read as follows:

4.3.6 "Tagging.

4.3.6.1 Inspection Tag.

(a) After inspection and testing, an Inspection Tag shall be completed indicating all work that has been done, and then attached to the system in such a position as to permit convenient inspection and not hamper its activation or operation. A new Inspection Tag shall be attached to each system each time an inspection and test service is performed.

(b) Inspection Tags must be GREEN in color having a minimum dimension of 133 mm (5 1/4 inches) in height and 67 mm (2 5/8 inches) in width.

(c) Inspection tags shall bear the following information in an easily read format:

1. **'DO NOT REMOVE BY ORDER OF THE STATE FIRE MARSHAL.'** This particular information shall be in a minimum of 10pt type and in all capital letters.

2. The licensed Fire Sprinkler Contractor's name and physical address;

3. The license number of the Fire Sprinkler Contractor;

4. The license number of the fire sprinkler inspector;

5. The licensed fire sprinkler inspector's signature;

6. The day, month and year (to be punched);

7. The facility name and address.

(d) Inspection Tags may be printed and established for any period of time. After each printing, a minimum of three sample tags must be forwarded to the State Fire Marshal's office.

(e) An Inspection Tag shall only be removed by an authorized representative of a licensed fire sprinkler contractor.

(f) Should impairments or noncompliance items be found, the licensed inspector shall notify the building owner or his representative and the authority having jurisdiction in writing of all noncompliance items and/or impairments found. A fire sprinkler system compliance Inspection Tag shall not be installed on each system until the impairments or noncompliance items have been corrected and each system has been re-inspected and found to be in a state of operational readiness.

4.3.6.2 Noncompliance Tag.

(a) If a fire sprinkler system is found in noncompliance with the applicable NFPA standards, a completed Noncompliance Tag shall be attached to the main control valve of each system to indicate that corrective action is necessary.

(b) Noncompliance Tags must be YELLOW in color having a minimum dimension of 133 mm (5 1/4 inches) in height and 67 mm (2 5/8 inches) in width.

(c) Noncompliance Tags shall bear the following information in an easily read format:

1. **'DO NOT REMOVE BY ORDER OF THE STATE FIRE MARSHAL-SYSTEM NOT IN COMPLIANCE WITH NFPA STANDARDS.'** This particular information shall be in a minimum of 10pt type and in all capital letters.

2. The licensed Fire Sprinkler Contractor's name and physical address;

3. The license number of the Fire Sprinkler Contractor;
4. The license number of the fire sprinkler inspector;
5. The licensed fire sprinkler inspector's signature;
6. The day, month and year (to be punched);
7. The noncompliance issue(s);
8. The facility name and address.

(d) Noncompliance Tags may be printed and established for any period of time. After each printing, a minimum of three sample tags must be forwarded to the State Fire Marshal's office.

(e) The signature of the licensee on a Noncompliance Tag certifies the impairments listed on the label cause the system to be out of compliance with NFPA standards.

(f) A Noncompliance Tag shall only be removed by an authorized representative of a licensed fire sprinkler contractor upon re-inspection of the fire sprinkler system.

(g) A letter of noncompliance conditions shall be sent to the building owner or authorized representative within five working days of the date of the inspection.

4.3.6.3 Impairment Tag.

(a) Should impairments constitute an emergency impairment as defined in this standard, then the inspector shall complete and attach an Impairment Tag to the main control valve of each system and the fire department connection to indicate that corrective action is necessary.

(b) Impairment Tags must be RED in color having a minimum dimension of 133 mm (5 1/4 inches) in height and 67 mm (2 5/8 inches) in width.

(c) Impairment Tags shall bear the following information in an easily read format:

1. **'DO NOT REMOVE BY ORDER OF THE STATE FIRE MARSHAL.'** This particular information shall be in a minimum of 10pt type and in all capital letters.

2. The licensed Fire Sprinkler Contractor's name and physical address;

3. The license number of the Fire Sprinkler Contractor;

4. The license number of the fire sprinkler inspector;

5. The licensed fire sprinkler inspector's signature;

6. The day, month and year (to be punched);

7. The emergency impairment(s);

8. The facility name and address.

(d) Impairment Tags may be printed and established for any period of time. After each printing, a minimum of three sample tags must be forwarded to the State Fire Marshal's office.

(e) The signature of the licensee on an Impairment Tag certifies the impairments listed on the label cause the system to be out of compliance with NFPA standards.

(f) An Impairment Tag shall only be removed by an authorized representative of a licensed fire sprinkler contractor upon re-inspection of the fire sprinkler system.

(g) A letter of emergency impairment conditions shall be sent to the building owner or authorized representative and to the occupant within 24 hours of the time of the inspection. The building owner and/or occupant shall notify the authority having jurisdiction within 24 hours of the time of the impairment notification."

(b) Modifications to Chapter 6:

1. Add a new 6.1.1.1.1 to read as follows:

6.1.1.1.1 "In new and existing buildings, the requirements for hose for occupant use are eliminated, subject to the approval of the local Fire Chief or local Fire Code Official having fire suppression jurisdiction."

(24) NFPA 30, *Flammable and Combustible Liquids Code*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(25) NFPA 30A, *Code for Motor Fuel Dispensing Facilities and Repair Garages*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(26) NFPA 30B, *Code for the Manufacture and Storage of Aerosol Products*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(27) NFPA 31, *Standard for the Installation of Oil-Burning Equipment*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(28) NFPA 32, *Standard for Drycleaning Plants*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(29) NFPA 33, *Standard for Spray Application Using Flammable or Combustible Materials*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(30) NFPA 34, *Standard for Dipping, Coating and Printing Processes Using Flammable or Combustible Liquids*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(31) NFPA 35, *Standard for the Manufacture of Organic Coatings*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(32) NFPA 36, *Standard for Solvent Extraction Plants*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(33) NFPA 37, *Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(34) NFPA 40, 2019 Edition, *Standard for the Storage and Handling of Cellulose Nitrate Film*

Modifications: None

(35) NFPA 45, 2019 Edition, *Standard on Fire Protection for Laboratories Using Chemicals*

Modifications:

(a) Modification to Chapter 10:

1. Delete paragraph 10.2.3.4 in its entirety and substitute in its place the following:

10.2.3.4 **"Emergency shutoff valves for laboratories.** In addition to point of use manual shutoff valves required by 10.2.3, each laboratory space containing two or more gas outlets installed on tables, benches, or in hoods in business, educational, healthcare, research, commercial, and industrial occupancies shall have a single valve through which all such gas outlets are supplied. This emergency shutoff valve shall be accessible, located within the laboratory or adjacent to the laboratory's primary egress door, and clearly identified by approved signage stating at the least, **'GAS SHUTOFF'.**"

(36) NFPA 51, 2018 Edition, *Standard for the Design and Installation of Oxygen-Fuel Gas Systems for Welding, Cutting, and Allied Processes*

Modifications:

(a) Refer to Chapter 120-3-13, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(37) NFPA 51B, 2019 Edition, *Standard for Fire Prevention During Welding, Cutting, and Other Hot Work*

Modifications:

(a) Refer to Chapter 120-3-13, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(38) NFPA 52, 2019 Edition, *Gaseous Vehicular Fuel Systems Code*

Modifications:

(a) Refer to Chapter 120-3-14, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(39) NFPA 53, 2016 Edition, *Materials, Equipment, and Systems Used in Oxygen-Enriched Atmospheres*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.3.1 to read as follows:

1.3.1 "This document is recognized strictly as a recommended practice that may be used in evaluating fire hazards in oxygen-enriched atmospheres. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone code or standard, however, it may be used in conjunction with and in the support of the applicable provisions of other adopted codes or standards."

(40) NFPA 54, 2018 Edition, *National Fuel Gas Code*

Modifications:

(a) Refer to Chapter 120-3-14, Rules and Regulations of the Safety Fire Commissioner, and Chapter 120-3-16, Rules and Regulations of the Safety Fire Commissioner, for the adopted edition and any modifications.

(41) NFPA 55 2020 Edition, *Compressed Gases and Cryogenic Code*

Modifications: None

(43) NFPA 56, 2017 Edition, *Standard for Fire and Explosion Prevention During Cleaning and Purging of Flammable Gas Piping Systems*

Modifications: None

(44) NFPA 58, 2017 Edition, *Liquefied Petroleum Gas Code*

Modifications:

(a) Refer to Chapter 120-3-16, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(45) NFPA 59, *Utility LP-Gas Plant Code (LNG)*

Modifications:

(a) Refer to Chapter 120-3-16, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(46) NFPA 59A, 2019 Edition, *Standard for the Production, Storage, and Handling of Liquefied Natural Gas*

Modifications:

(a) Refer to Chapter 120-3-16, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(47) NFPA 61, 2017 Edition, *Standard for the Prevention of Fires and Dust Explosions in Agricultural and Food Processing Facilities*

Modifications:

(a) Refer to Chapter 120-3-24, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(48) NFPA 68, 2018 Edition, *Standard on Explosion Protection by Deflagration Venting*

Modifications:

(a) Refer to Chapter 120-3-24, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(49) NFPA 69, 2019 Edition, *Standard on Explosion Prevention Systems*

Modifications: None

(50) NFPA 70, 2020 Edition, *National Electrical Code*

Modifications:

(a) Modifications to Article 110, I:

1. Add a new section 110.29 to read as follows:

110.29 "Relocatable Power Tap's (RPT's. Relocatable power taps (RPT's) shall comply with the provisions of 605.4.2 of the *International Fire Code (IFC)* as adopted by this Chapter."

(51) NFPA 70B, 2019 Edition, *Electrical Equipment Maintenance*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.3 to read as follows:

1.1.3 "This document is recognized strictly as a recommended practice that may be used in evaluating the effectiveness of electrical equipment within its scope. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(52) NFPA 70E, 2018 Edition, *Standard for Electrical Safety Requirements for Employee Workplaces*

Modifications:

(a) Modifications to Article 90 Introduction:

1. Delete 90.1 in its entirety and substitute in its place the following:

90.1 "This standard addresses those electrical safety requirements for employee workplaces that are necessary for practical safeguarding of employees in their pursuit of gainful employment. This document is recognized strictly as a recommended practice that may be used in evaluating electrical safety requirements for employee workplaces. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards. This standard covers:

(a) Electrical conductors and equipment installed within or on buildings or other structures, including mobile homes and recreational vehicles, and other premises such as yards, carnival, parking and other lots, and industrial substations.

(b) Conductors that connect the installations to a supply of electricity.

(c) Other outside conductors on the premises."

(53) NFPA 72, 2019 Edition, *National Fire Alarm and Signaling Code*

Modifications:

(a) Modification to Chapter 1:

1. Delete Section 1.1.1 in its entirety and substitute in its place the following:

1.1.1 "**Scope.** This *Code* covers the application, installation, location, performance, inspection, testing, and maintenance of fire alarm systems, supervising station alarm systems, public emergency alarm reporting systems, fire and carbon monoxide detection and warning equipment, and emergency communications systems (ECS), and their components, whether such system or component is required or not.

1.1.1.1 Where the requirements of this *Code* have technical differences and requirements from those established, as applicable, by Chapter 120-3-20 or 120-3-20A, of the Safety Fire Commissioner's Rules and Regulations for Accessibility to Buildings and Facilities, the technical provisions and requirements of Chapter 120-3-20 and 120-3-20A shall take precedence over the requirements of this *Code* where applicable."

(b) Modifications to Chapter 7:

1. Add a new paragraph (5) to 7.5.3 to read as follows:

(5) "For software-based systems, all access codes and passwords to grant access to the software by authorized personnel."

(c) Modifications to Chapter 10:

1. Add a new subsection 10.4.7 to read as follows:

10.4.7 "Protection shall not be required in Existing building installations acceptable to the authority having jurisdiction."

(d) Modifications to Chapter 17:

1. Add a new subparagraph 17.7.3.1.4 to read as follows:

17.7.3.1.4 "Alternate locations of smoke detectors as allowed by the *International Fire Code*, or where applicable, the *Life Safety Code*, and acceptable to the authority having jurisdiction, may be utilized and may be considered to be in compliance with this *Code*."

(e) Modification to Annex A:

1. Add a new Annex note A.18.4.4.2 to read as follows:

A.18.4.4.2 "For example, in critical care patient areas, it is often desirable to not have an audible fire alarm even at reduced private mode levels. Another example would be classrooms for small children in day care or educational occupancies, where verbal communication is vital between caregivers or teachers and children during drills or during an actual fire or other emergency condition. Audible alarms often frighten small children and valuable time may be lost while trying to calm such children. Also, audible alarms at or near locations, where clear communications is required, may present a problem. A school office or a receptionist desk common to various occupancies are examples. An additional example of where an audible fire alarm could be a problem would be high noise level work areas where an audible signal needed to overcome background noise at one time of the day would be excessively loud and potentially dangerous at another time of lower ambient noise. A sudden increase of more than 30 dB over 0.5 seconds is considered to cause sudden and potentially dangerous fright. Each case requires individual consideration by the authority having jurisdiction."

(54) NFPA 75, 2017 Edition, *Standard for the Protection of Electronic Computer/Data Processing Equipment*

Modifications: None

(55) NFPA 76, 2016 Edition, *Standard for Fire Protection of Telecommunications Facilities*

Modifications: None

(56) NFPA 77, 2019 Edition, *Recommended Practice on Static Electricity*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.9 to read as follows:

1.1.9 "This document is recognized strictly as a recommended practice that may be used in evaluating systems or devices installed for the purposes of safeguarding life and/or property against the hazards of static electricity. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(57) NFPA 78, 2020 Edition, *Guide on Electrical Inspections*

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.4 to read as follows:

1.1.4 "This document is recognized strictly as a recommended practice that may be used in evaluating electrical/electronic equipment, apparatus, or systems of industrial machines within its scope. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards. This standard is not meant to add any

requirements not found in the NEC, nor change the intent of the intent of the requirements found in the NEC. If any conflict occurs between this standards and the NEC, the NEC shall control."

(58) NFPA 79, 2019 Edition, *Electrical Standard for Industrial Machinery*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.3 to read as follows:

1.1.3 "This document is recognized strictly as a recommended practice that may be used in evaluating electrical/electronic equipment, apparatus, or systems of industrial machines within its scope. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards. This standard is not meant to add any requirements not found in the *NEC*, nor change the intent of the requirements found in the *NEC*. If any conflict occurs between this standards and the *NEC*, the *NEC* shall control."

(59) NFPA 80, 2019 Edition, *Standard for Fire Doors and Other Opening Protectives*

Modifications: None

(60) NFPA 80A, 2017 Edition, *Protection of Buildings from Exterior Fire Exposures*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.5 to read as follows:

1.1.5 "This document is recognized strictly as a recommended practice that may be used in evaluating the exterior fire exposure risks of buildings. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand- alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(61) NFPA 82, 2019 Edition, *Standard on Incinerators and Waste and Linen Handling Systems and Equipment*

Modifications: None

(62) NFPA 85, 2019 Edition, *Boiler and Combustion Systems Hazards Code*

Modifications: None

(63) NFPA 86, 2019 Edition, *Standard for Ovens and Furnaces*

Modifications: None

(64) NFPA 87, 2018 Edition, *Standard for Fluid Heaters*

Modifications: None

(65) NFPA 88A, 2019 Edition, *Standard for Parking Structures*

Modifications: None

(66) NFPA 90A, 2018 Edition, *Standard for the Installation of Air-Conditioning and Ventilating Systems*

Modifications: None

NOTE: *The International Mechanical Code*, as adopted by the Georgia Department of Community Affairs (DCA), shall be the applicable code replacing 90A with the exception of its application to Hospitals, hospices, ambulatory surgical centers, nursing homes, assisted living homes or other health care type facilities that are regulated by the federal Centers for Medicare and Medicaid Services (CMS) shall comply with the fire and life safety rules and regulations imposed by that agency even though codes and standards adopted by that agency may not be specifically included herein. The codes and standards adopted and modified herein shall also apply where applicable and shall be deemed to be the minimum state fire and life safety standards where they are at least as protective as the CMS rules and regulations. (Refer to **Table 102.13, CODES REFERENCE GUIDE** in the *International Fire Code* adopted by this Chapter 120-3-3.)

(67) NFPA 90B, 2018 Edition, *Standard for the Installation of Warm Air Heating and Air- Conditioning Systems*

Modifications: None

NOTE: *The International Mechanical Code*, as adopted by the Georgia Department of Community Affairs (DCA), shall be the applicable code replacing 90B with the exception of its application to Hospitals, hospices, ambulatory surgical centers, nursing homes, assisted living communities or other health care type facilities that are regulated by the federal Centers for Medicare and Medicaid Services (CMS) shall comply with the fire and life safety rules and regulations imposed by that agency even though codes and standards adopted by that agency may not be specifically included herein. The codes and standards adopted and modified herein shall also apply where applicable and shall be deemed to be the minimum state fire and life safety standards where they are at least as protective as the CMS rules and regulations. (Refer to **Table 102.13, CODES REFERENCE GUIDE** in the *International Fire Code* adopted by this Chapter 120-3-3.)

(68) NFPA 91, 2015 Edition, *Standard for Exhaust Systems for Air Conveying of Vapors, Gases, Mists, and Noncombustible Particulate Solids*

Modifications: None

(69) NFPA 92, 2018 Edition, *Standard for Smoke Control Systems*

Modifications: None

[Note: Also see 909.2.1 (1) of the *International Fire Code*]

(70) NFPA 96, 2017 Edition, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*

Modifications:

(a) Modification to Chapter 1:

1. Delete subsection 1.1.3 in its entirety and substitute in its place the following:

1.1.3 "This standard shall apply to all commercial cooking equipment used for commercial cooking operations."

2. Delete subsection 1.1.4 in its entirety and substitute in its place the following:

1.1.4 "This standard shall not apply to residential cooking equipment located in a single dwelling unit or to cooking equipment in facilities where all of the following are met:

- (1) Only residential cooking equipment such as: stoves, ranges or cooking surfaces traditionally used in dwelling units are being utilized.
- (2) The defined residential cooking equipment contains a maximum of four standard surface cooking elements and is not used for frying operations.
- (3) The defined residential equipment is used for food warming, limited cooking, rehabilitation training or in a home economic education classroom setup.
- (4) The residential cooking equipment is protected by a listed self-contained residential fire suppression system located in an approved residential hood which is vented directly to the outside and providing protection to each cooking surface. The self-contained fire suppression system for the defined residential cooking equipment need not be provided where protection is provided by an approved automatic sprinkler system protecting the cooking surface, subject to approval of the authority having jurisdiction. The self-contained residential fire suppression system shall automatically disconnect electric power to electric stoves, and shut off the gas supply and electric power to gas fueled stoves, provided, however, this provision shall not be retroactive for installations approved prior to the effective adoption date of this standard.
- (5) The facility is not an assembly occupancy, provided, this shall not apply to church facilities with a single residential stove or range complying with (2) above.
- (6) Fire Extinguishers are located in all kitchen areas in accordance with NFPA 10, *Standard for Portable Fire Extinguishers*, and this *Code*, as adopted with modifications."

1. Add a new subsection 1.1.5 to read as follows:

1.1.5 "This standard, except for operational and maintenance provisions, shall not apply for conditions existing prior to March 9, 2010, subject to the approval of the authority having jurisdiction, and where a notarized statement that no frying operations will be performed is provided. This approval shall be void for cause when the authority having jurisdiction finds cooking operations involve frying operations. (See also 1.4.1)"

(b) Modification to Chapter 10:

1. Delete subsection 10.2.6 in its entirety and substitute in its place the following:

10.2.6 "Automatic fire extinguishing systems shall be installed by competent personnel meeting Chapter 120-3-23, Rules and Regulations of the Safety Fire Commissioner, licensing and permit requirements. In addition, such systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and the following applicable standard(s):

- (1) NFPA 12, *Standard on Carbon Dioxide Extinguishing Systems*
- (2) NFPA 13, *Standard for the Installation of Sprinkler Systems*
- (3) NFPA 17, *Standard for Dry Chemical Extinguishing Systems*
- (4) NFPA 17A, *Standard for Wet Chemical Extinguishing Systems"*

2. Add a New Subsection 10.4.4.1 to read as follows:

10.4.4.1 Shut off devices shall be located below any ceiling and be accessible.

(c) Modification to Chapter 13:

1. Delete Section 13.2 in its entirety and substitute in its place the following:

13.2 **"Design Restrictions.** All recirculating systems shall comply with the requirements of Section

13.2. Recirculating systems shall be limited to outdoor vending areas or rooms that are fully sprinklered."

(d) Add a New Chapter 16:

Chapter 16: Mobile and Temporary Cooking Operations

16.1 General Requirements

16.1.1 Annex B shall be adopted as mandatory requirements for mobile and temporary cooking operations.

16.1.2 Cooking equipment used in fixed, mobile, or temporary concessions, such as trucks, buses, trailers, pavilions, tents or any form of roofed enclosure shall comply with this chapter.

(71) NFPA 99, 2018 Edition, *Standard for Health Care Facilities*

Modifications: None

NOTE: Hospitals, hospices, ambulatory surgical centers, nursing homes, or other health care type facilities that are regulated by the federal Centers for Medicare and Medicaid Services (CMS) shall comply with the fire and life safety rules and regulations imposed by that agency even though codes and standards adopted by that agency may not be specifically included herein. The codes and standards adopted and modified herein shall also apply where applicable and shall be deemed to be the minimum state fire and life safety standards where they are at least as protective as the CMS rules and regulations. (Refer to [120-3-3-.03](#) of Chapter [120-3-3-.03](#) of the Rules and Regulations of the Safety Fire Commissioner for definitions of "assisted living communities" and "memory care units. Such facilities are regulated, as appropriate by Chapters 34 or 35 of the *Life Safety Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner.)

(72) NFPA 99B, 2018 Edition, *Standard for Hypobaric Facilities*

Modifications: None

(73) NFPA 101, 2018 Edition, *Life Safety Code*

Modifications:

The 2018 Edition of the *Life Safety Code* is adopted with modifications so as to be applicable to proposed (new) and existing buildings and structures. Unless noted otherwise herein, operational provisions such as fire drills, emergency egress and relocation drills, development of fire or emergency plans, and regulation of decorations and contents of building and structures of the various provisions of NFPA 101, *Life Safety Code* shall not be applicable to proposed (new) or existing buildings, structures, facilities, or conditions. The operational provisions of the *International Fire Code (IFC)*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner shall apply to proposed (new) and existing buildings, structures, facilities, and conditions, unless such provisions are less protective than or are in conflict with the rules and regulations of the Centers for Medicare and Medicaid Services (CMS) as they apply to health care related occupancies.

(a) Modifications to Chapter 1:

1. Delete paragraph (1) of subsection 1.1.9 in its entirety and substitute in its place the following:

(1) "General fire prevention or building construction features are normally a function of fire prevention codes and building codes. The *International Fire Code (IFC)*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner, and the *International Building Code (IBC)*, as adopted by the Georgia Department of Community Affairs, are applicable, and their use along with other codes and standards shall be coordinated with this Code, as set forth in 1.4.4 and Table 1.4.4, **CODES REFERENCE GUIDE**

2. Add a new subsection 1.4.4 to read as follows:

1.4.4 **"Code Coordination.** This *Code* shall apply to all proposed (new) and existing buildings, structures and facilities, except as herein provided, and shall be utilized in conjunction with the *IBC*, the *IFC*, the *IMC*, and the *IFGC*, to the degree provided in Table 102.13 **CODES REFERENCE GUIDE**.

1.4.4.1 This *Code* does not apply to one- and two-family dwellings or one-and two-family row houses (townhouses) separated by a 2-hour firewall, except as specified in Chapters 26, 30 and 31."

Table 102.13: CODES REFERENCE GUIDE		
Area	Primary	Supplement
Occupancy Classification	LSC	IBC
Building Construction Types including allowable height, allowable building areas, and the requirements for sprinkler protection related to minimum building construction types.	IBC	LSC
Means of Egress	LSC	NONE
Standpipes	IBC	IFC
Interior Finish	LSC	NONE
HVAC Systems	IMC	NONE
Vertical Openings	LSC	NONE
Sprinkler Systems minimum	LSC	NONE
Fire Alarm Systems	LSC	NONE
Smoke alarms & Smoke Detection Systems	State Statute & LSC	NONE
Cooking Equipment	LSC & NFPA 96	NONE
Portable Fire Extinguishers	IFC	NONE
Fuel Fired Appliances	IFGC	NFPA 54
Liquid Petroleum Gas	NFPA 58	NFPA 54
Compressed Natural Gas	NFPA 52	NONE

(b) **Modification to Chapter 3:**

[Note: Refer to [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner for modified or special definitions that apply to this *Code*, unless otherwise advised by the various chapters of this *Code*.]

(c) **Modification to Chapter 4:**

1. Delete Section 4.7 and 4.8 in their entirety (4.7.1 through 4.8.2.3) and substitute in their place the following:
"SECTION 4.7 Fire Safety and Evacuation Plans and Emergency Evacuation Drills.

4.7.1 **Fire Safety and Evacuation Plans.** Fire safety and evacuation plans shall be developed, made available, and maintained in various occupancies as required by Section 404 of the International Fire Code, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.

4.7.1.1 **Resources for Development of Fire Safety and Evacuation Plans.** The provisions of A.4.7, A.4.7.2, A.4.7.4, A.4.7.6, A.4.8.2.1, and Table A.4.8.2.1(3), and as applicable, A.12.7.6, A.12.7.7, A.12.7.7.3, A.13.7.6, A.13.7.7, A.14.7.2.1, A.15.7.2.1, A.16.7.1, A.16.7.2.1, A.17.7.1, A.18.7, A.18.7.2.1, A.19.7, A.19.7.2.1, A.20.7, A.20.7.2.1, A.21.7, A.21.7.2.1, A.22.7.1.3, A.23.7.1.3, A.28.7.1.1, and A.29.7.1.1 of this *Code* shall be deemed acceptable resources for use in the development of fire safety and evacuation plans required by the International Fire Code, as set forth by the provisions of 4.7.1 of this *Code*.

4.7.2 Emergency Evacuation Drills. Emergency evacuation drills shall be conducted in various occupancies as required by Section 405 of the International Fire Code, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.

4.7.3 **Employee Training and Response Procedures.** Employees in various occupancies shall be trained in fire emergency procedures and evacuation procedures as required by Section 406 of the International Fire Code, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

(d) Modifications to Chapter 6:

1. Delete subparagraph 6.1.14.4.1 in its entirety and substitute in its place the following:

6.1.14.4.1 "Where separated occupancies are provided, each part of the building comprising a distinct occupancy as described in this chapter, shall be completely separated from other occupancies by fire resistive assemblies as specified in 6.1.14.4.2, and in Section 508 of the *International Building Code*, adopted by the Georgia Department of Community Affairs, as applicable to "separated occupancies", unless separation is provided by approved existing separations."

2. Delete subparagraph 6.1.14.4.3 in its entirety without substitution.

3. Delete Table 6.1.14.4.1(a) in its entirety without substitution.

4. Delete Table 6.1.14.4.1(b) in its entirety without substitution.

(e) Modifications to Chapter 7:

1. Add a new item (8) to subparagraph 7.2.1.4.1 to read as follows:

(8) " For conditions or circumstances not covered herein, vertical fire shutters, roll down fire doors, or similar assemblies shall not be installed in means of egress, except where expressly permitted due to special hazards or circumstances by other chapters of this *Code*, or by approval of the Office of the State Fire Marshal for buildings coming under O.C.G.A. [25-2-13](#), or by the fire authority having jurisdiction over other buildings."

2. Add a new subparagraph 7.2.1.8.2.1 to read as follows:

7.2.1.8.2.1 "Where fire doors are used within the means of egress, they shall comply with the applicable provisions of 7.2.1. Spring loaded hinges or spring operated self-closing devices not listed for use with rated fire door assemblies are prohibited for use as closing devices for fire rated doors.

7.2.1.8.2.1.1 Existing applications utilizing spring loaded hinges in existing buildings may be continued in use where acceptable to the authority having jurisdiction.

7.2.1.8.2.1.2 Spring loaded hinges or spring operated self-closing devices shall not be permitted for use on fire-rated smoke doors, provided, however, spring loaded hinges may be used on non-rated doors designed and installed to resist the passage of smoke, unless otherwise specified in Chapters 11 through 43.

7.2.1.8.2.1.3 Existing installations in existing buildings of spring loaded hinges on fire-rated smoke doors may be continued in use where acceptable to the authority having jurisdiction."

3. 3. Revise 7.2.2.2.1.1 (1) to read as follows.

(1) New stairs shall be in accordance with Table 7.2.2.2.1.1(a) and 7.2.2.2.1.2 and the following shall apply:

(a) Risers shall be solid

4. Revise 7.2.2.2.1.1 (3) to read as follows.

(3) Approved existing stairs shall be permitted to be rebuilt in accordance with the following:

(a) Dimensional criteria of table 7.2.2.2.1.1 (b)

(b) Other stair requirements of 7.2.2

(c) Risers shall be solid

5. Add a new subparagraph 7.2.3.10.3 to read as follows:

7.2.3.10.3 "**Deactivation of Mechanical Pressurization Systems.** The design of pressurization systems shall ensure that smoke is not introduced into the pressurized enclosure so as to result in the untenable contamination of the fresh air. Approved smoke detectors shall be installed at each intake in such approved manner that the operation of the fan providing mechanical pressurization to the enclosure where smoke is detected shall be deactivated upon detection of smoke."

6. Add a new paragraph 7.3.1.2.1 to read as follows:

7.3.1.2.1 "Where substantial evidence and documentation is provided, the authority having jurisdiction may decrease the occupant load for some occupancy use areas. The determined occupant load capacity shall be posted at an obvious location indicating the total occupant load capacity."

7. Add to Table 7.3.1.2 entitled "Occupant Load Factor" the additional use areas to read as follows:

"Locker Rooms	15	(1.4)
Free Weight Rooms	20	(1.9)
Running Tracks	50	(4.7)
Art Museums	30	(2.8)
Pool Halls	75	(6.9)
Multi-Purpose room	7	(0.65)
Airport terminals:		
Concourse	100	(9.3)
Waiting area	15	(1.4)
Baggage Claim	20	(1.9)
Baggage Handling	300	(27.9)"

8. Add a new subparagraph 7.4.1.1.1 to read as follows:

7.4.1.1.1 "Egress stairways from mezzanines shall conform to the requirements of Chapter 7 of this *Code*. They may be open to the floor of the room in which they are located provided all of the following conditions are met:

(1) The space beneath the mezzanine is totally open and unencumbered by partitioned rooms or spaces. The space beneath the mezzanine may be enclosed provided the enclosed space is protected throughout with a smoke detection system installed in accordance with NFPA 72, *National Fire Alarm and Signaling Code*, which sounds an alarm in the mezzanine.

(2) The travel distance from the most remote point on the floor of the mezzanine to the building exit or to a protected egress corridor, exit court, horizontal passageway, enclosed stair, or exterior exit balcony does not exceed the travel distance limitations of Chapters 11 through 42.

(3) The occupant load of the mezzanine is added to the occupant load of the story or room in which it is located for the purposes of determining the minimum egress requirements.

(4) The mezzanine is not occupied for sleeping purposes unless there are exterior windows accessible to the mezzanine and located not more than two stories above grade."

9. Add a new paragraph 7.7.1.5 to subsection 7.7.1 to read as follows:

7.7.1.5 "Where the exit discharge termination cannot be at a public way, or the authority having jurisdiction determines it to be a significant hardship to provide the termination at a public way, the authority having jurisdiction may approve the exit discharge termination to be a safe dispersal area that complies with the following:

(1) The area shall be of an area that accommodates at the least 5 square feet (0.46 m²) for each person calculated to be served by the exit(s) for which the dispersal area is provided.

(2) The dispersal area shall be located on the same lot at least 50 feet (15240 mm) away from the building requiring egress. A greater distance may be required by the authority having jurisdiction based on the evaluated fire severity or other risk from the building requiring egress.)

(3) The area shall be clearly identified and permanently maintained as a safe dispersal area.

(4) The area shall be provided with a clearly identified and unobstructed exit discharge route, and comply with the applicable provisions of 7.1.6 of this *Code*.

(5) The exit discharge route and the dispersal area shall be illuminated by normal and emergency lighting, where the building requiring egress is occupied during periods of darkness."

10. Add a new subsection 7.7.7 to read as follows:

7.7.7 "Discharge from exits into fenced or walled courtyards or yards.

7.7.7.1 For occupancies covered by Chapters 14, 15, 16, 17, 32 and 33, exits shall be permitted to discharge into fenced or walled courtyards or yards, provided the courtyard or yard is provided with a gate at least 32 inches (0.81 m) in clear width. Where the population served exceeds 50, two gates shall be provided. There shall be adequate exit capacity provided for the population served. The requirements of 7.4.1.2 shall apply. Gates are permitted to be locked if adequate provisions are made for the rapid removal of occupants by means such as remote control of locks, keying of all locks to keys carried by staff at all times, or other such reliable means available to the staff at all times that is approved by the authority having jurisdiction. Only one locking device shall be permitted on each gate.

7.7.7.2 The provisions of 7.7.7.1 shall not be construed as prohibiting the use of fenced or walled courtyards as components of the discharge of exits as set forth in Chapters 22 and 23.

7.7.7.3 The provisions of 7.7.7.1 may be applied, as approved by the authority having jurisdiction, to an "Assisted Living Community" or "Memory Care Unit" as defined in [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.

7.7.7.4 The provisions of various occupancy chapters dealing with a "lock-up", as defined in 3.3.164, shall not be construed as applying to the exit discharge provisions of 7.7.7.1, provided, however, exits from approved lock-ups may discharge into fenced or walled areas complying with the provisions of Chapter 22 or 23 as may be applicable, and as approved by the authority having jurisdiction."

(f) Modification to Chapter 8:

1. Delete paragraph 8.2.1.2* in its entirety and substitute in its place the following:

8.2.1.2 "**The *International Building Code (IBC)* as adopted by the Department of Community Affairs (DCA) shall be used to determine the requirements for the construction classification."

2. Add a new subparagraph 8.2.1.2.1 and Table 8.2.1.2.1 to read as follows:

8.2.1.2.1 "**Construction Conversion Table.** The table noted herein provides a comparison of acceptable construction types as defined in NFPA Standard 220 and the *International Building Code (IBC)*."

Table 8.2.1.2.1 Conversion Table for the IBC and NFPA 220 Construction Types										
NFPA 220	Type I (443)	Type I (332)	Type II (222)	Type II (111)	Type II (000)	Type III (211)	Type III (200)	Type IV (2 HH)	Type V (111)	Type V (000)
<i>IBC</i>	---	IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB

3. Add a new to sub-paragraph 8.2.2.2.1 to read as follows:

8.2.2.2.1 "Fire barriers/walls required for tenant separation by the *IBC* may terminate at exit access corridors with a lower fire rating including a non-rated smoke resistive barrier, if such barriers are allowed by the requirements for the protection rating of exit access corridors."

4. Delete paragraph 8.2.2.5 and replace with a new paragraph 8.2.2.5

8.2.2.5 Fire and/or Smoke Barrier Identification. All fire and/or smoke barriers or walls shall be effectively and permanently identified with signs or stenciling above a decorative ceiling and/or in concealed spaces with letters a minimum of 2 inches (51 mm) high on a contrasting background spaced a maximum of 12 feet (3.7 m) on center with a minimum of one per wall or barrier. The hourly rating shall be included on all rated barriers or walls. Wording shall be similar to the following: '(4) Hour Fire and Smoke Barrier-Protect All Openings. Where signs are utilized, they shall be designed and installed to resist peeling or detaching from the barrier. Other methods acceptable to the authority having jurisdiction shall be deemed approved.

8.2.2.5.1 Existing stenciling, acceptable to the authority having jurisdiction, shall be permitted to remain in use. Existing signs that are not peeling or detaching from the barrier shall be permitted to remain in use, subject to the approval of the authority having jurisdiction.

5. Add a new paragraph 8.3.1.2.1 to read follows:

8.3.1.2.1 2-hour fire barriers shall occur at the junction of new and existing construction when the existing construction does not meet the minimum requirements of the code for existing facilities. Such barriers shall not be extended into the new construction.

6. Add a new 8.3.3.6.12 to read as follows:

8.3.3.6.12 Tested and listed fire-rated glazing material installed in separately tested fire-rated frame assemblies not tested in a single unit with fire-rated glazing material may be permitted to be used subject to approval of the authority having jurisdiction in fire-rated barriers that are not part of an exit enclosure or enclosures around unsprinklered hazardous areas not containing flammable liquids or gases, combustible liquids, or other materials having the potential for rapid oxidation or explosion potential.

7. Delete 8.7.3.1 in its entirety and substitute in its place the following:

8.7.3.1 The use, handling and storage of flammable or combustible liquids, flammable gases, or other materials deemed hazardous to the safety of life shall be in accordance with the applicable provisions of the *International Fire Code (IFC)*, as adopted by Chapter 120-3-3, of the Rules and Regulations of the Safety Fire Commissioner, or in accordance with the applicable codes or standards adopted by other Chapters of the Rules and Regulations of the Safety Fire

(g) Modification to Chapter 9:

1. Delete 9.1.1 in its entirety and insert in its place the following:

9.1.1 "Gas. Equipment using gas and related gas piping shall be in accordance with the *International Fuel Gas Code (IFGC)*, NFPA 54, National Fuel Gas Code, or NFPA 58, *Liquefied Petroleum Gas Code*, as may be applicable and as adopted by the applicable Chapters of the Rules and Regulations of the Safety Fire Commissioner. (Refer to **Table 1.4.4, CODES REFERENCE GUIDE**. Existing installations, subject to approval of the authority having jurisdiction, shall be permitted to be continued in service."

2. Add a new paragraph 9.1.1.1 to read as follows:

9.1.1.1 Where fuel gases are used in new buildings and facilities in Chapters 12, 14, 16, 18, 20, 22, 26, 28, 30, 32, 34, 36, 38, 40 and 42 fuel gases detection and warning equipment shall be installed in accordance with NFPA 715 *Standard for the Installation of Fuel Gases Detection and Warning Equipment* as adopted in Rules and Regulations of the safety Fire Commissioner Chapter 120-3-3.

3. Add a new paragraph 9.1.1.2 to read as follows:

9.1.1.2 Where fuel gas equipment is replaced or installed new in existing buildings and facilities in Chapters 13, 15, 17, 19, 21, 23, 26, 29, 31, 33, 35, 37, 39, 40 and 42 fuel gases detection and warning equipment shall be installed in accordance with NFPA 715 *Standard for the Installation of Fuel Gases Detection and Warning Equipment* as adopted in Rules and Regulations of the safety Fire Commissioner Chapter 120-3-3.

4. Delete 9.2.1 in its entirety and substitute in its place the following:

9.2.1 "Air Conditioning, Heating, Ventilating, Ductwork, and Related Equipment. Air conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with the *International Mechanical Code (IMC)*, as adopted by the Georgia Department of Community Affairs. (Refer to **Table 1.4.4, CODES REFERENCE GUIDE**)"

5. Delete section 9.3 in its entirety and substitute in its place the following:

9.3.1 **"*General.** Smoke control systems, where required or permitted by Chapters 11 through 42, shall be designed, installed, tested, and maintained in conformance with Section 909 of the *International Fire Code (IFC)*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

6. Add a new subsection 9.3.2 to read as follows:

9.3.2 "Detention, holding or processing cell(s) which are used for the containment of an individual for not more than two hours in a 12-hour period shall not be required to be provided with vent openings, smoke shafts, or an engineered smoke control system to provide ventilation provided each cell is monitored by closed circuit television or dedicated personnel located outside the holding area and which have visual supervision of the cell(s)."

7. Delete subsection 9.4.2.1 in its entirety and substitute in its place the following:

9.4.2.1 "New elevators, escalators, dumbwaiters, and moving walks shall be installed in accordance with the requirements of ANSI/ASME A17.1, Safety Code for Elevators and Escalators. The elevator lobby of the designated floor and the alternate floor specified by Rule 211.3(a), and determined by the Fire Chief of the fire department having emergency response jurisdiction, shall be separated from the remainder of the building by 1-hour fire-rated construction. In buildings equipped with automatic sprinkler protection, smoke partitions in accordance with Section 8.4 may be used in lieu of 1-hour fire rated construction. Except health care occupancies as approved by the AHJ, openings in the elevator lobby shall be limited to those required for access to the elevators from exit access corridors or exits only. Elevator lobbies may be used as part of the means of egress from the building.

Exception No. 1: Elevator lobbies are not required within an atrium.

Exception No. 2: Elevator lobbies are not required where elevators are installed on open exterior walls.

Exception No. 3: Elevator lobbies are not required where elevators are installed in open air parking structures.

Exception No 4: Elevator lobbies are not required in buildings three stories or less with vertical openings protected in accordance with the applicable occupancy chapter.

Exception No 5: Elevator lobbies are not required in mercantile occupancies that have properly protected openings for escalators or stairs.

Exception No 6: Existing installations acceptable to the authority having jurisdiction."

8. Add a new subparagraph 9.6.2.10.8.1 to read as follows:

9.6.2.10.8.1 "Existing battery-powered smoke alarms as permitted by other sections of this *Code* shall be permitted to remain in use provided the following criteria are met:

1. The device is no older than 10 years of the manufactures date on the device; and,
2. The device is installed in a facility that was legally permitted before July 1, 1987, as a residential occupancy; and,
3. The facility has demonstrated to the authority having jurisdiction that the testing, maintenance, and battery replacement program will ensure reliability of power to the smoke alarms,

9. Add a new subparagraph 9.6.2.10.8.2 to read as follows:

9.6.2.10.8.2 "Existing battery-powered smoke alarms as permitted by other sections of this *Code* and which meet the provisions of subparagraph 9.6.2.10.8.1 shall be replaced with smoke alarms whose device housing is tamper resistant and is powered by a non-replaceable, non-removable energy source capable of powering the alarm for a minimum of ten years from the manufacture's date on the device when any of the following apply:

1. The device is replaced for any reason; or,
2. The provisions of subparagraph 9.6.2.10.8.1 or not met; or,
3. There is no manufactures date that exist on the device; or,
4. The device does not meet all of the provisions of subparagraph 9.6.2.10.8.1.

10. Delete 9.6.3.6.3 and its place substitute the following:

9.6.3.6.3 "*Where occupants are incapable of evacuating themselves because of age, dependence on verbal communication with caregivers, physical or mental disabilities, or physical restraint, the private operating mode as described in NFPA 72, *National Fire Alarm and Signaling Code*, shall be permitted to be used. Only attendants, caregivers, and other personnel that are required to relocate or assist in the relocation occupants from a zone, area, floor, or building shall be required to be notified. The notification shall include means to readily identify the zone, area, floor, or building in need of evacuation. Where approved by the authority having jurisdiction, the requirements for audible signaling shall be permitted to be further reduced or eliminated when visible signaling is provided in accordance with NFPA 72.

11. Add an Annex Note to 9.6.3.6.3 to read as follows:

A.9.6.3.6.3 "For example, in critical care patient areas, it is often desirable to not have an audible fire alarm even at reduced private mode levels. Another example would be classrooms for small children in day care or educational occupancies, where verbal communication is vital between caregivers or teachers and children during drills or during an actual fire or other emergency condition. Audible alarms often frighten small children and valuable time may be lost while trying to calm such children. Also, audible alarms at or near locations where clear communications is required may present a problem. A school office or a receptionist desk common to various

occupancies are examples. An additional example of where an audible fire alarm could be a problem would be high noise level work areas where an audible signal needed to overcome background noise at one time of the day would be excessively loud and potentially dangerous at another time of lower ambient noise. A sudden increase of more than 30 dB over 0.5 seconds is considered to cause sudden and potentially dangerous fright. Each case requires individual consideration by the authority having jurisdiction."

12. Add a new subparagraph 9.7.1.1.1 to read as follows:

9.7.1.1.1 "NFPA 13R, *Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Heights*, shall be permitted for use as specifically referenced in Chapters 24 through 33 of this *Code*. This standard shall also be permitted for the design and installation of automatic sprinkler systems in personal care homes, community living arrangements, day-care centers, and day-care homes in buildings up to and including four stories. When a single-story open-air parking structure of fire- restrictive construction is below a four-story residential occupancy the structure is considered within this scope. NFPA 13R automatic sprinkler systems shall not be permitted in assisted living communities or memory care units, as defined in [120-3-3.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner, unless authorized by the State Fire Marshal's Office."

13. Add a new subparagraph 9.7.2.1.3

9.7.2.1.3 Where approved by the authority having jurisdiction valves on the exterior of buildings are permitted to be supervised by one of the following methods:

(1) Valves locked in the correct position and inspected weekly as part of an approved procedure.

(2) Valves located in a fenced enclosure under the control of the owner, sealed in the open position, and inspected weekly as part of an approved procedure.

9.7.2.1.3.1 Records shall be made for all inspections required by 9.7.2.1.3 (1) and (2) and shall be made available to the authority having jurisdiction upon request. These records shall be maintained for a period of 3 years.

9.7.2.1.3.2 The valve supervision methods described in 9.7.3.1.3 shall not apply to hospitals, hospices, ambulatory surgical centers, nursing homes, assisted living communities, assisted living homes, memory care units or other health care type occupancies or facilities that are regulated by the federal Centers for Medicare and Medicaid Services (CMS).

14. Delete paragraph 9.9* in its entirety and substitute in its place the following:

9.9 "*Portable fire extinguishers shall be installed in all buildings, structures and facilities as set forth in this *Code* and as established in 906.1 of the *International Fire Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner. (Refer to **Table 1.4.4, CODES REFERENCE GUIDE**)

15. Delete paragraph 9.10 in its entirety and substitute in its place the following:

9.10 "Where required by either the provisions of another section of this *Code*, the *International Building Code (IBC)* as adopted by the Department of Community Affairs or the *International Fire Code (IFC)* as adopted by Chapter 120-3-3 Rules and Regulations of the Safety Fire Commissioner, standpipe and hose systems shall be provided in accordance with NFPA 14, *Standard for the Installation of Standpipe and Hose Systems*. Where standpipe and hose systems are installed in combination with automatic sprinkler systems, installation shall be in accordance with the appropriate provisions established by NFPA 13, *Standard for the Installation of Sprinkler Systems*, and NFPA 14, *Standard for the Installation of Standpipe and Hose Systems*."

(h) Modifications to Chapter 10:

1. Delete SECTION 10.3 in its entirety and substitute in its place the following:

SECTION 10.3 "Decorations and Furnishings.

10.3.1 The use of decorative materials (vegetative and non-vegetative), as defined in Chapter 2 of the *International Fire Code*, and furnishings in proposed (new) and existing buildings shall be regulated as set forth by Sections 805, 806, 807, and 808 of the *International Fire Code (IFC)*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

(i) Modifications to Chapter 11:

1. Delete subsection 11.1.6 in its entirety and substitute in its place the following:

11.1.6 "**Minimum Construction requirements.** The minimum construction requirements for the location of occupants of health care and ambulatory health care occupancies shall be as specified in accordance with the applicable occupancy chapter."

2. Delete paragraph 11.3.3.5 in its entirety and substitute in its place the following:

11.3.3.5 "**Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all enclosed and normally occupied towers in accordance with 9.9 of this *Code*."

3. Add a new item (4) to paragraph 11.7.3.4 to read follows:

(4) "This requirement shall not apply to existing windowless or underground structures, excluding Chapter 15, with an occupant load of 100 or fewer persons in the windowless or underground portions of the structure."

4. Delete subsection 11.8.2.3 in its entirety and substitute in its place the following:

11.8.2.3 "**Smoke Proof Enclosures.** High-rise buildings shall be provided with smoke proof exit enclosures in accordance with 7.2.3."

5. Add a new paragraph 11.8.3.3 to read as follows:

11.8.3.3 "**Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all high-rise buildings in accordance with 9.9."

6. Add a new subsection 11.9.6 to read as follows: "11.9.6 Extinguishing Equipment:

11.9.6.1 **Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all permanent membrane structures in accordance with 9.9."

7. Delete subsection 11.10.3 in its entirety and substitute in its place the following: "11.10.3 Extinguishing Equipment.

11.10.3.1 **Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all temporary membrane structures in accordance with 9.9."

8. Delete subsection 11.11 Tents and all subsections thereunder in its entirety and substitute in its place the following:

11.11.5.1 **Tents.** Tents shall comply with all applicable requirements of Chapter 31 of the International Fire Code as adopted in the Rules and Regulations of the Safety Fire Commissioner Chapter 120-3-3."

(j) Modification to Chapter 12:

1. Add a new subparagraph 12.1.1.2.1 to read as follows:

12.1.1.2.1 "Pursuant to O.C.G.A. [25-2-13\(b\)\(1\)\(F\), \(G\)](#) and G.1) and 25-2-14(c), "Racetracks, stadiums, grandstands, theaters, auditoriums, restaurants, bars, lounges, nightclubs, dance halls, recreation halls and other places of public assembly having an occupant load of 300 or more, except that the occupant load shall be 100 or more persons where alcoholic beverages are served, shall have a certificate of occupancy issued by the appropriate authority having jurisdiction. For churches the occupant load requirement is 500 or more persons in a common area or having an occupant load greater than 1,000 persons based on the total occupant load of the building or structure."

2. Reserved.

3. Add a new paragraph 12.3.5.5 to read as follows:

12.3.5.5 "**Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all assembly occupancies in accordance with 9.9"

4. Add a note following Table 12.4.2.3 to read as follows:

"**Note:** See 12.4.2.6 for factors A, B and C in Tables 12.4.2.3 and 12.4.2.4."

5. Delete paragraph 12.4.6.11 in its entirety and substitute in its place the following:

12.4.6.11 "**Scenery, Decorations, and Furnishings.** Combustible decorations and scenery of cloth, film, foam plastic, vegetation, and similar materials shall meet the applicable provisions of 805, 806, 807, and 808 of the *International Fire Code (IFC)*, as set forth in SECTION [10-3](#) of this Code. Scenery and stage properties not separated from the audience by proscenium openings shall be either noncombustible or limited-combustible."

6. Add a new subparagraph 12.4.8.9 to read as follows:

12.4.8.9 "Special amusement buildings not open to the public in excess of 45 days in a twelve month period shall be permitted, provided all of the following conditions are met:

1. Portable fire extinguishers with a minimum of a 2A:10B:C rating are placed within 25 feet of each activity or viewing station, so as to be readily accessible and visible to staff;
2. A smoke detection system is placed throughout the facility with a smoke detector located at each activity or viewing station and located throughout corridors and halls not to exceed a spacing more than 15 feet (4.6 m) from a wall or more than 30 feet (9.1 m) on center. Where there is no ceiling or cover over activity or viewing stations, or over exit access routes, other than the standard ceiling, smoke detectors shall be placed so that their area of coverage does not exceed the approval listing of the detectors;
3. Emergency lighting shall be provided which will cause illumination of the means of egress upon loss of power to lighting circuits for the means of egress routes serving the special amusement building. In addition, all staff shall be provided with flashlights;
4. Personnel dedicated for the sole purpose of performing fire watch duties as defined in Chapter 2 of the *International Fire Code* and as be deemed necessary for specific circumstances by the authority having jurisdiction, shall be provided in such numbers to ensure the entire special amusement space is surveyed at least every 30 minutes starting 30 minutes prior to public occupancy. Such personnel shall be provided with a direct communication device for communication with all viewing or activity stations throughout the facility. In addition such personnel shall be provided with appropriate training for the operation of portable fire extinguishing equipment;
5. Communication to the responding fire department or emergency dispatch center is available from the facility (a regular telephone or at least two cell phones are acceptable);

6. **"NO SMOKING"** signs shall be posted at entrances to the building. Receptacles for the discard of smoking material shall be located a minimum of 15 feet (9.1 m) from the structure and shall be clearly identified by applicable signage;

7. Documentation of fire watch tours required by item 4 above is maintained. The documentation, at the minimum, shall note the time when the tour was conducted the name of personnel conducting the tour, and information about any hazards identified and actions taken to remove such hazards. Such documentation shall be readily available to the code official upon request.

8. Interior wall and ceiling finish materials complying with Section 10.2 shall be Class A throughout."

7. Delete subsection 12.7.3 in its entirety and substitute in its place the following:

12.7.3 **"Open Flame and Pyrotechnics.** No open flame devices or pyrotechnic devices shall be used in any assembly occupancy, unless otherwise provided by 12.7.3.1 through 12.7.3.4.

12.7.3.1 As set forth in the exceptions to 308.3 of the *IFC*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.

12.7.3.2 This requirement shall not apply to heat-producing equipment complying with 9.2.2.

12.7.3.3 This requirement shall not apply to food service operations in accordance with 13.7.1.

12.7.3.4 Gas lights shall be permitted to be used, provided that precautions subject to the approval of the authority having jurisdiction are taken to prevent ignition of any combustible materials."

8. Delete subsection 12.7.4 in its entirety and substitute in its place the following:

12.7.4 **"Scenery, Decorations, and Furnishings.** Combustible decorations, curtains, draperies, similar furnishings, and scenery of cloth, film, foam plastic, vegetation, and similar materials shall meet the applicable provisions of 805, 806, 807, and 808 of the *International Fire Code (IFC)*, as set forth in SECTION [10-3](#) of this *Code*. The authority having jurisdiction shall impose additional controls, as he or she deems necessary, on the quantity and arrangement of combustible contents in assembly occupancies to provide an adequate level of safety to life from fire. (Refer to the definition for "decorative materials" in Chapter 2 of the *International Fire Code*."

9. Delete section 12.7.5.4 and subsections 12.7.5.4.1 through 12.7.5.4.4 and substitute in its place the following:

" 12.7.5.4 **Vehicles.** Vehicles on display indoors or within an exhibition facility shall comply with 2018 International Fire Code Section 314.4 as adopted in rules and regulations of the Safety Fire Commissioner Chapter 120-3-3.?"

10. Delete subsection 12.7.6 in its entirety and substitute in its place the following:

12.7.6 **"Crowd Managers.** Crowd managers shall be provided as required by 403.12.3 of the *IFC*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

11. Delete subsection 12.7.13 in its entirety and substitute in its place the following:

12.7.13 **"Emergency Planning and Preparedness.** Assembly occupancies (Group A) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(k) **Modification to Chapter 13:**

1. Add a new subparagraph 13.3.5.1.1 to read as follows:

13.3.5.1.1 "The provisions of 13.3.5.1 shall not apply to locations that were approved for occupancy prior to the adoption of the 2012 edition of the *Life Safety Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner, adopted 1/1/2014, and provided the conditions approved have not been modified without subsequent required review and approval by the authority having jurisdiction, and provided the provisions of 13.1.1.4 and 13.1.1.5 of this *Code*, as applicable, and the provisions of Section 103 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner, and as applicable to existing buildings are met."

2. Add a new paragraph 13.3.5.5 to read as follows:

13.3.5.5 "**Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all assembly occupancies in accordance with 9.9."

3. Add a note following Table 13.4.2.3 to read as follows:

"**Note:** See 12.4.2.6 for factors A, B and C in Tables 13.4.2.3 and 13.4.2.4.1."

4. Add a new paragraph 13.4.8.9 to read as follows:

13.4.8.9 "Special amusement buildings not open to the public in excess of 45 days in a twelve month period shall be permitted, provided all of the following conditions are met:

1. Portable fire extinguishers with a minimum of a 2A:10B:C rating are placed within 25 feet of each activity or viewing station, so as to be readily accessible and visible to staff;
2. A smoke detection system is placed throughout the facility with a smoke detector located at each activity or viewing station and located throughout corridors and halls not to exceed a spacing more than 15 feet (4.6 m) from a wall or more than 30 feet (9.1 m) on center. Where there is no ceiling or cover over activity or viewing stations, or over exit access routes, other than the standard ceiling, smoke detectors shall be placed so that their area of coverage does not exceed the approval listing of the detectors;
3. Emergency lighting shall be provided which will cause illumination of the means of egress upon loss of power to lighting circuits for the means of egress routes serving the special amusement building. In addition, all staff shall be provided with flashlights;
4. Personnel dedicated for the sole purpose of performing fire watch duties as defined in Chapter 2 of the *International Fire Code* and as be deemed necessary for specific circumstances by the authority having jurisdiction, shall be provided in such numbers to ensure the entire special amusement space is surveyed at least every 30 minutes starting 30 minutes prior to public occupancy. Such personnel shall be provided with a direct communication device for communication with all viewing or activity stations throughout the facility. In addition such personnel shall be provided with appropriate training for the operation of portable fire extinguishing equipment;
5. Communication to the responding fire department or emergency dispatch center is available from the facility (a regular telephone or at least two cell phones are acceptable);
6. "**NO SMOKING**" signs shall be posted at entrances to the building. Receptacles for the discard of smoking material shall be located a minimum of 15 feet (9.1 m) from the structure and shall be clearly identified by applicable signage;
7. Documentation of fire watch tours required by item 4 above is maintained. The documentation, at the minimum, shall note the time when the tour was conducted the name of personnel conducting the tour, and information about any hazards identified and actions taken to remove such hazards. Such documentation shall be readily available to the code official upon request.

8. Interior wall and ceiling finish materials complying with Section 10.2 shall be Class A throughout."

5. Delete subsection 13.7.3 in its entirety and substitute in its place the following:

13.7.3 **"Open Flame and Pyrotechnics.** No open flame devices or pyrotechnic devices shall be used in any assembly occupancy.

13.7.3.1 This requirement shall not apply as set forth in the exceptions to 308.3.1 of the *International Fire Code (IFC)*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.

13.7.3.2 This requirement shall not apply to heat-producing equipment complying with 9.2.2.

13.7.3.3 This requirement shall not apply to food service operations in accordance with 13.7.2.

13.7.3.4 Gas lights shall be permitted to be used, provided that precautions subject to the approval of the authority having jurisdiction are taken to prevent ignition of any combustible materials."

6. Delete section 13.7.5.4 and subsections 13.7.5.4.1 through 13.7.5.4.4 and substitute in its place the following:

" 13.7.5.4 **Vehicle.** Vehicles on display indoors or within an exhibition facility shall comply with 2018 International Fire Code Section 314.4 as adopted in rules and regulations of the Safety Fire Commissioner Chapter 120-3-3."

7. Delete subsection 13.7.6 in its entirety and substitute in its place the following:

13.7.6 **"Crowd Managers.** Crowd managers shall be provided as required by 403.12.3 of the *IFC*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

8. Delete subsection 13.7.7 in its entirety and substitute in its place the following:

13.7.7 **"Emergency Planning and Preparedness.** Assembly occupancies (Group A) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(l) **Modifications to Chapter 14:**

1. Add a new paragraph 14.1.1.6 to read as follows:

14.1.1.6 **"Mobile/Portable Classrooms.** Each mobile/portable classroom shall not be occupied until the required Certificate of Occupancy has been authorized by the State Fire Marshal's Office, the proper local fire marshal, state inspector, or others authorized by O.C.G.A. Section [25-2-12](#)."

(a). For the purposes of this code the term mobile/portable classroom shall also include relocatable buildings.

2. Add a new subparagraph 14.1.1.6.1 to read as follows:

14.1.1.6.1 **"Classification.** Mobile/portable classroom structures, as defined in [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner shall also be classified as Group E - Educational occupancies and shall comply with the provisions of this section and other sections applicable to Group E - Educational occupancies, except as may be provided otherwise elsewhere in this *Code* or in Chapter 120-3-3, of the Rules and Regulations of the Safety Fire Commissioner.

3. Add a new subparagraph 14.1.1.6.2 to read as follows:

14.1.1.6.2 "Plans and specifications for proposed (new) mobile/portable classrooms shall be submitted to and receive approval by either the State Fire Marshal's Office, the proper local fire marshal, state inspector, or others authorized by O.C.G.A. [25-2-12](#) prior to construction. A Georgia registered architect or engineer must place his or her seal on the plans submitted. Submitted plans must include a site plan that is drawn to scale and showing clearances from other mobile/portable classroom structures and other structures. Such site plan shall also show the exit discharge route(s) to a public way in accordance with this *Code*, or where such is not possible, to an approved area of refuge."

4. Add a new subparagraph 14.1.1.6.3 to read as follows:

14.1.1.6.3 "Proposed (new) mobile/portable classrooms shall comply with the various provisions of this *Code* applying to classrooms in educational occupancies (Group E - Educational), unless otherwise specified."

5. Add a new subparagraph 14.1.1.5.4 to read as follows:

14.1.1.6.4 "Locating Mobile/Portable Classroom Structures. Mobile/portable classrooms shall not be installed within 30 feet (9.1 m) of any exposed building or structure, or within 30 feet (9.1 m) of another exposed mobile/portable classroom unit. The mobile/portable classroom unit shall not be connected to any other unit, or to other buildings or structures by a canopy of combustible construction. The distance between a mobile/portable classroom unit and an exposed building or structure, that is totally protected by an approved automatic sprinkler system, may be reduced to 10 feet (3.05 m), provided, the exposed exterior wall is of noncombustible construction, and there are no windows or doors in the exposed wall of the building within 30 feet (9.1 m) of the mobile/portable classroom unit. The distance may be reduced to 0 feet if the exposed wall is of noncombustible construction having a certified fire resistance rating of at least 2-hours and without openings within 30 feet (9.1 m) of the exposing mobile/portable classroom unit."

6. Add a new paragraph 14.2.1.4.1, to read as follows:

14.2.1.4.1 "The provisions of 14.2.1.2 and 14.2.1.3 shall not apply to educational facilities that meet the requirements of 16.1.6."

7. Add a new subparagraph 14.2.2.2.2.1 to read as follows:

14.2.2.2.2.1 "Doors serving as exits from mobile/portable classrooms shall not be less than 32 inches (0.91 m) in clear width, swing outward with exit travel onto landings at least 4 feet by 4 feet (1.2 m by 1.2 m), and have steps and/or ramps complying with applicable provisions of this *Code*. This includes guardrails and graspable handrails. Steps and ramps serving fewer than 50 persons may be 36 inches (0.91m) in clear width."

8. Add a new paragraph (5) to 14.2.11.1.1 to read as follows:

(5) "Windows may open onto a court or an enclosed court provided all of the following criteria are met:

(a) The court shall be of sufficient width such that persons exiting through the courtyard will be at a minimum dimension not less than 10 feet (3 m) from any portion of the building that could present an exposure condition to a fire.

(b) The court has exits directly to the exterior of the building through an exit passageway that is separated out from all other parts of the building by 2-hour fire-rated construction. No space other than exit corridors protected by 'B' labeled 1½-hour fire doors, whether normally occupied or not, shall open onto this required exit passageway.

(c) The exit capacity for the exit passageway shall be of sufficient width for the corridors connected to it as well as the enclosed court calculated at 15 square feet (1.4 sq. m) per person or minimum number of students subject to exiting into the court, whichever is the greater of the two.

(d) The travel distance from any point in a connecting classroom to the exterior of the building through the exit passageway shall not exceed 150 feet (45.7 m).

- (e) The court is provided with emergency lighting to direct occupants to the exit(s) in accordance with Section 5.9.
- (f) The exit(s) from the court is/are clearly marked in accordance with Section 7.10."

9. Add a new paragraph 14.2.11.4 to read as follows:

14.2.11.4 "**School Hallway Interior Emergency Lockdown Defense (SHIELD)**. The installation of a School Hallway Interior Emergency Lockdown Defense (SHIELD) shall be permitted in educational occupancies provided all of the following criteria are met:

- (1) Activation shall be by means of depressing a panic button or pull station marked for emergency SHIELD available to school administration at a central location. Additional activation may be by telephone code.
- (2) System activation shall automatically contact law enforcement authorities upon activation.
- (3) Cross corridor doors may be provided with magnetic hold open devices to release upon activation of the system.
- (4) Upon activation of the system, cross corridor doors shall be permitted to be kept in the closed position with magnetic locks.
- (5) System hardware shall be provided with emergency power or battery back-up in event of loss of power.
- (6) Smoke detectors shall be provided within 15 feet of cross corridor doors on the classroom egress side for each corridor zone and be identified distinctly from other required detectors. Such detectors upon activation by smoke shall release door mag locks for the locked zone to freely open. Detectors are not required to be interconnected into the building's fire alarm system.
- (7) Card readers with keypad shall be installed on the ingress side of the doors requiring a PIN code and card swipe to deactivate for the activated corridor zone.
- (8) Keypad shall be installed on the egress side of the doors only requiring a PIN code for deactivation of the door mag locks for the activated corridor zone.
- (9) A blue light strobe and siren, distinct from that of the fire alarm may be provided to deter intruders.
- (10) Staff shall be adequately trained on the intent and operation of the system with the conduction of mock drills.

14.2.11.4.1 (**SHIELD**) **Activation**. The SHIELD system shall only be activated in the following

- (1) The event of intrusion or active shooter upon school premises.
- (2) For the purposes of testing the system.
- (3) For the purposes of conducting drills related to the intrusion or active shooter upon school premises."

10. Delete subparagraph 14.3.2.1(1)(a) in its entirety and substitute in its place the following:

(a) "Boiler and furnace rooms, unless such rooms enclose only air handling equipment, compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 Btu. Such rooms shall not be used for any combustible storage. In addition, a minimum of 30 inches (0.76 m) shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

11. Delete the term "Laundries" from 14.3.2.1(2)(a) and substitute in its place the following:

(a) "Laundry areas utilizing commercial equipment, multiple residential appliances, or exceeding 100 square feet (9.3 sq. m)."

12. Add a new subparagraph 14.3.2.2.1 to read as follows:

14.3.2.2.1 "Residential type cooking equipment. Residential type cooking equipment located in food preparation areas of home economic labs may be protected by a listed self-contained residential fire suppression systems located in a residential hood over each cooking surface, with the exhaust hood vented directly to the outside of the building. The fire suppression system shall automatically disconnect electric power to electric stoves or shut off the gas supply to gas fueled stoves. Food preparation areas located in home economics labs need not be so protected where located in a fully sprinklered building or where protection is provided in accordance with 9.7.1.2, provided, however, the exhaust hood shall still be required to be vented to the outside of the building."

13. Add a new subparagraph 14.3.4.2.3.3 to read as follows:

14.3.4.2.3.3 "Manual fire alarm boxes may be located in rooms which open directly onto such corridors and normal paths of travel provided all of the following are met:

- (1) The rooms in which such manual fire alarm boxes are placed are constantly supervised all school hours.
- (2) The rooms in which such manual fire alarm boxes are placed are located in close proximity to the to that portion of the corridors and normal paths of travel where a manual fire alarm box would be placed in accordance with 9.6.2.5.
- (3) A sign is placed on the corridor wall immediately adjacent to the entry door(s) of such room so that it can be readily seen at all times. The sign shall state "**MANUAL FIRE ALARM BOX LOCATED IN THIS ROOM**". The sign shall have a red background and the letters shall be white and be at least one inch in height."

14. Delete subparagraph 14.3.4.3.1.1 in its entirety and substitute in its place the following:

14.3.4.3.1.1 "Occupant notification shall be by means of audible and visual alarm devices in accordance with 9.6.3 and Chapter 120-2-20, Rules and Regulations of the Safety Fire Commissioner. Where visual alarm devices are located inside classrooms the installation of an audible device or component shall not be required, provided the audible alarm signal from alarm devices located in adjacent corridors or compartments is clearly audible in the classrooms, and is subject to the approval of the authority having jurisdiction."

15. Delete item (3) from paragraph 14.3.5.2 and replace with new item (3)

(3) relocatable buildings complying with all of the following:

- (a) Building contains a maximum of 2 classrooms.
- (b) Each classroom has 2 independent doors remotely located in accordance with 7.5.1.3 of this code leading directly to the outside of the building.
- (c) Building is located not less than 30 feet (9.1 m) from another building or other relocatable building.
- (d) Building has a fire alarm system connected to the main school building fire alarm.

16. Add a new subparagraph 14.3.5.6 to read as follows:

14.3.5.6 "**Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in educational occupancies, including mobile/portable classrooms, in accordance with 9.9.

14.3.5.6.1 In lieu of locating portable fire extinguishers in corridors and normal paths of travel as specified in NFPA Standard 10, *Standard for Portable Fire Extinguishers*, portable fire extinguishers may be located in rooms that open directly onto such corridors and paths of travel, provided, all of the following are met:

(a) The rooms in which such portable fire extinguishers are placed are located in close proximity to that portion of the corridor where a portable fire extinguisher would normally be placed in accordance with NFPA Standard 10.

(b) A sign which states, in white letters at least one inch in height on a red background, "**PORTABLE FIRE EXTINGUISHER LOCATED IN THIS ROOM**," is placed on the corridor wall immediately adjacent to the entrance(s) of each such room so that it can be clearly seen at all times."

(c) The rooms in which such portable fire extinguishers are placed shall be constantly supervised during school hours.

(d) These rooms cannot be subject to being locked at any time the building is occupied."

17. Add a new item 6 to subsection 14.3.6 to read as follows:

6. "Door closing devices are not required on doors in corridor wall openings other than those serving exits or required enclosures of hazardous areas."

18. Add a new paragraph 14.4.3.6 to read as follows:

14.4.3.6 " Corridor walls in flexible plan buildings shall comply with subsection 14.3.6 as modified.

19. Add a new paragraph 14.5.2.3 to read as follows:

14.5.2.3 " Portable electric and liquefied petroleum gas or liquid fuel fired space heating devices designed to be portable are prohibited in all portions of educational buildings, unless such use is permitted by 603.4 of the *IFC*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

20. Delete subsection 14.7.1 in its entirety and substitute in its place the following:

14.7.1 "Emergency Planning and Preparedness. Educational occupancies (Group E - Educational) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency situation. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with the applicable provisions of Chapter 4 of the International Fire Code, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(m) Modifications to Chapter 15:

1. Add a new subparagraph 15.1.1.1.1 to read as follows:

15.1.1.1.1 "**Existing Mobile/Portable Classroom Structures.**

(a) Existing mobile/portable classroom structures, which have been installed prior to the effective date of this *Code*, and which were deemed to be in compliance with provisions in effect at the time of their installation, shall be permitted to remain in use, if deemed to have been maintained as approved, and meet specific provisions of this chapter applicable to existing mobile/portable classroom structures.

(b) When an existing mobile/portable classroom structure is removed from a school system, the certificate of occupancy for that structure becomes void, provided, however, the structure shall retain the status of an existing structure if continued in service as a classroom structure in another school system. This shall also apply to leased or rented mobile/portable classroom structures. A new certificate of occupancy shall be required for the relocated structure, and shall be issued provided the structure meets the provisions of this *Code* that are applicable to existing mobile/portable classrooms."

(c) For the purposes of this code the term mobile/portable classroom shall also include relocatable buildings.

2. Add a new paragraph 15.1.1.6 to read as follows:

15.1.1.6 "Existing mobile/portable classrooms shall comply with the various provisions of this *Code* applying to classrooms in existing educational occupancies, unless otherwise specified in this chapter."

3. Add a new paragraph 15.1.1.7 to read as follows:

15.1.1.7 "When relocated, a mobile/portable classroom structure shall not be placed within 30 feet (9.1 m) of any building or structure or within 30 feet (9.1 m) of another mobile/portable classroom structure. Such mobile/portable classroom structures shall not be connected to any building or other mobile classroom structure by a canopy of combustible construction. An existing canopy of combustible components may be continued in use provided no combustible components are within 25 feet (7.6 m) of any building or structure or within 30 feet (9.1 m) of another mobile/portable classroom structure. The distance between a mobile/portable classroom unit and an exposed building or structure, that is totally protected by an approved automatic sprinkler system, may be reduced to 10 feet (3.05 m), provided, the exposed exterior wall is of noncombustible construction, and there are no windows or doors of the exposed wall of the building within 30 feet (9.1 m) of the mobile/portable classroom unit. The distance may be reduced to 0 feet if the exposed wall is of noncombustible construction having a certified fire resistance rating of at least 2-hours and without openings within 30 feet (9.1 m) of exposing mobile/portable classroom unit."

4. Add a new paragraph 15.2.1.5 to read as follows:

15.2.1.5 "The provisions of 15.2.1.2 and 15.3.2.3 shall not apply to facilities that meet the requirements of 16.1.6."

5. Add a new subparagraph 15.2.2.2.2.1 to read as follows:

15.2.2.2.2.1 "Doors serving as exits from existing mobile/portable classrooms shall not be less than 32 inches (0.91 m) in clear width, unless originally approved for a clear width of not less than 28 inches. Such exit doors shall open onto landings 4 feet by 4 feet (1.2 m by 1.2 m) and have stairs and or ramps, as needed, complying with applicable provisions of this *Code*. Landings, stairs, ramps, guardrails, and handrails installed and approved prior to the effective date of this *Code*, if maintained in a state of good repair, may be continued in use. When a mobile/portable classroom structure is moved to another site at the same school or another school, landings, stairs, ramps, guardrails, and graspable handrails shall comply with the applicable requirements of this *Code* for new construction."

6. Delete paragraph 15.2.2.2.4 and replace with a new paragraph 15.2.2.2.4

15.2.2.2.4 *Locking of Classroom Doors and Other Instructional Spaces.

15.2.2.2.4.1 Classroom doors and doors to other instructional spaces shall be permitted to be locked provided that the locking means is approved, and all of the following conditions are met:

(1) The locking means shall be capable of being engaged from the egress side of the door without opening the door.

(2) The unlocking and unlatching from the egress side of the door shall be accomplished without the use of a key, tool, or special knowledge or effort.

(3) *Two non-simultaneous releasing motions shall be permitted where approved by the authority having jurisdiction. The Chief Fire Official of the local responding Fire Department must approve the locking device.

(4) The releasing mechanism for unlocking and unlatching shall be located at a height not less than 34 in. (865 mm) and not exceeding 48 in. (1220 mm) above the finished floor.

(5) Locks, if remotely engaged, shall be unlockable from the egress side of the door without the use of a key, tool, or special knowledge or effort.

(6) The door shall be capable of being unlocked and opened from outside the room with the necessary key or other credential.

(7) The locking means shall not modify the door closer, panic hardware, or fire exit hardware or impair their operation.

(8) Modifications to fire door assemblies, including door hardware, shall be in accordance with NFPA 80.

(9) The emergency action plan, required by 15.7.1, shall address the use of the locking and unlocking means from both sides of the door.

(10) Staff shall be drilled in the engagement and release of the locking means, from both sides of the door, as part of the emergency egress drills required by 15.7.2.

A.15.2.2.2.4.1(3) The installation of new hardware that necessitates two non-simultaneous releasing motions on existing doors in existing educational occupancies in accordance with 15.2.2.2.4.1(3) is permitted where such installation is necessary for compliance with the door locking criteria in 15.2.2.2.4.1. In accordance with 43.1.4.5, rehabilitation work performed for compliance with the Code's existing occupancy requirements is exempt from Chapter 43 and the installation of such new equipment is not subject to Section 43.5, which would require compliance with the new occupancy provisions. Where a new door is installed in an existing educational occupancy, the requirements of 14.2.2.2.4 apply.

15.2.2.2.4.2 Where existing classroom doors and doors to instructional spaces are replaced, they shall comply with the provisions of 14.2.2.2.4.

7. Add a new item (4) to paragraph 15.2.11.1 to read as follows:

(4) "Windows may open onto a court or an enclosed court provided all of the following criteria are met:

(a) The court shall be of sufficient width such that persons exiting through the courtyard will be at a minimum dimension not less than 10 feet (3 m) from any portion of the building that could present an exposure condition to a fire.

(b) The court has exits directly to the exterior of the building through an exit passageway that is separated out from all other parts of the building by 2-hour fire-rated construction. No space other than exit corridors protected by 'B' labeled 1½-hour fire doors, whether normally occupied or not, shall open onto this required exit passageway.

(c) The exit capacity for the exit passageway shall be of sufficient width for the corridors connected to it as well as the enclosed court calculated at 15 square feet (1.4 sq. m) per person or minimum number of students subject to exiting into the court, whichever is the greater of the two.

(d) The travel distance from any point in a connecting classroom to the exterior of the building through the exit passageway shall not exceed 150 feet (45.7 m).

(e) The court is provided with emergency lighting to direct occupants to the exit(s) in accordance with Section 5.9.

(f) The exit(s) from the court is/are clearly marked in accordance with Section 7.10."

8. Add a new paragraph 15.2.11.3 to read as follows:

15.2.11.3 "School Hallway Interior Emergency Lockdown Defense (SHIELD). The installation of a School Hallway Interior Emergency Lockdown Defense (SHIELD) shall be permitted in educational occupancies provided all of the following criteria are met:

- (1) Activation shall be by means of depressing a panic button or pull station marked for emergency SHIELD available to school administration at a central location. Additional activation may be by telephone code.
- (2) System activation shall automatically contact law enforcement authorities upon activation.
- (3) Cross corridor doors may be provided with magnetic hold open devices to release upon activation of the system.
- (4) Upon activation of the system, cross corridor doors shall be permitted to be kept in the closed position with magnetic locks.
- (5) System hardware shall be provided with emergency power or battery back-up in event of loss of power.
- (6) Smoke detectors shall be provided within 15 feet of cross corridor doors on the classroom egress side for each corridor zone and be identified distinctly from other required detectors. Such detectors upon activation by smoke shall release door mag locks for the locked zone to freely open. Detectors are not required to be interconnected into the building's fire alarm system.
- (7) Card readers with keypad shall be installed on the ingress side of the doors requiring a PIN code and card swipe to deactivate for the activated corridor zone.
- (8) Keypad shall be installed on the egress side of the doors only requiring a PIN code for deactivation of the door mag locks for the activated corridor zone.
- (9) A blue light strobe and siren, distinct from that of the fire alarm may be provided to deter intruders.
- (10) Staff shall be adequately trained on the intent and operation of the system with the conduction of mock drills.

15.2.11.3.1 **(SHIELD) Activation.** The SHIELD system shall only be activated in the following situations:

- (1) The event of intrusion or active shooter upon school premises.
- (2) For the purposes of testing the system.
- (3) For the purposes of conducting drills related to the intrusion or active shooter upon school premises."

9. Delete subparagraph 15.3.2.1(1)(a) in its entirety and substitute in its place the following:

(a) "Boiler and furnace rooms, unless such rooms enclose air handling equipment, compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input. Such rooms shall not be used for any combustible storage. A minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

10. Delete the term "Laundries" from subparagraph 15.3.2.1(2)(a) and substitute in its place the following:

(a) "Laundry areas utilizing commercial equipment, multiple residential appliances, or exceeding 100 square feet (9.3 sq. m)."

11. Add a new paragraph 15.3.2.2.1 to read as follows:

15.3.2.2.1 "Food preparation areas located in home economic labs may be protected by listed self-contained residential fire suppression systems located in a residential hood over each cooking surface, with the exhaust hood vented directly to the outside. Required use of automatic disconnects of fuel source or power source is subject to the approval of the authority having jurisdiction. Food preparation areas located in home economic labs need not be protected where in a fully sprinklered building or where protection is provided in accordance with 9.7.1.2. The exhaust hood is still required to be vented to the outside if installed after July 28, 1998."

12. Add items (3) and (4) to paragraph 15.3.4.2.1 to read as follows:

(3) "Where each classroom in a mobile/portable classroom structure is provided with a two-way communication system that will permit initiation of the communication from the classroom as well as from a constantly attended location in the main administrative office of the school from which a general alarm can be sounded, if needed, and the fire department can be summoned. A telephone mounted in each classroom and equipped with speed dialing, or a similar function, to provide contact with the constantly attended location noted above, shall be acceptable as a two-way communication system for purposes of this provision. The procedure for using the system for emergency alerting shall be clearly posted near the system actuation device in each classroom and at the constantly attended location.

(4) Fire alarm alerting provisions for existing mobile/portable classroom structures approved prior to the effective date of this *Code*, and which are in a state of operational readiness. At the minimum, such provisions shall provide alerting of a fire condition in each mobile/portable classroom structure. Where alerting is by an alarm bell or horn, the sound/signal shall be distinctive from other bells or horns."

13. Add a new subparagraph 15.3.4.2.3.3 to read as follows:

15.3.4.2.3.3 "In lieu of locating manual fire alarm boxes in educational occupancies in corridors and normal paths of travel, the fire alarm boxes may be located in rooms which open directly onto such corridors and normal paths of travel provided all of the following are met:

(1) The rooms in which such manual fire alarm boxes are placed are constantly supervised all school hours.

(2) The rooms in which such manual fire alarm boxes are placed are located in close proximity to the to that portion of the corridors and normal paths of travel where a manual fire alarm box would be placed in accordance with 9.6.2.5.

(3) A sign is placed on the corridor wall immediately adjacent to the entry door(s) of such room so that it can be readily seen at all times. The sign shall state **"MANUAL FIRE ALARM BOX LOCATED IN THIS ROOM"**. **The sign shall have a red background and the letters shall be white and be at least one inch in height."**

14. Add a new paragraph 15.3.5.6 to read as follows:

15.3.5.6 **"Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in educational occupancies, including mobile/portable classrooms, in accordance with 9.9.

15.3.5.6.1 In lieu of locating portable fire extinguishers in corridors and normal paths of travel as specified in NFPA 10, *Standard for Portable Fire Extinguishers*, portable fire extinguishers may be located in rooms that open directly onto such corridors and normal paths of travel provided all of the following are met:

(a) The room in which such portable fire extinguishers are placed are located in close proximity to that portion of the corridor where a fire extinguisher would otherwise be placed in accordance with NFPA 10; *Standard for Portable Fire Extinguishers*,

(b) A sign which states in white letters at least one inch in height on a red background, **'PORTABLE FIRE EXTINGUISHER LOCATED IN THIS ROOM,** ' is placed on the corridor wall immediately adjacent to the entrance way of each such room so that it can be clearly seen at all times;

(c) The rooms in which such portable fire extinguishers are placed shall be constantly supervised during school hours; and,

(d) Those rooms cannot be subject to being locked at any time the building is occupied."

15. Add a new item (6) to subsection 15.3.6 to read as follows:

(6) "Door closing devices are not required on doors in corridor wall openings other than those serving exits or required enclosures of hazardous areas."

16. Add new paragraph 15.5.2.3 to read as follows:

15.5.2.3 "Portable electric and liquefied petroleum gas or liquid fuel fired space heating devices designed to be portable are prohibited in all portions of educational buildings.

15.5.2.3.1 As permitted by 603.4 of the *IFC*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

17. Delete subsection 15.7.1 in its entirety and substitute in its place the following:

15.7.1 **"Emergency Planning and Preparedness.** Educational occupancies (Group E - Educational) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the International Fire Code, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(n) **Modification to Chapter 16:**

1. Add a new 16.1.1.2.1 to read as follows:

16.1.1.2.1 "Pursuant to O.C.G.A. [25-2-13\(b\)\(1\)\(I\)](#) the term Group Day-Care Home applies to day- care facilities where at least seven (7) but not more than twelve (12) children receive care. Further, the term Day Care Center applies where more than twelve (12) children receive care. Where such facilities are required to be licensed or commissioned as set forth by O.C.G.A. [25-2-13\(b\)\(1\)\(I\)](#), the facilities are also required to comply with the Rules and Regulations of the Safety Fire Commissioner and to obtain a Certificate of Occupancy pursuant to O.C.G.A. [25-2-14\(c\)](#)."

2. Add a new subparagraph 16.1.3.1.1 to paragraph 16.1.3.1 to read as follows:

16.1.3.1.1 "The provisions of 6.1.14 shall not apply to one- and two-family dwellings."

3. Delete paragraph 16.1.6.1 and its corresponding table in its entirety and substitute in its place the following:

16.1.6.1 "The location of day-care occupancies and clients of such shall be limited as shown in Table 16.1.6.1.

16.1.6.1.1 Day-Care occupancies with exits directly to the outside from each room normally occupied by clients may be of any construction type without being protected throughout by an automatic sprinkler system.

Table 17.1.6.1 Day-Care Occupancy Location					
Type of Construction	Age Group	Number of Stories			
		(Stories are counted starting at the floor of exit)			
		1	2	3	4+
I(443), I(332) and II(222)	0 through 4	YES	YES	YES	YES+
	5 and older	YES	YES	YES	YES+
II(111), III(211) and V(111)	0 through 4	YES	YES+	NO	NO
	5 and older	YES	YES	YES+	NO
IV(2HH)	0 through 4	YES	YES+	NO	NO
	5 and older	YES	YES+	NO	NO
II(000)	0 through 4	YES	YES+	NO	NO
	5 and older	YES	YES+	NO	NO

Table 17.1.6.1 Day-Care Occupancy Location					
III(200) and V(000)	0 through 4	YES+	YES+	NO	NO
	5 and	YES	YES+	NO	NO

The types of construction in the Table are from NFPA 220, *Standard on Types of Building Construction*. Refer to 8.2.1.2 and 8.2.1.2.1 of this *Code* and the conversion chart for cross-referencing to the construction types established by the *International Building Code*.

YES: Day-care occupancy location permitted in type of construction.

YES+: Day-care occupancy location permitted in type of construction if entire building is protected throughout by an approved automatic sprinkler system.

NO: Day-care occupancy location not permitted in type of construction."

4. Add a new paragraph 16.1.6.3 to read as follows:

16.1.6.3 "**Day-Care Facilities Located Below the LED.** The story below the level of exit discharge shall be permitted to be used in buildings of any construction type, other than Type II(000), Type III(200) and Type V(000) provided, the building is protected throughout by an approved automatic sprinkler system."

5. Add a new subparagraph 16.1.6.3.1 to read as follows:

16.1.6.3.1 "Where the story below the level of exit discharge is occupied as a day-care center, both of the following shall apply:

(1) One means of egress shall be an outside or interior stair in accordance with 7.2.2. An interior stair, if used, shall only serve the story below the level of exit discharge. The interior stair shall be permitted to communicate with the level of exit discharge; however, the required exit route from the level of exit discharge shall not pass through the stair enclosure.

(2) The second means of egress shall be permitted to be via an unenclosed stairway separated from the level of exit discharge in accordance with 8.6.5. The path of egress travel on the level of exit discharge shall be protected in accordance with 7.1.3.1."

6. Delete subsection 16.2.9 in its entirety and substitute in its place the following:

16.2.9 "**Emergency Lighting.** Emergency lighting shall be provided in accordance with Section 7.9 in the following areas:

1. In all interior stairs and corridors.

2. In all normally occupied spaces

3. Emergency lighting is not required in the following locations:

(1) Administrative areas other than receptionist areas.

(2) Mechanical rooms, storage areas, and rooms or areas not normally occupied by students."

7. Delete item (a) to paragraph 16.3.2.1(1) (a) in its entirety and substitute in its place the following:

(a) "Rooms enclosing air handling equipment compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input. Such rooms shall not be used for any combustible storage. A minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

8. Add an item (4) to paragraph 16.3.2.1 to read as follows:

(4) "In areas where documentation is provided indicating an unreliable water source, the authority having jurisdiction may accept separation of these areas from the remainder of the building by fire barriers having not less than a 2-hour fire-resistance rating."

9. Delete the term "Laundries" from subparagraph 16.3.2.1 (2) a. and substitute in its place the following:

a. "Laundry areas utilizing commercial equipment, multiple residential appliances, or exceeding 100 square feet (9.3 sq. m)."

10. Delete paragraph 16.3.2.3 in its entirety and substitute in its place the following:

16.3.2.3 "Food preparation facilities protected in accordance with 9.2.3 are not required to have openings protected between food preparation areas and dining areas. Where domestic cooking equipment is used for food warming or limited cooking, a listed self-contained residential fire suppression system may be installed in a residential hood to cover the area of the cooking surface, with the exhaust hood vented directly to the outside. The fire suppression system shall automatically disconnect electric power to electric stoves or automatically shut off the gas supply to gas stoves. Such system shall be interconnected to the building fire alarm system where one is provided.

16.3.2.3.1 Subject to the approval of the authority having jurisdiction approval, where domestic cooking equipment is used for food warming or limited cooking, the requirements for a residential fire suppression system may be waived if the room is protected by approved automatic sprinkler protection. The provisions of 9.7.1.2 may be permitted. The exhaust hood is still required to be vented to the outside."

11. Delete subsection 16.3.5 in its entirety and substitute in its place the following:

16.3.5 "**Extinguishment Requirements.** Buildings containing day-care occupancies shall be sprinkler protected throughout for construction types as specified in Table 16.1.6.1 entitled "Day-Care Occupancy Location Limitations" and paragraph 16.1.6.3. Any required sprinkler system based upon Table 16.1.6.1 and paragraph 16.1.6.3 shall be in accordance with 9.7."

12. Add a new paragraph 16.3.5.1 to read as follows:

16.3.5.1 "**Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all daycare occupancies in accordance with 9.9."

13. Add new paragraph 16.5.2.4 to read as follows:

16.5.2.4 "Portable electric and liquefied petroleum gas or liquid fuel fire space heating devices designed to be portable are prohibited in all portions of day-care facilities.

16.5.2.4.1 In emergency conditions when approved by the authority having jurisdiction, equipment designed to be portable may be used for a specified time provided such equipment is properly protected and separated from combustibles as specified by the manufacturer's instructions and the authority having jurisdiction."

14. Delete paragraph 16.6.1.6 in its entirety and substitute in its place the following:

16.6.1.6 "**Minimum Construction Requirements.** The minimum construction requirements for new day-care homes shall be limited to the types of building construction permitted by the *IBC* as specified in 8.2.1. Clients of a group day-care home in a multi-story building shall be restricted to the level of exit discharge, unless the provisions of 16.1.6 are met."

15. Add a new paragraph 16.6.3.6 to read as follows:

16.6.3.6 **"Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all daycare home occupancies in accordance with 9.9."

16. Delete subsections 16.7.1 and 16.7.2 in their entirety and substitute in their place the following:

16.7.1 **"Emergency Planning and Preparedness.** Day-care occupancies (Group E and I-4) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(o) **Modifications to Chapter 17:**

1. Delete paragraph 17.1.1.4 in its entirety and substitute in its place the following:

17.1.1.4 "Pursuant to O.C.G.A. [25-2-13\(b\)\(1\)\(I\)](#) the term Group Day-Care Home applies to daycare facilities where at least seven (7) but not more than twelve (12) children receive care. Further, the term Day Care Center applies where more than twelve (12) children receive care. Where such facilities are required to be licensed or commissioned as set forth by O.C.G.A. [25-2-13\(b\)\(1\)\(I\)](#), the facilities are also required to comply with the Rules and Regulations of the Safety Fire Commissioner and to obtain a Certificate of Occupancy pursuant to O.C.G.A. [25-2-14\(c\)](#)."

2. Delete paragraph 17.1.1.5 in its entirety and substitute in its place the following:

17.1.1.5 "This section establishes life safety requirements for existing day-care occupancies, adult day-care facilities, and head start facilities in which more than 12 clients receive care, maintenance, and supervision by other than their relative(s) or legal guardian(s) for less than 24 hours per day. An existing day-care occupancy shall be allowed the option of meeting the requirements of Chapter 16 in lieu of Chapter 17. Any day-care occupancy that meets the requirements of Chapter 16 shall be judged to meet the requirements of Chapter 17."

3. Add a new subparagraph 17.1.3.1.1 to read as follows:

17.1.3.1.1 " The provisions of 6.1.14 shall not apply to one- and two-family dwellings."

4. Add a new subparagraph 17.1.4.1.1 to read as follows:

17.1.4.1.1 "Existing day-care centers that include part-day preschools, head-start programs, kindergartens, and other schools whose purpose involves education primarily for a group of children may continue to meet the requirements of this section or may be allowed the option of meeting the requirements of Chapter 15."

5. Delete subsection 17.1.6.1 and its corresponding table in its entirety and substitute in its place the following:

17.1.6.1 **"Location and Minimum Construction Requirements.** The location of day-care occupancies and clients of such shall be limited as shown in Table 17.1.6.1

17.1.6.1.2 Day-Care occupancies with exits directly to the outside from each room normally occupied by clients may be of any construction type without being protected throughout by an automatic sprinkler system.

17.1.6.1.3 "Centers located on the level of exit discharge in buildings of any construction type without a complete approved automatic sprinkler system, may be continued in use as a child day-care center housing children ages zero through four, or non-ambulatory children, as long as at least one exit door is provided directly to the outside of the building at ground level from every room or space normally occupied by children, except restrooms. For centers existing prior to April 12, 1985, where direct access to the outside of the building is not possible from interior rooms, and such interior rooms are normally subject to occupancy by children, the interior room may continue to be used provided there are two remote exits from the rooms that provide access to two separate and distinct exits to the outside."

Table 17.1.6.1 Day-Care Occupancy Location

Table 17.1.6.1 Day-Care Occupancy Location					
Type of Construction	Age Group	Number of Stories			
		(Stories are counted starting at the floor of exit)			
		1	2	3	4+
I(443), I(332) and II(222)	0 through 4	YES	YES	YES	YES
	5 and older	YES	YES	YES	YES
II(111), III(211) and V(111)	0 through 4	YES	YES+	NO	NO
	5 and older	YES	YES	YES+	NO
IV(2HH)	0 through 4	YES	YES+	NO	NO
	5 and older	YES	YES+	NO	NO
II(000)	0 through 4	YES	YES+	NO	NO
	5 and older	YES	YES+	NO	NO
III(200) and V(000)	0 through 4	YES+	YES+	NO	NO
	5 and older	YES	YES+	NO	NO

The types of construction in the Table are from NFPA 220, *Standard on Types of Building Construction*. Refer to 8.2.1.2 and 8.2.1.2.1 of this *Code* and the conversion chart for cross-referencing to the construction types established by the *International Building Code*.

YES: Day-care occupancy location permitted in type of construction.

YES+: Day-care occupancy location permitted in type of construction if entire building is protected throughout by an approved automatic sprinkler system.

NO: Day-care occupancy is not permitted in this construction type."

6. Delete paragraph 17.2.2.2.6 in its entirety and replace with a new 17.2.2.2.6

17.2.2.2.6 Locking of Classroom Doors and Doors to Other Client Care Spaces.

17.2.2.2.6.1 Classroom doors and doors to other client care spaces shall be permitted to be locked provided that the locking means is approved, and all of the following conditions are met:

- (1) The locking means shall be capable of being engaged from the egress side of the door without opening the door.
- (2) The unlocking and unlatching from the egress side of the door shall be accomplished without the use of a key, tool, or special knowledge or effort.
- (3) *Two non-simultaneous releasing motions shall be permitted where approved by the authority having jurisdiction. The Chief Fire Official of the local responding Fire Department must approve the locking device.
- (4) The releasing mechanism for unlocking and unlatching shall be located at a height not less than 34 in. (865 mm) and not exceeding 48 in. (1220 mm) above the finished floor.
- (5) Locks, if remotely engaged, shall be unlockable from the egress side of the door without the use of a key, tool, or special knowledge or effort.
- (6) The door shall be capable of being unlocked and opened from outside the room with the necessary key or other credential.

(7) The locking means shall not modify the door closer, panic hardware, or fire exit hardware or impair their operation.

(8) Modifications to fire door assemblies, including door hardware, shall be in accordance with NFPA 80.

(9) The emergency action plan, required by 17.7.1, shall address the use of the locking and unlocking means from both sides of the door.

(10) Staff shall be drilled in the engagement and release of the locking means, from both sides of the door, as part of the emergency egress drills required by 17.7.2.

A.17.2.2.2.6.1(3) The installation of new hardware that necessitates two non-simultaneous releasing motions on existing doors in existing day care occupancies in accordance with 17.2.2.2.6.1(3) is permitted where such installation is necessary for compliance with the door locking criteria in 17.2.2.2.6.1. In accordance with 43.1.4.5, rehabilitation work performed for compliance with the *Code's* existing occupancy requirements is exempt from Chapter 43 and the installation of such new equipment is not subject to Section 43.5, which would require compliance with the new occupancy provisions. Where a new door is installed in an existing day care occupancy, the requirements of 16.2.2.2.6 apply.

17.2.2.2.6.2 Where existing classroom doors and doors to client care spaces are replaced, they shall comply with the provisions of 16.2.2.2.6.

7. Delete subsection 17.2.9 in its entirety and substitute in its place the following:

17.2.9 **"Emergency Lighting.** Emergency lighting shall be provided in accordance with Section 7.9 in the following areas:

1. In all interior stairs and corridors.
2. In all normally occupied spaces.

17.2.9.1 Emergency lighting is not required in the following areas:

- (1) Administrative areas other than receptionist areas.
- (2) Mechanical rooms, storage areas, and rooms not normally occupied by students."

8. Add a new subparagraph 17.3.2.1(1)(a)(1) to read as follows:

17.3.2.1(1)(a)(1) "Rooms enclosing air handling equipment compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input are not required to comply with 17.3.2.1(1) provided, such rooms shall not be used for any combustible storage. A minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

9. Delete paragraph 17.3.2.3 in its entirety and substitute in its place the following:

17.3.2.3 "Food preparation facilities protected in accordance with 9.2.3 are not required to have openings protected between food preparation areas and dining areas. Where domestic cooking equipment is used for food warming or limited cooking, a listed self-contained residential fire suppression system may be installed in a residential hood to cover the cooking surface, with the exhaust hood vented directly to the outside. Required use of automatic disconnects of the fuel source or power source is subject to the authority having jurisdiction. Upon receipt of a sworn affidavit, no protection is required for existing domestic cooking equipment used for limited cooking or warming of foods.

17.3.2.3.1 Subject to the approval of the authority having jurisdiction, where domestic cooking equipment is used for food warming or limited cooking, the requirements for a residential fire suppression system may be waived if the room is protected by approved automatic sprinkler protection. The provisions of 9.7.1.2 may be permitted. The exhaust hood is still required to be vented to the outside."

10. Delete the term "Laundries" from subparagraph 17.3.2.1 (2)(a) and substitute in its place the following:

(a) "Laundry areas utilizing commercial equipment, or multiple residential appliances, or having a floor area exceeding 100 square feet (9.3 m)."

11. Add a new paragraph 17.3.5.3.1 to read as follows:

17.3.5.3.1 **"Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all day-care occupancies in accordance with 9.9."

12. Delete subsection 17.4.1 in its entirety and substitute in its place the following:

17.4.1 **"Windowless or Underground Buildings.** Windowless or underground buildings or structures shall comply with the applicable provisions of Section 11.7. All such buildings and structures housing a day-care occupancy shall be protected throughout by an approved automatic sprinkler system.

17.4.1.1 "Buildings or structures existing prior to January 28, 1993, and housing day-care occupancies with an occupant load not greater than 100 may remain in use without being protected throughout by an automatic sprinkler system."

13. Add a subparagraph 17.5.1.2.1 to read as follows:

17.5.1.2.1 "In existing day-care occupancies, in lieu of special protective covers, receptacles may be placed at a minimum of six feet above the finished floor."

14. Add a new paragraph 17.5.2.4 to read as follows:

17.5.2.4 "Portable electric and liquefied petroleum gas or liquid fuel fire space heating devices designed to be portable are prohibited in all portions of day-care facilities.

17.5.2.4.1 "In emergency conditions when approved by the authority having jurisdiction, equipment designed to be portable may be used for a specified time provided such equipment is properly protected and separated from combustibles as specified by the manufactures instructions and the authority having jurisdiction."

15. Delete subparagraph 17.6.1.4.1.2 in its entirety and substitute in its place the following:

17.6.1.4.1.2 "This section establishes life safety requirements for group day-care homes, adult daycare homes and head start facilities in which at least seven but not more than 12 clients receive care, maintenance, and supervision by other than their relative(s) or legal guardian(s) for less than 24 hours per day (generally within a dwelling unit). An existing day-care home shall be allowed the option of meeting the requirements of Section 16.6 in lieu of Section 17.2. Any day-care home that meets the requirements of Chapter 16 shall be judged to meet the requirements of Chapter 17."

16. Add an exception to subsection 17.6.1.4.1 to read as follows:

17.6.1.4.1 "Existing day-care homes that include part-day preschools, head-start programs, kindergartens, and other schools whose purpose involves education primarily for a group of children may continue to meet the requirements of this section or may be allowed the option of meeting the requirements of Chapter 15."

17. Delete paragraph 17.6.1.6 in its entirety and substitute in its place the following:

17.6.1.6 "Clients of a group day-care home in a multi-story building shall be restricted to the level of exit discharge, unless the provisions of 17.1.6.1 are met."

18. Add a new paragraph 17.6.3.6 to read as follows:

17.6.3.6 **"Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all daycare home occupancies in accordance with 9.9."

19. Add a new subsection 17.6.3.7 to read as follows:

17.6.3.7 "In existing day-care homes in lieu of special protective covers, receptacles may be placed at a minimum of 6 feet (1.8 m) above the finished floor."

20. Delete subsections 17.7.1 and 17.7.2 in their entirety and substitute in their place the following:

17.7.1 **"Emergency Planning and Preparedness.** Day-care occupancies (Group E and I-4) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(p) Modifications to Chapter 18:

1. Delete subsection 18.1.1.1.8 in its entirety and in its place substitute the following:

18.1.1.1.8 "Buildings, or sections of buildings, that house older persons and that provide activities that foster continued independence but that do not include services distinctive to health care occupancies (see 18.1.4.2), as defined in 3.3.196.7, shall be permitted to comply with the requirements of other chapters of this *Code*, such as Chapters 30, 32 or 34 based upon appropriate licensing if required."

2. Add a new subparagraph 18.1.1.4.3.4.1 to read as follows:

18.1.1.4.3.4.1 "Minor renovations, alterations, modernizations or repairs as used in 18.1.1.4.3.4 shall mean that construction is less than 40% of the floor area within a smoke compartment."

3. Add the following to the list of hazardous areas in Subparagraph 18.3.2.1.2 to read as follows:

(8) "Soiled utility rooms also used for combustible storage - 1 hour."

4. Add a new subparagraph 18.3.2.5.2.1 to read as follows:

18.3.2.5.2.1 "Where a residential stove (a maximum of four surface burners or cooking elements), is used for food warming, limited cooking, or rehabilitation training, a residential style hood system ducted to the outside shall be installed to cover each cooking surface. Other protection or segregation shall not be required unless subsequent inspections reveal conditions have changed and a higher level of risk to life is deemed to exist by the authority having jurisdiction."

5. Delete subsections 18.7.1 and 18.7.2 in their entirety and substitute in their place the following:

18.7.1 **"Emergency Planning and Preparedness.** Health care occupancies (Group I-2) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code (IFC)*, and NFPA 99, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

6. Delete subsection 18.7.4 in its entirety and in its place substitute the following:

18.7.4 **"*Smoking.** Smoking regulations shall be adopted and shall include, at the least, the applicable provisions of Section 310 of the *International Fire Code (IFC)*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

(q) Modifications to Chapter 19:

1. Delete subsection 19.1.1.1.8 in its entirety and in its place substitute the following:

19.1.1.1.8 "Buildings, or sections of buildings, that house older persons and that provide activities that foster continued independence but do not include services distinctive to health care occupancies (see 19.1.4.2), as defined in 3.3.196.7, shall be permitted to comply with the requirements of other chapters of this *Code*, such as Chapters 31, 33 or 35 based upon appropriate licensing if required."

2. Add the following to the list of hazardous areas in subparagraph 19.3.2.1.5 to read as follows:

(9) "Soiled utility rooms used for combustible storage."

3. Add subparagraphs 19.3.2.5.2.1 to read as follows:

19.3.2.5.2.1 "Where residential stove cooking is used for food warming, limited cooking, or rehabilitation training, a residential style hood system ducted to the outside and equipped with a listed self-contained residential fire suppression system shall be installed to cover each cooking surface. Required use of automatic disconnects of fuel source or power source is subject to the approval of the authority having jurisdiction.

19.3.2.5.2.1.1 Other installations acceptable to the authority having jurisdiction shall be acceptable."

4. Add a new subparagraph 19.3.4.3.1.1 to read as follows:

19.3.4.3.1.1 "A Zoned, coded systems shall be permitted."

5. Delete subsections 19.7.1 and 19.7.2 in their entirety and substitute in their place the following:

19.7.1 **"Emergency Planning and Preparedness.** Health care occupancies (Group I-2) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code (IFC)* and NFPA 99, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

6. Delete subsection 19.7.4 in its entirety and in its place substitute the following:

19.7.4 **"*Smoking.** Smoking regulations shall be adopted and shall include, at the least, the applicable provisions of Section 310 of the *International Fire Code (IFC)*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

(r) Modification to Chapter 20:

1. Delete subsections 20.7.1 and 20.7.2 in their entirety and substitute in their place the following:

20.7.1 **"Emergency Planning and Preparedness.** Ambulatory health care facilities shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions for health care occupancies (Group I-2) of Chapter 4 of the *International Fire Code (IFC)* and NFPA 99, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(s) Modification to Chapter 21:

1. Delete subsections 21.7.1 and 21.7.2 in their entirety and substitute in their place the following:

21.7.1 **"Emergency Planning and Preparedness.** Ambulatory health care facilities shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions for health care occupancies (Group I-2) of Chapter 4 of the *International Fire Code (IFC)* and NFPA 99, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(t) Modifications to Chapter 22:

1. Delete paragraph 22.2.11.1.2 in its entirety and substitute in its place the following:

22.2.11.1.2 "Doors shall be permitted to be locked with approved detention locking mechanisms only in accordance with the applicable use condition. Padlocks are not permitted on housing unit doors or any other door located in the interior means of egress.

22.2.11.1.2.1 Padlocks are permitted on gates and doors located on exterior fencing, and in exterior walls, which are not part of the building, from areas of refuge located outside the building."

2. Delete the words 'fuel fired' from Table 22.3.2.1.

3. Add a note to Table 22.3.2.1 to read as follows:

"[Note: Areas incidental to resident housing will mean any areas that exceed 10% of the resident housing area. This includes sleeping areas, dayrooms, group activity space, or other common spaces for customary access of residents.]"

4. Delete paragraph 22.3.7.5 in its entirety and substitute in its place the following:

22.3.7.5 "Any required smoke barrier shall be constructed in accordance with Section 8.5 Smoke Barriers. Such barriers shall be of substantial construction and shall have structural fire resistance. Smoke barriers may have windows with wire glass in steel frames or tested window assemblies."

5. Delete subsection 22.7.1 in its entirety and substitute in its place the following:

22.7.1 **"Emergency Planning and Preparedness.** Detention and correctional facilities (Group I-3 occupancies) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

6. Delete subsection 22.7.2 in its entirety and substitute in its place the following:

22.7.2 "Policies and procedures shall be established by facility administrators to control and limit the amount of personal property in sleeping rooms and require periodic checks for the collection and storage of such items on a monthly basis. Records of periodic checks shall be kept and made available to the authority having jurisdiction upon request.

22.7.2.1 Facilities which provide closable metal lockers or fire-resistant containers for the storage of books, clothing, and other combustible personal property allowed in sleeping rooms."

(u) Modifications to Chapter 23:

1. Delete paragraph 23.2.11.1.2 in its entirety and substitute in its place the following:

23.2.11.1.2 "Doors shall be permitted to be locked with approved detention locking mechanisms only in accordance with the applicable use condition. Padlocks are not permitted on housing unit doors or any other door located in the means of egress.

23.2.11.1.2.1 Padlocks are permitted on gates and doors located on exterior fencing and walls from areas of refuge located outside the building."

2. Delete the words 'fuel fired' from Table 23.3.2.1.

3. Add a note to Table 23.3.2.1 to read as follows:

"[Note: Areas incidental to resident housing will mean any areas that exceed 10% of the resident housing area. This includes sleeping areas, dayrooms, group activity space, or other common spaces for customary access of residents.]"

4. Delete paragraph 23.3.7.5 in its entirety and substitute in its place the following:

23.3.7.5 "Required smoke barriers shall be constructed in accordance with Section 8.5 Smoke Barriers. Such barriers shall be of substantial construction and shall have structural fire resistance. Smoke barriers may have windows with wire glass in steel frames or tested window assemblies."

5. Delete subsection 23.7.1 in its entirety and substitute in its place the following:

23.7.1 **"Emergency Planning and Preparedness.** Detention and correctional facilities (Group I-3 occupancies) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

6. Delete subsection 23.7.2 in its entirety and substitute in its place the following:

23.7.2 "Policies and procedures shall be established by facility administrators to control and limit the amount of personal property in sleeping rooms and require periodic checks for the collection and storage of such items on a monthly basis. Records of periodic checks shall be kept and made available to the authority having jurisdiction upon request.

23.7.2.1 Facilities which provide closable metal lockers or fire-resistant containers for the storage of books, clothing, and other combustible personal property allowed in sleeping rooms."

(v) Modification to Chapter 24:

1. Delete the Title of Chapter 24 and retitle it to read as follows:

"Chapter 24 One- and Two-Family Dwellings/Community Living Arrangements"

2. Add a new subparagraph 24.1.1.1.1 to read as follows:

24.1.1.1.1 "In addition, this chapter establishes life safety requirements for facilities licensed by the State of Georgia as a 'Community Living Arrangement' for one to four individuals not related to the owner or administrator by blood or marriage whether the facility is operated for profit or not. Community Living Arrangements for five or more residents shall comply with the applicable requirements of Chapter 32."

3. Add a new paragraph 24.1.1.6 to read as follows:

24.1.1.6 "The use of a one- and two- family dwelling for the purposes of a Community Living Arrangement as licensed by the State, for one to four residents, shall constitute a change of occupancy sub-classification. The new

sub-classification shall meet the requirements established in this Chapter for the One- and Two-Family Dwelling and the additional requirements specified under Section 24.4.

4. Add a new subparagraph 24.1.1.6.1 to read as follows:

24.1.1.6.1 The use of a one- and two- family dwelling for the purposes of a Community Living Arrangement as licensed by the State, for one to four residents shall not require automatic sprinkler protection.

5. Delete 24.2.2.1.2(2) in its entirety and substitute in its place the following:

(2) "The dwelling unit is protected throughout by an approved automatic sprinkler system in accordance with 24.3.5. This sprinkler provision shall not apply to a community living arrangement."

6. Add a new subparagraph to 24.2.4.1.1 to read as follows:

24.2.4.1.1 "Doors in the path of travel of a means of escape in Community Living Arrangement facilities shall be not less than 32 in. (81 cm) wide."

7. Add a new subparagraph 24.3.4.1.3.1 to read as follows:

24.3.4.1.3.1 "The provisions of 9.6.2.10.8.1 and 9.6.2.10.8.2 shall apply."

8. Delete Section 24.4 in its entirety and substitute in its place the following:

24.4 "Community Living Arrangements.

24.4.1 General. The following shall be provided in addition to the requirements of this Chapter for facilities subject to being licensed as a Community Living Arrangement. Where there are conflicts in requirements specified elsewhere in this Chapter, the requirements specified under Section 24.4 shall prevail.

24.4.2 Address identification. New and Existing Community Living Arrangement structures shall have approved address numbers, building numbers or approved building identification placed in accordance with the provisions of the *International Fire Code*.

24.4.3 Means of Egress.

24.4.3.1 A Community Living Arrangement serving a resident dependent upon a wheelchair or other mechanical device for mobility shall provide at least two (2) exits from the Community Living Arrangement, remote from each other, and that are accessible to the residents.

24.4.3.2 Bedrooms for residents shall be separated from halls, corridors and other rooms by floor to ceiling walls, capable of resisting fire for not less than ½-hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15-minute thermal barrier. Sleeping room doors shall be substantial doors, such as those of 1¾ in. (4.4-cm) thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels shall be fixed fire window assemblies in accordance with 8.3.3 or shall be wired glass not exceeding 1296 sq. in (0.84 m2) each in area and installed in approved frames.

24.4.3.3 A room shall not be used as a bedroom where more than one-half the room height is below ground level.

24.4.3.4 Bedrooms which are partially below ground level shall have adequate natural light and ventilation and be provided with two useful means of egress.

24.4.3.5 Bedrooms occupied by residents shall have doors that can be closed. Doors shall be not less than 32 in. (81 cm) wide.

24.4.3.6 Any door in the path of travel of a means of means of egress or escape shall be not less than 32 in. (81 cm) wide.

24.4.3.7 Residents who need assistance with ambulation shall be provided bedrooms that have access to a ground-level exit to the outside or be provided bedrooms above ground level that have access to exits with easily negotiable ramps or easily accessible lifts.

24.4.3.8 Locks.

24.4.3.8.1 Bedrooms may have locks on doors provided both the occupant and staff are provided with keys to ensure easy entry. Double-cylinder locks (locks requiring a key on both sides) are prohibited to be used on the bedroom door of a resident.

24.4.3.8.2 Exterior doors shall be equipped with locks that do not require keys to open the door from the inside.

24.4.4 Detection and Alarm Systems

24.4.4.1 A fire alarm system meeting the minimum requirements for Single- and Multiple Station Alarms and Household Fire Alarm Systems per NFPA 72 shall be installed.

24.4.4.2 Smoke Detection.

24.4.4.2.1 Smoke alarms shall be installed in accordance with the provisions of 9.6.2.10 of this *Code*. Any additional detection/alarm devices shall be as established by O.C.G.A. § [25-2-40](#).

24.4.4.2.2 Smoke alarms shall be installed on all levels, including basements but excluding crawl spaces and unfinished attics.

24.4.4.2.3 Additional smoke alarms shall be installed for all living areas as defined in 3.3.22.5 of this *Code*.

24.4.4.2.4 Strobe alarms shall be used when required by the needs of the resident, e.g., for hearing impaired persons.

24.4.4.3 Carbon Monoxide Detectors.

24.4.4.3.1 Carbon monoxide detectors shall be provided in the residence where natural gas, LP gas or heating oil is used to heat the residence.

24.4.4.3.2 Carbon monoxide detectors shall be provided in the residence if a solid fuel-burning fireplace or fixed heating device is installed the residence.

24.4.5 Protection.

24.4.5.1 **Portable Fire Extinguishers.** Portable fire extinguishers in accordance with Section 9.9 shall be provided near hazardous areas.

24.4.5.1.1 At least one 5 lb. 2A rated multipurpose ABC portable fire extinguisher shall be provided on each occupied floor, and, where applicable, in the basement. The extinguishers shall be installed so as to be readily accessible in accordance with NFPA 10.

24.4.5.1.2 Required portable fire extinguishers shall be inspected and maintained annually by a State licensed fire extinguisher technician in accordance with NFPA 10.

24.4.5.1.3 Monthly quick check inspections shall be conducted by the staff of the Community Living Arrangement to ensure they are charged and in operable condition.

24.4.6 Heating, Ventilation and Air Conditioning.

24.4.6.1 Portable space heaters shall not be used. The use of heating devices and equipment shall be regulated by the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner.

24.4.6.2 Fire screens and protective devices shall be used with fireplaces, stoves, and fixed heaters.

24.4.6.3 A water temperature monitor or a scald valve shall be installed where necessary to ensure the safety of the residents. Heated water provided for use of residents shall not exceed 120 degrees Fahrenheit at the hot water fixture, unless a cooler temperature is required by the needs of the individual.

24.4.7 **Operating Features.**

24.4.7.1 **Staffing.** The Community Living Arrangement shall have as many qualified and trained employees on duty as shall be needed to safeguard properly the health, safety, and welfare of residents and ensure the provision of services the residents require to be delivered in the Community Living Arrangement.

24.4.7.1.1 Before working independently with residents, each staff member shall be trained and show continuing evidence of competence in fire safety and emergency evacuation procedures. A resident shall not be considered a staff person in the residence in which they live. Also, training of management and staff shall comply with Chapter 4 of the adopted *International Fire Code*.

24.4.7.2 **Evacuation Capabilities.** Community Living Arrangement shall maintain a staffing ratio sufficient to ensure that all residents can meet a prompt evacuation capability as defined in [12-3-3-.03](#) of Chapter 120-3-3 Rules and Regulations of the Safety Fire Commissioner. Residents who cannot meet the prompt evacuation capability provision shall be provided with a minimum of one dedicated employee whose primary responsibility is to provide evacuation of the resident in the event of a fire or other emergency. The dedicated employee/employees shall be in close attendance at all times.

24.4.7.3 **Drills.** Fire drills shall be conducted at least quarterly on each shift at alternating times. At least two drills per calendar year shall be during sleeping hours. All fire drills shall be documented and include the names of staff involved. Also, refer to Chapter 4 of the *International Fire Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.

24.4.7.4 **Procedures.** There shall be established procedures and mechanisms for alerting and caring for residents in case of emergencies and for evacuating them to safety. An evacuation plan with clear instructions shall be available within each residence. Also, refer to Chapter 4 of the *International Fire Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

(w) **Modification to Chapter 26:**

1. Add a new subparagraph 26.3.4.5.3.1 to read as follows:

26.3.4.5.3.1 "The provisions of 9.6.2.10.8.1 and 9.6.2.10.8.2 shall also apply."

2. Add a new paragraph 26.3.6.4 to read as follows:

26.3.6.4 **"Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all lodging or rooming house occupancies in accordance with 9.9 of this *Code*."

(x) **Modification to Chapter 28:**

1. Add a new subparagraph 28.2.5.5.1 to read as follows:

28.2.5.5.1 "The provisions of 28.2.5.5 apply to exterior exit access routes and interior corridors."

2. Add a new subparagraph 28.2.5.6.1 to read as follows:

28.2.5.6.1 "The provisions of 28.2.5.6 apply to exterior exit access routes and interior corridors."

3. Add a new subparagraph 28.3.2.2.1.1 to read as follows:

28.3.2.2.1.1 "The provisions of 28.3.2.2 shall not apply to rooms enclosing air handling equipment, compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input. Such rooms shall not be used for any combustible storage. A minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

4. Delete paragraph 28.3.4.5 in its entirety and substitute in its place the following:

28.3.4.5 "A corridor smoke detection system in accordance with O.C.G.A. Sections [25-2-13\(d\)](#) & 25-2-40 shall be provided in all interior corridors, halls and passageways.

28.3.4.5.1 The provisions of 28.3.4.5 are not required in hotels and motels protected throughout by an approved supervised automatic sprinkler system installed in accordance with 28.3.5. Dormitory facilities shall still be required to provide a corridor smoke detection system in accordance with O.C.G.A. Sections [25-2-13\(d\)](#) and [25-2-40](#)."

5. Add a new subparagraph 28.3.4.6.1 to read as follows:

28.3.4.6.1 "A smoke alarm shall be mounted on the ceiling or wall at a point centrally located in the corridor, hall or area giving access to each group of rooms used for sleeping purposes. Such smoke alarm shall be listed and meet the installation requirements of NFPA 72, *National Fire Alarm and Signaling Code*, and be powered from the building's electrical system. In addition, 1½-hour emergency power supply source is required for the back-up power of the smoke alarms."

6. Add a new subparagraph 28.3.4.6.2 to read as follows:

28.3.4.6.2 "Each living area within a guestroom or suite which is separated by doors or folding partitions shall be provided with an approved single station smoke alarm in accordance with 9.6.2.10 of this *Code*. The smoke alarm shall be powered from the building's electrical system."

7. Delete subsections 28.7.1, 28.7.2, 28.7.3, and 28.7.5 in their entirety and substitute in their place the following:

28.7.1 **"Emergency Planning and Preparedness.** Hotels and dormitories (Group R-2 occupancies) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(y) Modification to Chapter 29:

1. Delete paragraph 29.2.5.3 in its entirety and substitute in its place the following:

29.2.5.3 "Exterior exit access or internal corridors shall be arranged so there are no dead ends in excess of 50 feet (15 m)."

2. Add a new subparagraph 29.3.4.5.3 to read as follows:

29.3.4.5.3 "The provisions of 9.6.2.10.8.1 and 9.6.2.10.8.2 shall also apply."

3. Add a new subparagraph 29.3.4.5.4 to read as follows:

29.3.4.5.4 "A corridor smoke detection system in accordance with O.C.G.A. Sections [25-2-13\(d\)](#) and [25-2-40](#) shall be provided in all interior corridors, halls and passageways.

29.3.4.5.4.1 The provisions of 29.3.4.5.1 do not apply in hotels and motels protected throughout by an approved supervised automatic sprinkler system installed in accordance with 28.3.5.

29.3.4.5.4.2 Dormitory facilities shall be required to provide a corridor smoke detection system in accordance with O.C.G.A. Sections [25-2-13\(d\)](#) and [25-2-40](#)."

4. Delete subsections 29.7.1, 29.7.2, 29.7.3, and 29.7.5 in their entirety and substitute in their place the following:

29.7.1 **"Emergency Planning and Preparedness.** Hotels and dormitories (Group R-2 occupancies) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(z) Modification to Chapter 30:

1. Delete paragraph 30.2.1.3 in its entirety and replace with the following new 30.2.1.3

30.2.1.3 Bathtub, Bathtub-Shower Combinations and Shower Grab Bars.

30.2.1.3.1 Where bathtubs, bathtub-shower combinations, or showers are present in apartments marketed as senior apartments or apartments designated as 55 or older communities, grab bars shall be provided in accordance with the provisions of 24.2.8.

30.2.1.3.2 In apartments not marketed as senior apartments or apartments designated as 55 or older communities sufficient structural supporting shall be installed so that bathtubs, bathtub-shower combinations, or showers are adaptable to meet the provisions of 24.2.8.

30.2.1.3.3 Where requested by a tenant, the apartment owner / management shall install grab bars in accordance with 24.2.8 at no cost to the tenant.

2. Delete item (2) of subsection 30.2.4.4 in its entirety and substitute in its place the following:

(2) "The dwelling unit has direct access to an outside stair complying with 7.2.2 that serves a maximum of two units where both of which are located on the same floor. This does not preclude two stairs serving a floor level with a maximum of four units with an open breezeway connecting and allowing access to either exit stair."

3. Add a new subparagraph 30.3.2.1.3 to read as follows:

30.3.2.1.3 "The provisions of 30.3.2.1 shall not apply to rooms enclosing air handling equipment, compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input. Such rooms shall not be used for any combustible storage, and a minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

4. Delete the words 'fuel fired' from Table 30.3.2.1.1

5. Delete subparagraph 30.3.4.5 in its entirety and substitute in its place the following:

30.3.4.5 "Approved single station or multiple station detectors continuously powered from the building's electrical system shall be installed in accordance with 9.6.2.10 in every living unit within the apartment building regardless of the number of stories or number of apartments. In addition, a 1½-hour emergency power supply source is required for the back-up power of the detector. When activated, the detector shall initiate an alarm that is audible in the

sleeping rooms of that unit. This individual unit detector shall be in addition to any sprinkler system or other detection system that may be installed in the building."

6. Delete paragraph 30.3.6.2.3 in its entirety and substitute in its place the following:

30.3.6.2.3 "Doors that open onto exit access corridors shall be self-closing and self-latching, with a listed pneumatic closure or three heavy-duty spring-loaded hinges."

7. Delete subsection 30.7.1 in its entirety and substitute in its place the following:

30.7.1 **"Emergency Planning and Preparedness.** Residential facilities (Group R-2 occupancies) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, resident training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(aa) **Modifications to Chapter 31:**

1. Delete item (2) of subsection 31.2.4.4 in its entirety and substitute in its place the following:

(2) "The dwelling unit has direct access to an outside stair complying with 7.2.2 that serves a maximum of two units where both units are located on the same floor. This does not preclude two stairs serving a floor level with a maximum of four units with an open breezeway connecting and allowing access to either exit stair."

2. Add a new subparagraph 31.3.4.5.2.1 to read as follows:

31.3.4.5.2.1 "The provisions of 9.6.2.10.8.1 and 9.6.2.10.8.2 shall also apply."

3. Add a new subparagraph 31.3.4.5.4.1 to read as follows:

31.3.4.5.4.1 "The provisions of 9.6.2.10.8.1 and 9.6.2.10.8.2 shall also apply."

4. Delete subsection 31.7.1 in its entirety and substitute in its place the following:

31.7.1 **"Emergency Planning and Preparedness.** Residential facilities (Group R-2 occupancies) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, resident training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(bb) **Modifications to Chapter 32:**

Delete paragraph 32.1.1.1 in its entirety and substitute in its place the following:

32.1.1.1 **"General.** The requirements of this chapter shall apply to new buildings or portions thereof used as residential board and care occupancies (See 3.3.196.12* and 3.3.214* and their Annex A notes). This designation shall include, but may not be limited to, a personal care home or community living arrangement, as defined in [120-3-3-.03](#) of the Rules and Regulations of the Safety Fire Commissioner.

32.1.1.1.1 **Additions, Conversions, Modernizations, Renovations, and Construction Operations.** Additions shall be separated from any existing structure not conforming to the provisions of Chapter 32 by a fire barrier having not less than a 2-hour fire resistance rating and constructed of materials as required for the addition. (See 4.6.5 and 4.6.7) Doors in fire barriers shall normally be kept closed, however, doors shall be permitted to be held open if they meet the requirements of 7.2.1.8.2, and such doors shall be released upon activation of the building fire alarm system.

32.1.1.1.1.2. **Conversion.** For purposes of this chapter, exceptions for conversions shall apply only for a change of occupancy from an existing residential or health care occupancy.

32.1.1.1.1.3 **Change of Occupancy.** A change from a licensed personal care home to an assisted living community or memory care unit shall be considered a change of occupancy or subclassification and would be required to meet the provisions of Chapter 35 for existing construction. Such changes in occupancy classification or subclassification are considered as proposed (new) buildings and shall be subject to the applicable administrative provisions of Section 103 of the *International Fire Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.

32.1.1.1.4. **Renovations, Alterations, and Modernizations.** (See 4.6.7)

32.1.1.1.5. **Construction, Repair, and Improvement Operations.** (See 4.6.10)"

2. Delete paragraph 32.1.1.4 in its entirety and substitute in its place the following:

32.1.1.4 "Personal Care Homes and Community Living Arrangements with Five or More Residents. A personal care home or community living arrangement with five or more residents, as defined in 120-3 .3-.03 of the Rules and Regulations of the Safety Fire Commissioner, shall comply with the general provisions of 32.1 of this Chapter 32, and with the applicable provisions for residential board and care occupancies as defined in 3.3.196.12 of this *Code*. The provisions of Chapter 32 for large facilities are deemed to provide for the use of "defend in place" fire response strategies should self-preservation measures not be deemed successful.

32.1.1.4.1 **Goals and Objectives.** The goals and objectives of Sections 4.1 and 4.2 of this *Code* shall be met with due consideration for functional requirements, which are accomplished by limiting the development and spread of a fire to the room of origin and reducing the need for total occupant evacuation except for the room of fire origin.

32.1.1.4.2 **Total Concept.** All new personal care homes, and community living arrangements with five or more residents shall be constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants.

32.1.1.4.2.1 Because the safety of personal care home residents or residents of a community living arrangement cannot be adequately ensured by dependence on evacuation of the building, their protection from fire shall be provided by appropriate arrangement of facilities; adequate trained staff (refer to 406.2.1 of the *International Fire Code* as adopted by 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner); and development of operating and maintenance procedures composed of the following:

(1) Design, construction, and compartmentation

(2) Provision for detection, alarm, and extinguishment

(3) Fire protection and planning, training, and drilling programs for the isolation of fire, transfer of occupants to areas of refuge, or evacuation of the building."

3. Delete paragraph 32.1.1.5 in its entirety and substitute in its place the following:

32.1.1.5 "All new facilities classified as residential board and care occupancies shall conform to the requirements of this chapter. This chapter is divided into six sections as follows:

(1) Section 32.1 - General Requirements.

(2) Section 32.2 - Small Facilities (Sleeping accommodations for not more than six residents. (Includes Personal Care Homes and Community Living Arrangements for five or six residents)

(3) Section 32.3 - Large Facilities (Sleeping accommodations for seven or more residents. This includes Personal Care Homes, as defined in section [120-3-3-.03](#) of Chapter 120-3-3, Rules and Regulations of the Safety Fire Commissioner. It also includes Community Living Arrangements with seven or more residents.)

(4) Section 32.4 - Additional minimum requirements for an Apartment Building Housing a Board and Care Occupancy.

(5) Section 32.5 - Community Living Arrangement Facilities (small and large) (As defined in [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner)

(6) Section 32.7 Operating Features."

4. Delete subsection 32.1.2 in its entirety and substitute in its place the following:

32.1.2 "**Classification of Occupancy.** See 6.1.9 and provisions of this Chapter 32, and the applicable definitions in [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner."

5. Delete subparagraph 32.2.1.1.1 in its entirety and substitute in its place the following:

32.2.1.1.1 "**Scope.** This section applies to a community living arrangement with 5 to 6 residents and to residential board and care occupancies, including a personal care home, providing sleeping accommodations for not more than 6 residents. Where there are sleeping accommodations for more than 6 residents of a residential board and care occupancy, including a personal care home or community living arrangement, the occupancy shall be classed as a large facility. The requirements for large facilities are found in Section 32.3. The provisions of 32.5 also apply to community living arrangements. (Also see 3.3.196.12.)"

6. Add a new paragraph 32.2.1.5 to read as follows:

32.2.1.5 "**Classification of Hazards of Contents.** Contents of Residential Board and Care occupancies shall be classified in accordance with the provisions of Section 6.2."

7. Add a new subparagraph 32.2.3.2.6 to read as follows:

32.2.3.2.6 "Residential cooking appliances such as stoves (a maximum of four surface burners or cooking elements) and griddles shall be protected by a listed self-contained residential fire suppression systems located in residential hoods over each cooking surface, with the exhaust hood vented directly to the outside. Automatic disconnects of the fuel source or power source shall be provided. Commercial cooking appliances including fryers shall be protected in accordance with 9.2.3, and shall not be required to have openings protected between food preparation areas and dining areas.

32.2.3.2.6.1 Subject to the approval of the authority having jurisdiction, the protection of residential cooking equipment shall not be required in buildings protected by an automatic sprinkler system as provided in 32.2.3.5. The protection authorized by 32.2.3.5.5 is acceptable for purposes of this section, provided, however, exhaust hood shall still be required to be vented to the outside.

32.2.3.2.6.2 Subject to the approval of the authority having jurisdiction, no protection is required over residential cooking appliances such as grills and stoves in facilities which have a prompt evacuation capability and having a licensed capacity as determined by the Department of Human Resources of six or less residents."

8. Add new subparagraph 32.2.3.4.5.5 to read as follows:

32.2.3.4.5.5 "Strobe alarms shall be used when required by the needs of the resident, e.g., for hearing impaired persons."

9. Delete subparagraph 32.2.3.5.2 in its entirety and substitute in its place the following:

32.2.3.5.2 **"*In conversions, sprinklers shall not be required in small board and care homes, including personal care homes and community living arrangements serving six or fewer residents when all occupants have the ability as a group to move reliably to a point of safety within three minutes.**

32.2.3.5.2.1 Where the provisions of 32.2.3.5.2 are not met and maintained, the sprinkler protection requirement may be met through the installation of a sprinkler system complying with 32.2.3.5."

10. Add a new subsection 32.2.3.5.9 to read as follows:

32.2.3.5.9 **"Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all residential board and care occupancies and on each floor of a personal care home or community living arrangement facility in accordance with 9.9."

11. Delete (1) of subparagraph 32.2.3.6.1 and substitute in its place the following:

(1) "The separation walls of sleeping rooms shall be capable of resisting fire for not less than 30 minutes, which is considered to be achieved if the partitioning is finished on both sides with materials such as, but not limited to, ½ inch thick gypsum board, wood lath and plaster, or metal lath and plaster. It shall be acceptable for corridor walls to terminate at a ceiling which is constructed similar to a corridor wall capable of resisting fire for not less than 30 minutes."

12. Add new subparagraph 32.2.5.2.4 to read as follows:

32.2.5.2.4 "Portable electric and liquefied petroleum gas or liquid fuel fired space heating devices designed to be portable are prohibited in all portions of small residential board and care occupancies, including personal care homes and community living arrangements.

32.2.5.2.4.1 In emergency conditions when approved by the authority having jurisdiction, equipment designed to be portable may be used for a specified time provided such equipment is properly protected and separated from combustibles as specified by the manufacturer's instructions and the authority having jurisdiction."

13. Delete subparagraph 32.3.1.1 in its entirety and substitute in its place the following:

32.3.1.1.1 "This section applies to residential board and care occupancies, including licensed personal care homes and community living arrangements with more than 6 residents, as defined in [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner. Where there are sleeping accommodations for six or less residents, or a community living arrangement for 5 to 6 residents, the occupancy shall be classed as a small facility. The requirements for small facilities are found in Section 32.2.

14. Add a new Section 32.3.1.2 to read as follows:

32.3.1.2 **"Assisted Living Communities and Memory Care Units.**

32.3.1.2.1 This chapter shall not apply to any building, or portion thereof, newly constructed, or substantially renovated, as defined in O.C.G.A. [25-2-14\(d\)](#), so as to be designated and licensed by the Georgia Department of Community Health as an assisted living community or memory care unit, as defined in Section [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner. Refer to Chapter 34 or 35 for the applicable requirements for such facilities."

15. Delete 32.3.1.2 and insert a new 32.3.1.2 to read as follows:

32.3.1.2 **Requirements Based on Evacuation Capability.** Definitions for the classifications of evacuation capability are defined in [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner. For purposes of Section 32.3, large facilities are assumed to have an impractical evacuation capability.

16. Add a new item 8 to subparagraph 32.3.2.2.2 to read as follows:

(9) ": Doors to resident rooms may be subject to being locked by the occupant, if they can be unlocked from the opposite side and keys are carried by staff at all times. Additional keys must be available/accessible to the staff."

17. Add a new subparagraph 32.3.2.6.1 to read as follows:

32.3.2.6.1 "Travel distance shall not exceed 35 feet (10.7 m) in any story below the level of exit discharge occupied for public purposes."

18. Add a new subparagraph 32.3.2.6.2 to read as follows:

32.3.2.6.2 "Travel distance shall not exceed 75 feet (22.9 m) in any story below the level of exit discharge not occupied for public purposes."

19. Add a new subparagraph 32.3.2.6.3 to read as follows:

32.3.2.6.3 "Any story below the level of exit discharge occupied for public purposes shall have at least two separate exits provided from each story with a maximum dead-end corridor of 20 feet (6.1 m). Any floor below the level of exit discharge not open to the public and used only for mechanical equipment, storage, and service operations (other than kitchens which are considered part of the residential board and care occupancies) shall have exits appropriate to its actual occupancy in accordance with other applicable sections of this *Code*."

20. Delete paragraph 32.3.2.9 in its entirety and substitute in its place the following:

32.3.2.9 "Emergency lighting in accordance with Section 7.9 of the *Code* shall be provided in means of egress and common areas in all residential board and care occupancies.

32.3.2.9.1 "Where each resident room has a direct exit to the outside of the building at ground level, no emergency lighting shall be required."

21. Add a new subparagraph 32.3.2.11.1 to read as follows:

32.3.2.11.1 "Every stairwell door shall allow reentry from the stairwell to the interior of the building or an automatic release shall be provided to unlock all stairwell doors to allow re-entry. Such automatic release shall be actuated with the initiation of the building fire alarm system or upon loss of power."

22. Add a new subparagraph 32.3.3.1.4 to read as follows:

32.3.3.1.4 "Stairway enclosures shall not be required where a one-story stair connects two levels within a single dwelling unit, resident room or suite."

23. Add a new subparagraph 32.3.3.2.4 to read as follows:

32.3.3.2.4 "The provisions of Table 32.3.3.2.2 shall not apply to rooms enclosing air handling equipment, compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input. Such rooms shall not be used for any combustible storage. A minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

24. Delete subparagraph 32.3.3.4.7 in its entirety and substitute in its place the following:

32.3.3.4.7 "**Smoke Alarms.** Each sleeping room shall be provided with an approved single station smoke alarm in accordance with 9.6.2.10. Approved smoke alarms shall be powered by the building's electrical system and be provided with a 1½-hour emergency power source."

32.3.3.4.7.1 Strobe alarms shall be used when required by the needs of the resident, e.g., for hearing impaired residents in personal care homes or Community Living Arrangements."

25. Delete subparagraph 32.3.3.4.8 in its entirety and substitute in its place the following:

32.3.3.4.8 "**Smoke Detection Systems.** All corridors and common spaces shall be provided with smoke detectors in accordance with NFPA 72, *National Fire Alarm and Signaling Code*, arranged to initiate the fire alarm such that it is audible in all sleeping areas. Detectors shall be located in corridors or hallway so there is a detector within 15 feet (4.6 m) of the wall and at least every 30 feet (9.1 m) thereafter. Where a building has more than one floor level, a detector shall be located at the top of each stair and inside each enclosure. (Refer to 3.3.264)

32.3.3.4.8.1 Detectors may be excluded from crawl spaces beneath the building and unused and unfinished attics.

32.3.3.4.8.2 Unenclosed corridors, passageways, balconies, colonnades, or other arrangements where one or more sides along the long dimension are fully or extensively open to the exterior at all times."

26. Delete subparagraph 32.3.3.5.7 in its entirety and substitute in its place the following:

32.3.3.5.7 "**Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all residential board and care occupancies and on each floor of a personal care home or community living arrangement facility in accordance with 9.9."

27. Delete subparagraph 32.3.3.6.6 in its entirety and substitute in its place the following:

32.3.3.6.6 "There shall be no louvers, transfer grilles, operable transoms, or other air passages penetrating such walls or doors other than properly installed heating and utility installations. Unprotected openings shall be prohibited in partitions of interior corridors serving as exit access from resident rooms. Transfer grilles, whether protected by fusible link operated dampers or not, shall not be used in corridor walls or doors between resident rooms and interior corridors.

32.3.3.6.6.1 Existing transoms installed in corridor partitions of resident rooms shall be fixed in the closed position and shall be covered or otherwise protected to provide a fire-resistance rating at least equivalent to that of the wall in which they are installed."

28. Add a new subparagraph 32.3.5.2.4 to read as follows:

32.3.5.2.4 "Portable electric and liquefied petroleum gas or liquid fuel fired space heating devices designed to be portable are prohibited in all portions of large residential board and care occupancies.

32.3.5.2.4.1 "In emergency conditions when approved by the authority having jurisdiction, equipment designed to be portable may be used for a specified time provided such equipment is properly protected and separated from combustibles as specified by the manufactures instructions and the authority having jurisdiction."

29. Delete section 32.5 in its entirety and substitute in its place the following:

32.5 "Community Living Arrangement Facilities.

32.5.1 **General.** The following shall be provided in addition to the requirements of this Chapter for facilities subject to being licensed as a Community Living Arrangement. Where there are conflicts in requirements specified elsewhere in this Chapter, the requirements specified under Section 32.5 shall prevail.

32.5.2 Address identification. Community Living Arrangement structures shall have approved address numbers, building numbers or approved building identification placed in accordance with the provisions of the *International Fire Code*.

32.5.3 Means of Egress.

32.5.3.1 Number of Means of Escape. In any dwelling or dwelling unit of two rooms or more, every sleeping room and every living area shall have not less than one primary means of escape and one secondary means of escape.

32.5.3.1.1 A secondary means of escape shall not be required where the bedroom or living area has a door leading directly to the outside of the building at or to grade level.

32.5.3.1.2 **Exits for the mobility impaired.** A Community Living Arrangement serving a resident dependent upon a wheelchair or other mechanical device for mobility shall provide at least two (2) exits from the Community Living Arrangement, remote from each other, which are accessible to the residents."

32.5.3.2 **Bedrooms.** Bedrooms for residents shall be separated from halls, corridors and other rooms by floor to ceiling walls, capable of resisting fire for not less than ½-hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15-minute thermal barrier. Sleeping room doors shall be substantial doors, such as those of 1¾-in. (4.4-cm) thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels shall be fixed fire window assemblies in accordance with 8.3.3 or shall be wired glass not exceeding 1296 in. 2 (0.84 m2) each in area and installed in approved frames.

32.5.3.2.1 A room shall not be used as a bedroom where more than one-half the room height is below ground level.

32.5.3.2.2 Bedrooms which are partially below ground level shall have adequate natural light and ventilation and be provided with two useful means of egress.

32.5.3.2.3 Bedrooms occupied by residents shall have doors that can be closed. Doors shall be not less than 32 in. (81 cm) wide.

32.5.3.2.4 Any door in the path of travel of a means of means of egress or escape shall be not less than 32 in. (81 cm) wide.

32.5.3.2.5 Residents who need assistance with ambulation shall be provided bedrooms that have access to a ground-level exit to the outside or provided bedrooms above ground level that have access to exits with easily negotiable ramps or easily accessible lifts.

32.5.3.3 **Locks.**

32.5.3.3.1 Bedrooms may have locks on doors provided both the occupant and staff are provided with keys to ensure easy entry. Double-cylinder locks (locks requiring a key on both sides) are prohibited be used on the bedroom door of a resident.

32.5.3.3.2 Exterior doors shall be equipped with locks that do not require keys to open the door from the inside.

32.5.4 **Detection and Alarm Systems**

32.5.4.1 A fire alarm system meeting the minimum requirements for Single- and Multiple Station Alarms and Household Fire Alarm Systems per NFPA 72 shall be installed.

32.5.4.2 **Smoke Detection.**

32.5.4.2.1 Smoke alarms shall be installed in accordance with the provisions of 9.6.2.10. Any additional detection/alarm devices shall be as established by O.C.G.A. § [25-2-40](#).

32.5.4.2.2 Smoke alarms shall be installed on all levels, including basements but excluding crawl spaces and unfinished attics.

32.5.4.2.3 Additional smoke alarms shall be installed for all living areas as defined in 3.3.119 and 3.3.25.5.

32.5.4.2.4 Strobe alarms shall be used when required by the needs of the resident, e.g., for hearing impaired persons.

32.5.4.3 Carbon Monoxide Detectors.

32.5.4.3.1 Carbon monoxide detectors shall be provided in accordance with 32.3.3.4.9.

32.5.5 Protection.

32.5.5.1 Portable Fire Extinguishers. Portable fire extinguishers in accordance with 9.9 shall be provided near hazardous areas.

32.5.5.1.1 At least one 2A rated multipurpose ABC fire extinguisher shall be provided on each occupied floor and in the basement that shall be readily accessible.

32.5.5.1.2 Required portable fire extinguishers shall be inspected and maintained annually by a licensed fire safety technician annually in accordance with NFPA 10.

32.5.5.1.3 Monthly quick check inspections shall be conducted by the staff of the Community Living Arrangement to ensure they are charged and in operable condition.

32.5.6 Heating, Ventilation and Air Conditioning.

32.5.6.1 Portable space heaters shall not be used.

32.5.6.2 Fire screens and protective devices shall be used with fireplaces, stoves and fixed heaters.

32.5.6.3 A water temperature monitor or a scald valve shall be installed where necessary to ensure the safety of the residents. Heated water provided for use of residents shall not exceed 120 degrees Fahrenheit at the hot water fixture, unless a cooler temperature is required by the needs of the individual.

32.5.7 Operating Features.

32.5.7.1 Staffing. The Community Living Arrangement shall have as many qualified and trained employees on duty as shall be needed to safeguard properly the health, safety, and welfare of residents and ensure the provision of services the residents require to be delivered in the Community Living Arrangement.

32.5.7.1.1 Before working independently with residents, each staff member shall be trained and show continuing evidence of competence in fire safety and emergency evacuation procedures. A resident shall not be considered a staff person in the residence in which they live. (Refer to Chapter 4 of the *International Fire Code* regarding caregiver minimum training requirements.)

32.5.7.2 Evacuation Capabilities. Community Living Arrangement shall maintain a staffing ratio sufficient to ensure that all residents can successfully respond to a fire or other emergency using self-preservation or assisted preservation measures as defined by [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner. Residents who cannot successfully respond shall be provided with a minimum of one dedicated employee whose primary responsibility is to provide evacuation of the resident in the event of a fire or other emergency. The dedicated employee/employees shall be in close attendance to the affected resident at all times.

32.5.7.3 Drills. Fire drills shall be conducted at least quarterly on each shift. At least two drills per calendar year shall be during sleeping hours. All fire drills shall be documented with staffing involved. (See Chapter 4 of the *International Fire Code* regarding fire and emergency evacuation drills.)

32.5.7.4 Procedures. There shall be established procedures and mechanisms for alerting and caring for residents in case of emergencies and for evacuating them to safety. An evacuation plan with clear instructions shall be available

within each resident room. Each sleeping room shall have a secondary exit, which may be a door or a window usable for escape."

30. Delete subsections 32.7.1, 32.7.2, and 32.7.3 in their entirety and substitute in their place the following:

32.7.1 **"Emergency Planning and Preparedness.** Residential board and care facilities (Group I-1 and R-4 occupancies), including personal care homes and community living arrangements shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, resident training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner. The specific provisions of 32.5.7 shall also apply to community living arrangements."

31. Delete subsection 32.7.4 in its entirety and substitute in its place the following:

32.7.4 **"Smoking.** Smoking regulations shall be adopted and shall include the following minimal provisions.

32.7.4.1 Smoking shall be prohibited in any room, area or compartment where flammable liquids, combustible gases, or oxygen are used or stored and in any other hazardous location. Such areas shall be posted with '**NO SMOKING**' signs.

32.7.4.2 Smoking by residents classified as not responsible shall be prohibited, Exception unless the resident is under direct supervision.

32.7.4.3 Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.

32.7.4.4 Metal containers with self-closing cover devices into which ashtrays may be emptied shall be readily available in all areas where smoking is permitted."

32. Add a new paragraph 33.7.5.4 to read as follows:

32.7.5.4 "Wastebaskets and other waste containers shall be of noncombustible or other approved materials."

(cc) **Modifications to Chapter 33:**

1. Delete paragraphs 33.1.4.1 and 33.1.4.2 in their entirety and substitute in their place the following:

33.1.4.1 **"General.** For definitions see Chapter 3, Definitions and [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner (RRSFC). Where there is a difference in definitions, the definitions in [120-3-3-.03](#) shall prevail.

33.1.4.2 **Special Definitions.**

(1) Broad and Care Occupancies, Residential. See RRSFC [120-3-3-.03](#).

(2) Community Living Arrangement. See RRSFC [120-3-3-.03](#)

(3) Evacuation Capability, Impractical. See RRSFC [120-3-3-.03](#).

(4) Evacuation Capability, Prompt. See RRSFC [120-3-3-.03](#).

(5) Evacuation Capability, Slow. See RRSFC [120-3-3-.03](#).

(6) Personal Care. See RRSFC [120-3-3-.03](#).

(7) Personal Care Home. See RRSFC [120-3-3-.03](#).

(8) Self-preservation. See RRSFC [120-3-3-.03](#).

2. Add new subparagraphs 33.1.1.4.1 through 33.1.1.4.3 to read as follows:

33.1.1.4.1 "Community Living Arrangements for five to six residents shall comply with the requirements of Sections 33.2 and 33.5

33.1.1.4.2 Community Living Arrangements for seven or more residents shall comply with the requirements of Sections 33.3 and 33.5.

33.1.1.4.3 Refer to [120-3-3-.03](#) for the definition of a "Community Living Arrangement."

33.1.1.4.4 Existing large personal care homes with 25 or more residents desiring to be licensed as an Assisted Living Community or as a Memory Care Unit, both as defined in [120-3-3-.03](#) of the Rules and Regulations of the Safety Fire Commissioner, shall meet the requirements for a conversion to a large residential board and care occupancy and the applicable provisions for assisted living communities or memory care units as set forth by Chapter 35 of this Code. (Also defined in RRSFC [120-3-3-.03](#))."

3. Delete paragraph 33.1.1.5 in its entirety and substitute in its place the following:

33.1.1.5 "All existing facilities classified as residential board and care occupancies shall conform to the requirements of this chapter. This chapter is divided into six sections as follows:

(1) Section 33.1 - General Requirements.

(2) Section 33.2 - Small Facilities (sleeping accommodations for not more than six residents. Includes small personal care homes and community living arrangements.)

(3) Section 33.3 - Large Facilities (sleeping accommodations for seven or more residents. This includes existing "personal care homes" as defined in section [120-3-3-.03](#) of Chapter 120-3-3, Rules and Regulations of the Safety Fire Commissioner, and not licensed as an "Assisted Living Community" or "Memory Care Unit")

(4) Section 33.4 - Additional minimum requirements for an Apartment Building Housing a Board and Care Occupancy.

(5) Section 33.5 - Community Living Arrangement Facilities

(6) Section 33.7 - Operating Features."

4. Add a new subsection 33.1.9 to read as follows:

33.1.9 "**Classification of Hazards of Contents.** Contents of Residential Board and Care occupancies shall be classified in accordance with the provisions of Section 6.2."

5. Delete paragraph 33.2.1.1 in its entirety and substitute in its place the following:

33.2.1.1 "**Scope.** This section applies to residential board and care occupancies, including community living arrangements with 5 to 6 residents and personal care homes providing sleeping accommodations for not more than six residents. Where there are sleeping accommodations for more than six residents of a residential board and care occupancy or a community living arrangement more than 6, the occupancy shall be classed as a large facility. The requirements for large facilities are found in Section 33.3."

6. Add a new paragraph 33.2.1.5 to read as follows:

33.2.1.5 **"Occupant Load.** The occupant load of small Residential Board and Care occupancies (personal care occupancies) or any individual story or section thereof for the purpose of determining exits shall be the maximum number of persons intended to occupy the floor on the basis of the occupant load factors of Table 7.3.1.2. (Also see 3.3.22.2.1 for Gross Floor Area.)"

7. Add a new subparagraph 33.2.3.2.6 to read as follows:

33.2.3.2.6 "Residential cooking appliances such as stoves and griddles shall be protected by listed self-contained residential fire suppression systems located in residential hoods over each cooking surface, with the exhaust hood vented directly to the outside. Automatic disconnects of the fuel source or power source shall be provided. Commercial cooking appliances including fryers shall be protected in accordance with 9.2.3 and shall not be required to have openings protected between food preparation areas and dining areas.

33.2.3.2.6.1 "Subject to the approval of the authority having jurisdiction, the protection of residential cooking equipment shall not be required in buildings protected by an automatic sprinkler system as provided in 33.2.3.5. The exhaust hood is still required to be vented to the outside.

33.2.3.2.6.2 "No protection is required over residential cooking appliances such as grills and stoves in facilities which have prompt evacuation capability and have a licensed capacity as determined by the Department of Community Health of six or less residents."

8. Add new subparagraph 33.2.3.4.3.1 to read as follows:

33.2.3.4.3.1 "Strobe alarms shall be used when required by the needs of the resident, e.g., for hearing impaired persons."

9. Add a new subparagraph 33.2.3.4.3.1 to read as follows:

33.2.3.4.3.1 "The provisions of 9.6.2.10.8.1 and 9.6.2.10.8.2 shall also apply.

10. Add new subparagraph 33.2.3.4.5 to read as follows:

33.2.3.4.5 **"Carbon Monoxide Detectors.** Carbon monoxide detectors shall be provided in all community living arrangements where natural gas, LP gas or heating oil is used to heat the residence or where a solid fuel-burning appliance is located in the residence."

11. Delete subparagraph 33.2.3.5.3.7 in its entirety and substitute in its place the following:

33.2.3.5.3.7 **"Impractical and Slow Evacuation Capability.** All slow and impractical evacuation capability facilities shall be protected throughout by an approved, supervised automatic sprinkler system installed in accordance with 33.2.3.5.3."

12. Add new subparagraph 33.2.5.2.4 to read as follows:

33.2.5.2.4 "Portable electric and liquefied petroleum gas or liquid fuel fired space heating devices designed to be portable are prohibited in all portions of small residential board and care occupancies, including personal care homes and community living arrangements.

33.2.5.2.4.1 In emergency conditions when approved by the authority having jurisdiction, equipment designed to be portable may be used for a specified time provided such equipment is properly protected and separated from combustibles as specified by the manufactures instructions and the authority having jurisdiction."

13. Add a new subsection 33.2.6 to read as follows:

33.2.6 **"Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all residential board and care occupancies, personal care homes or community living arrangement facilities as follows.

33.2.6.1 Portable fire extinguishers in accordance with Section 9.9 of this *Code* shall be provided near hazardous areas. Also, at least one 2A rated multipurpose ABC fire extinguisher shall be provided on each occupied floor and in the basement, and they shall be readily accessible.

33.2.6.1.2 Required portable fire extinguishers shall be inspected and maintained at least annually by a licensed fire safety technician in accordance with NFPA 10.

33.6.5.1.3 Monthly quick check inspections shall be conducted by the staff of the Community Living Arrangement to ensure they are charged and in operable condition."

14. Delete paragraph 33.3.1.1.1 in its entirety and substitute in its place the following:

33.3.1.1.1 "**Scope.** This section applies to residential board and care occupancies, including personal care homes and community living arrangements providing sleeping accommodations for 7 or more residents. Where there are sleeping accommodations for six or less residents or a community living arrangement for 5 to 6 residents, the occupancy shall be classed as a small facility. The requirements for small facilities are found in Section 33.2."

15. Delete 33.3.1.2.2* in its entirety and substitute in its place the following:

33.3.1.2.2 "***Impractical.** Large facilities classified as impractical evacuation capability shall meet the requirements of 33.3 for impractical evacuation capability, or the requirements for new large facilities in Chapter 32, unless the authority having jurisdiction has determined equivalent safety is provided in accordance with Section 1.4."

16. Add a new subsection 33.3.1.4 to read as follows:

33.3.1.4 "**Occupant Load.** The occupant load of small Residential Board and Care occupancies or Personal Care occupancies or any individual story or section thereof for the purpose of determining exits shall be the maximum number of persons intended to occupy the floor as determined on the basis of the occupant load factors of Table 7.3.1.2. Gross floor area shall be measured within the exterior building walls with no deductions. (See 3.3.22.2.1)."

17. Add a new subparagraph 33.3.3.1.4 to read as follows:

33.3.3.1.4 "Enclosure of stairs, smoke proof towers and exit passageways in buildings existing prior to April 15, 1986, shall be fire barriers of at least 20-minute fire-resistance rating with all openings protected in accordance with paragraph 8.3.3 of this *Code* in buildings less than three stories in height. In buildings existing prior to April 15, 1986, more than three stories in height, the enclosure shall not be less than a 1-hour fire-resistance rating with all openings protected in accordance with paragraph 8.3.4.4 of this *Code*."

18. Add a new exception to subparagraph 33.3.2.2(10) to read as follows:

33.3.2.2(10) "Doors to resident rooms may be subject to being locked by the occupant, if they can be unlocked from the opposite side and keys are carried by staff at all times. Additional keys must be available to and accessible by the staff."

19. Delete subparagraph 33.3.2.5.4 in its entirety and substitute in its place the following:

33.3.2.5.4 "No dead-end corridor shall exceed 35 feet (10.7 m)."

20. Delete subparagraph 33.3.2.6.3.3 in its entirety and substitute in its place the following:

33.3.2.6.3.3 "Travel distance to exits shall not exceed 150 feet (45.7 m) if the exit access and any portion of the building that is tributary to the exit access are protected throughout by approved automatic sprinkler systems. In addition, the portion of the building in which the 150 feet (45.7 m) travel distance is permitted shall be separated from the remainder of the building by construction having not less than a 1-hour fire-resistance rating for buildings not greater than three stories in height and 2-hour for buildings greater than three stories in height."

21. Add a new subparagraph 3 3.3.2.6.3.4 to read as follows:

33.3.2.6.3.4 "No residents shall be located on floors below the level of exit discharge.

33.3.2.6.3.4.1 In facilities existing prior to April 15, 1986, any floor below the level of exit discharge occupied for public purposes shall have exits arranged such that it will not be necessary to travel more than 100 feet (30.5 m) from the door of any room to reach the nearest exit."

22. Add a new subparagraph 33.3.2.6.4 to read as follows:

33.3.2.6.4 "Any floor below the level of exit discharge not open to the public and used only for mechanical equipment, storage, and service operations (other than kitchens which are considered part of the residential board and care occupancies) shall have exits appropriate to its actual occupancy in accordance with other applicable sections of this *Code*."

23. Add a new subparagraph 33.3.2.7.1 to read as follows:

33.3.2.7.1 "At least half of the required exit capacity of upper floors, exclusive of horizontal exits, shall lead directly to the street or through a yard, court, or passageway with protected openings and separated from all parts of the interior of the building."

24. Delete paragraph 33.3.2.9 in its entirety and substitute in its place the following:

33.3.2.9 **"Emergency Lighting.** Emergency lighting in accordance with Section 7.9 of the *Code* shall be provided in means of egress and common areas in all residential board and care occupancies.

33.3.2.9.1 Where each guestroom has a direct exit to the outside of the building at ground level, no emergency lighting shall be required."

25. Delete 33.3.2.11.1 and insert a new subparagraph 33.3.2.11.1 to read as follows:

33.3.2.11.1 "Every stairwell door shall allow re-entry from the stairwell to the interior of the building or an automatic release shall be provided to unlock all stairwell doors to allow re-entry. Such automatic release shall be actuated with the initiation of the building fire alarm system or upon loss of power."

26. Add a new subparagraph 33.3.2.11.3 to read as follows:

33.3.2.11.3 "Stairway enclosures shall not be required where a one-story stair connects two levels within a single dwelling unit, resident room or suite."

27. Add a new subparagraph 33.3.3.1.4 to read as follows:

33.3.3.1.4 "Any required exit stair which is so located such that it is necessary to pass through the lobby or other open space to reach the outside of the building shall be continuously enclosed down to the lobby level, or to a mezzanine within the lobby.

33.3.3.1.4.1 In existing two-story buildings only, the second floor level may be fire stopped with a fire barrier having at least a 1-hour fire-resistance rating. Vision panels not exceeding 1,296 square inches (8361 cu cm) and installed in steel frames shall be provided in the doors of the fire barrier."

28. Add two new subparagraphs 33.3.3.2.2.1 and 33.3.3.2.2.2 to read as follows:

33.3.3.2.2.1 "The provisions of 33.3.3.2.2 shall not apply to rooms enclosing air handling equipment compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input. Such rooms shall not be used for any combustible storage. A minimum of 30 inches (0.76 m) unobstructed access

shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

33.3.3.2.2.2 The provisions of 33.3.3.2.2 shall not apply in existing residential board and care occupancies constructed prior to April 15, 1986, with regard to the location of the equipment only."

29. Delete section 33.3.3.8 to read as follows:

33.3.3.8.1 "A personal care home having a licensed capacity as determined by the Department of Community Health of 16 or less residents shall have residential cooking appliances such as stoves and griddles protected by a listed self-contained residential fire suppression system located in residential hood over each cooking surface, with the exhaust hood vented directly to the outside. Automatic disconnects of the fuel source or power source shall be provided. Commercial cooking appliances including fryers shall be protected in accordance with 9.2.3 and shall not be required to have openings protected between food preparation areas and dining areas.

33.3.3.8.2 A personal care home constructed prior to January 28, 1993, and having a licensed capacity as determined by the Department of Community Health of 16 or less residents may have food preparation facilities in accordance with NFPA 91, *Standard for Exhaust Systems for Conveying of Vapors, Gases, Mists, and Noncombustible Particulate Solids*, 1983 edition.

33.3.3.8.3 A personal care home constructed prior to January 28, 1993, and having a licensed capacity as determined by the Department of Community Health of 16 residents or less may have food preparation facilities which have a ventilating hood meeting the provisions of NFPA 54, *National Fuel Gas Code*, as specified in Chapters 120-3-14 and 120-3-16, of the Rules and Regulations of the Safety Fire Commissioner, and NFPA 91, *Standard for Exhaust Systems for Conveying of Vapors, Gases, Mists, and Noncombustible Particulate Solids*, as specified in Chapter 120-3-3, Rules and Regulations of the Safety Fire Commissioner.

33.3.3.8.4 Subject to the approval of the authority having jurisdiction, the protection of residential cooking equipment shall not be required in buildings protected by an automatic sprinkler system as provided in 32.2.3.5. The exhaust hood is still required to be vented to the outside."

30. Add a new subparagraph 33.3.3.4.7.1.1 to read as follows:

33.3.3.4.7.1.1 "Strobe alarms shall be used when required by the needs of the resident, e.g., for hearing impaired persons located in Community Living Arrangements."

31. Delete subparagraph 33.3.3.4.7.2 in its entirety and substitute in its place the following:

33.3.3.4.7.2 "The provisions of 9.6.2.10.8.1 and 9.6.2.10.8.2 shall also apply."

32. Delete subparagraph 33.3.3.4.8 in its entirety and substitute in its place the following:

33.3.3.4.8 "**Smoke Detection Systems.** All corridors and common spaces shall be provided with smoke detectors in accordance with NFPA 72, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner, arranged to initiate the fire alarm such that it is audible in all sleeping areas. Detectors shall be located in corridors or hallway so there is a detector within 15 feet (4.6 m) of the wall and at least every 30 feet (9.1 m) thereafter. Where a building has more than one floor level, a detector shall be located at the top of each stair and inside each enclosure.

33.3.3.4.8.2 Smoke detection systems may be excluded from crawl spaces beneath the building and unused and unfinished attics.

33.3.3.4.8.3 Smoke detection systems shall not be required in unenclosed corridors, passageways, balconies, colonnades, or other arrangements where one or more sides along the long dimension are fully or extensively open to the exterior at all times."

33. Delete subparagraph 33.3.3.5.2 in its entirety and substitute in its place the following:

33.3.3.5.2 "Sprinkler installation may be omitted in bathrooms where the area does not exceed 55 square feet (5.1 sq. m) and the walls and ceilings, including behind fixtures, are of noncombustible or limited combustible materials providing a 15-minute thermal barrier or in clothes closets, linen closets, and pantries within the facility where the area of the space does not exceed 24 square feet (2.2 sq. m) and the least dimension does not exceed 3 feet (0.91 m) and the walls and ceilings are surfaced with noncombustible or limited combustible materials as defined by NFPA 220, *Standard on Types of Building Construction*, as specified in Chapter 120-3-3, Rules and Regulations of the Safety Fire Commissioner."

34. Delete subparagraph 33.3.3.5.1.3 in its entirety and substitute in its place the following:

33.3.3.5.1.3 "Automatic sprinklers installed in accordance with NFPA 13D, *Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes*, 1991 edition, as modified by Chapter 120-3-3, Rules and Regulations of the Safety Fire Commissioner, which were in effect shall be acceptable as a complying sprinkler system."

35. Add a new subparagraph 33.3.3.5.1.4 to read as follows:

33.3.3.5.1.4 "Automatic sprinkler systems installed in existing facilities prior to November 1, 1987, may be continued in use subject to the approval of the authority having jurisdiction as defined in paragraph 3.2.2 of the *Code*."

36. Add new subparagraph 33.3.3.4.9 to read as follows:

33.3.3.4.9 "**Carbon Monoxide Detectors.** Carbon monoxide detectors shall be provided in all community living arrangements where natural gas, LP gas or heating oil is used to heat the residence or where a solid fuel-burning appliance is located in the residence."

37. Delete subparagraph 33.3.3.5.7 in its entirety and substitute in its place the following:

33.3.3.5.7 "**Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all residential board and care occupancies and on each floor of a community living arrangement facility in accordance with 9.9."

38. Delete subparagraph 33.3.3.6.1 and subparagraphs to 33.3.3.6.1 in their entirety and substitute in its place the following:

33.3.3.6.1 "Access shall be provided from every resident use area to not less than one means of egress that is separated from all other rooms or spaces by walls complying with 33.3.3.6.3 through 33.3.3.6.6.3."

39. Delete subparagraph 33.3.3.6.3 in its entirety and substitute in its place the following:

33.3.3.6.3 "Fire barriers required by 33.3.3.6.1 and 33.3.3.6.2 shall have a fire-resistance rating of not less than 30 minutes. Fixed fire window assemblies in accordance with 8.3.3 shall be permitted.

33.3.3.6.3.1 The provisions of 33.3.3.6.3 shall not apply where the resident room has a door providing direct exiting at grade or to an open air balcony leading to exiting at grade."

40. Delete subparagraph 33.3.3.6.4 in its entirety and substitute in its place the following:

33.3.3.6.4 "Doors in fire barriers required by 33.3.3.6.1 or 33.3.3.6.2 shall have a fire protection rating of not less than twenty (20) minutes and shall have positive latching.

33.3.3.6.4.1 Existing 1¾ inch (44.5 mm) thick, solid bonded wood core doors shall be permitted to continue to be used. These doors shall be positive latching.

33.3.3.6.4.2 Walls that are required only to resist the passage of smoke, without a fire-resistance rating, shall be permitted to have doors that resist the passage of smoke without a fire protection rating. These doors shall be positive latching.

33.3.3.6.4.3 In existing personal care occupancies existing prior to April 15, 1986, the doors shall be constructed to resist the passage of smoke and shall be at least equal in fire protection to a 1¼ inch (31.8 mm) thick solid bonded core wood door and shall have positive latching."

41. Delete subparagraph 33.3.3.6.5 in its entirety and substitute in its place the following:

33.3.3.6.5 "Walls and doors required by 33.3.3.6.1 and 33.3.3.6.2 shall be constructed to resist the passage of fire and smoke for not less than 30 minutes. There shall be no louvers, transfer grilles, operable transoms, or other air passages penetrating such walls or doors except properly installed heating and utility installations. Unprotected openings shall be prohibited in partitions of interior corridors serving as exit access from resident rooms. Transfer grilles, whether protected by fusible link operated dampers or not, shall not be used in corridor walls or doors between resident rooms and interior corridors.

33.3.3.6.5.1 "Existing transoms installed in corridor partitions of resident rooms shall be fixed in the closed position and shall be covered or otherwise protected to provide a fire-resistance rating at least equivalent to that of the wall in which they are installed."

42. Add new subparagraph 33.3.5.2.4 to read as follows:

33.3.5.2.4 "Portable electric and liquefied petroleum gas or liquid fuel fire space heating devices designed to be portable are prohibited in all portions of large residential board and care occupancies.

33.3.5.2.4.1 In emergency conditions when approved by the authority having jurisdiction, equipment designed to be portable may be used for a specified time provided such equipment is properly protected and separated from combustibles as specified by the manufacturer's instructions and the authority having jurisdiction."

43. Delete subsection 33.5 in its entirety and substitute in its place the following:

33.5 "Community Living Arrangement Facilities.

33.5.1 **General.** The following shall be provided in addition to the requirements of this Chapter for facilities subject to being licensed as a Community Living Arrangement. Where there are conflicts in requirements specified elsewhere in this Chapter, the requirements specified under Section 33.5 shall prevail.

33.5.2 **Address identification.** Community Living Arrangement structures shall have approved address numbers, building numbers or approved building identification placed in accordance with the provisions of the *International Fire Code*.

33.5.3 Means of Egress.

33.5.3.1 A Community Living Arrangement serving a resident dependent upon a wheelchair or other mechanical device for mobility shall provide at least two (2) exits from the Community Living Arrangement, remote from each other, which are accessible to the residents.

33.5.3.2 Bedrooms for residents shall be separated from halls, corridors and other rooms by floor to ceiling walls, capable of resisting fire for not less than ½-hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15-minute thermal barrier. Sleeping room doors shall be substantial doors, such as those of 1¾-in. (4.4-cm) thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels shall be fixed fire window assemblies in accordance with 8.3.3 or shall be wired glass not exceeding 1296 in. 2 (0.84 m2) each in area and installed in approved frames.

33.5.3.3 A room shall not be used as a bedroom where more than one-half the room height is below ground level.

33.5.3.4 Bedrooms which are partially below ground level shall have adequate natural light and ventilation and be provided with two useful means of egress.

33.5.3.5 Bedrooms occupied by residents shall have doors that can be closed. Doors shall be not less than 32 in. (81 cm) wide.

33.5.3.6 Any door in the path of travel of a means of means of egress or escape shall be not less than 32 in. (81 cm) wide.

33.5.3.7 Residents who need assistance with ambulation shall be provided bedrooms that have access to a ground-level exit to the outside or provided bedrooms above ground level that have access to exits with easily negotiable ramps or easily accessible lifts.

33.5.3.8 Locks.

33.5.3.8.1 Bedrooms may have locks on doors provided both the occupant and staff are provided with keys to ensure easy entry. Double-cylinder locks (locks requiring a key on both sides) are prohibited be used on the bedroom door of a resident.

33.5.3.8.2 Exterior doors shall be equipped with locks that do not require keys to open the door from the inside.

33.5.3.9 Number of Means of Escape. In any dwelling or dwelling unit of two rooms or more, every sleeping room and every living area shall have not less than one primary means of escape and one secondary means of escape.

33.5.3.9.1 A secondary means of escape shall not be required where the bedroom or living area has a door leading directly to the outside of the building at or to grade level.

33.5.4 Detection and Alarm Systems

33.5.4.1 A fire alarm system meeting the minimum requirements for Single- and Multiple Station Alarms and Household Fire Alarm Systems per NFPA 72, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner, shall be installed.

33.5.4.2 Smoke Detection.

33.5.4.2.1 Smoke alarms shall be installed in accordance with the provisions of 9.6.2.10. Any additional detection/alarm devices shall be as established by O.C.G.A. § [25-2-40](#).

33.5.4.2.2 Smoke alarms shall be installed on all levels, including basements but excluding crawl spaces and unfinished attics.

33.5.4.2.3 Additional smoke alarms shall be installed for all living areas as defined in 3.3.22.5.

33.5.4.2.4 Strobe alarms shall be used when required by the needs of the resident, e.g., for hearing impaired persons.

33.5.4.3 Carbon Monoxide Detectors.

33.5.4.3.1 Carbon monoxide detectors shall be provided in the residence where natural gas, LP gas or heating oil is used to heat the residence.

33.5.4.3.2 Carbon monoxide detectors shall be provided in the residence if a solid fuel-burning fireplace is installed the residence

33.5.5 Protection.

33.5.5.1 Portable Fire Extinguishers. Portable fire extinguishers in accordance with 9.9 shall be provided near hazardous areas.

33.5.5.1.1 At least one 2A rated multipurpose ABC fire extinguisher shall be provided on each occupied floor and in the basement that shall be readily accessible.

33.5.5.1.2 Required portable fire extinguishers shall be inspected and maintained annually by a state licensed or permitted fire extinguisher technician annually in accordance with NFPA 10, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.

33.5.5.1.3 Monthly quick check inspections shall be conducted by the staff of the Community Living Arrangement to ensure they are charged and in operable condition.

33.5.6 Heating, Ventilation and Air Conditioning.

33.5.6.1 Space heaters shall not be used.

33.5.6.2 Fire screens and protective devices shall be used with fireplaces, stoves, and heaters.

33.5.6.3 A water temperature monitor or a scald valve shall be installed where necessary to ensure the safety of the residents. Heated water provided for use of residents shall not exceed 120 degrees Fahrenheit at the hot water fixture, unless a cooler temperature is required by the needs of the individual.

33.5.7 Operating Features.

33.5.7.1 **Staffing.** The Community Living Arrangement shall have as many qualified and trained employees on duty as shall be needed to safeguard properly the health, safety, and welfare of residents and ensure the provision of services the residents require to be delivered in the Community Living Arrangement.

33.5.7.1.1 Before working independently with residents, each staff member shall be trained and show continuing evidence of competence in fire safety and emergency evacuation procedures. A resident shall not be considered a staff person in the residence in which they live. (See Chapter 4 of the *International Fire Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.)

33.5.7.2 **Evacuation Capabilities.** Community Living Arrangement shall maintain a staffing ratio sufficient to ensure that all residents can meet a prompt evacuation capability as defined in [120-3-3-.03](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner. Residents who cannot meet a prompt evacuation capability classification shall be provided with a minimum of one dedicated employee whose primary responsibility is to provide evacuation of the resident in the event of a fire or other emergency. The dedicated employee/employees shall be in close attendance at all times.

33.5.7.3 **Drills.** Fire drills shall be conducted at least quarterly on each shift. At least two drills per calendar year shall be during sleeping hours. All fire drills shall be documented with staffing involved. (See Chapter 4 of the *International Fire Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.)

33.5.7.4 **Procedures.** There shall be established procedures and mechanisms for alerting and caring for residents in case of emergencies and for evacuating them to safety. An evacuation plan with clear instructions shall be available within each residence. Each sleeping room shall have a secondary exit, which may be a door or a window usable for escape."

44. Delete subsections 33.7.1, 33.7.2, and 33.7.3 in their entirety and substitute in their place the following:

33.7.1 **"Emergency Planning and Preparedness.** Residential board and care facilities (Group I1 and R-4 occupancies), including community living arrangements and personal care homes, shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency

condition. Such policies, procedures, plans, staff training, resident training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

45. Delete subsection 33.7.4 in its entirety and substitute in their place the following:

33.7.4 **"Smoking.** Smoking regulations shall be adopted and shall include the following minimal provisions.

33.7.4.1 Smoking shall be prohibited in any room, area or compartment where flammable liquids, combustible gases, or oxygen are used or stored and in any other hazardous location. Such areas shall be posted with **"NO SMOKING"** signs.

33.7.4.2 Smoking by residents classified as not responsible shall be prohibited.

33.7.4.2.1 Smoking is permitted by residents classified as not responsible when under direct supervision.

33.7.4.3 Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.

33.7.4.4 Metal containers with self-closing cover devices into which ashtrays may be emptied shall be readily available in all areas where smoking is permitted."

46. Add a new paragraph 33.7.5.4 to read as follows:

33.7.5.4 **"Waste Containers.** Wastebaskets and other waste containers shall be of noncombustible or other approved materials."

(dd) **Modifications to reserved Chapter 34.**

1. Insert a new Chapter 34 to read as follows:

"Chapter 34 New Assisted Living Community Occupancies

34.1 General Requirements.

34.1.1 Application.

34.1.1.1 General.

34.1.1.1.1 The requirements of this chapter shall apply to new buildings or portions thereof used as assisted living community occupancies. New buildings or portions thereof used as assisted living community occupancies shall be permitted to meet all the requirements for a limited health care occupancy as prescribed in chapter 18 of this *Code* in lieu of this chapter. (See 1.3.1).

34.1.1.1.2 **Administration.** The provisions of Chapter 1, Administration, shall apply.

34.1.1.1.3 **General.** The provisions of Chapter 4, General, shall apply.

34.1.1.1.4 Buildings, or sections of buildings, that primarily house residents who, in the opinion of the governing body of the facility and the governmental agency having jurisdiction, are capable of exercising judgment and appropriate physical action for self-preservation under emergency conditions shall be permitted to comply with the provisions of Chapter 32 provided they are separated by a fire barrier having not less than a 1-hour fire resistance rating and constructed of materials as required for the addition.

34.1.1.1.5 It shall be recognized that, in buildings providing care for certain types of residents or having a security section, it might be necessary to lock doors and bar windows to confine and protect building inhabitants. In such

instances, the authority having jurisdiction shall require appropriate modifications to those sections of this *Code* that would otherwise require means of egress to be kept unlocked.

34.1.1.1.6 The requirements of this chapter shall apply based on the assumption that staff is available in all resident-occupied areas to perform certain fire safety functions as required in other paragraphs of this chapter.

34.1.1.2 ***Goals and Objectives.** The goals and objectives of Sections 4.1 and 4.2 shall be met with due consideration for functional requirements, which are accomplished by limiting the development and spread of a fire to the room of fire origin and reducing the need for occupant evacuation, except from the room of fire origin.

34.1.1.3 **Total Concept.**

34.1.1.3.1 All assisted living community facilities shall be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants.

34.1.1.3.2 Because the safety of assisted living community occupants cannot be ensured adequately by dependence on evacuation of the building, their protection from fire shall be provided by appropriate arrangement of facilities; adequate, trained staff; and development of operating and maintenance procedures composed of the following:

- (1) Design, construction, and compartmentation
- (2) Provision for detection, alarm, and extinguishment
- (3) Fire prevention and planning, training, and drilling programs for the isolation of fire, transfer of occupants to areas of refuge, or evacuation of the building

34.1.1.4 **Additions, Conversions, Modernization, Renovation, and Construction Operations.**

34.1.1.4.1 **Additions.**

34.1.1.4.1.1 Additions shall be separated from any existing structure not conforming to the provisions within Chapter 34 by a fire barrier having not less than a 2-hour fire resistance rating and constructed of materials as required for the addition. (See 4.6.5 and 4.6.7.)

34.1.1.4.1.2 Doors in barriers required by 34.1.1.4.1.1 shall normally be kept closed, unless otherwise permitted by 34.1.1.4.1.3.

34.1.1.4.1.3 Doors shall be permitted to be held open if they meet the requirements of 34.2.2.4.

34.1.1.4.2 **Conversion.** For the purposes of this chapter, exceptions for conversions shall apply only for a change of occupancy from an existing health care occupancy to an assisted living community occupancy.

34.1.1.4.3 **Changes of Occupancy.** A change from a personal care home to an assisted living community occupancy shall be considered a change in occupancy or occupancy sub-classification and would be required to meet the provisions of this Chapter for new construction.

34.1.1.4.4 **Renovations, Alterations, and Modernizations.** See 4.6.7.

34.1.1.4.5 **Construction, Repair, and Improvement Operations.** See 4.6.10.

34.1.2 **Classification of Occupancy.** See [120-3-3.03\(4\)](#), [\(14\)](#), and 34.1.4.2.

34.1.3 **Multiple Occupancies.**

34.1.3.1 Multiple occupancies shall comply with 6.1.14 in buildings other than those meeting the requirement of 34.1.3.2.

34.1.3.2 *Sections of assisted living community facilities shall be permitted to be classified as other occupancies, provided that they meet both of the following conditions:

(1) They are not intended to serve assisted living community occupants or have customary access by assisted living community residents who are incapable of self-preservation.

(2) They are separated from areas of assisted living community occupancies by construction having a minimum 2-hour fire resistance rating.

34.1.3.3 The requirement of 34.1.3.1 shall not apply to apartment buildings housing assisted living community occupancies in conformance with Section 34.4. In such facilities, any safeguards required by Section 34.4 that are more restrictive than those for other housed occupancies shall apply only to the extent prescribed by Section 34.4.

34.1.3.4 No assisted living community occupancy shall be located above a nonresidential or non-health care occupancy, unless the assisted living community occupancy and exits therefrom are separated from the nonresidential or non-health care occupancy by construction having a minimum 2-hour fire resistance rating.

34.1.3.5 Any area with a hazard of contents classified higher than that of the assisted living community occupancy and located in the same building shall be protected as required in 34.2.

34.1.3.6 Non-residential-related occupancies classified as containing high hazard contents shall not be permitted in buildings housing assisted living community occupancies.

34.1.4 **Definitions.**

34.1.4.1 **General.** For definitions, see Chapter 3, Definitions.

34.1.4.2 **Special Definitions.** A list of special terms used in this chapter follows:

(1) Assisted Living Community Occupancy. See [120-3-3-.03\(4\)](#).

(2) Assisted self-preservation. See [120-3-3-.03\(5\)](#)

(3) Evacuation Capability, Impractical. See [120-3-3-.03\(7\)](#).

(4) Evacuation Capability, Prompt. See [120-3-3-.03\(8\)](#).

(5) Evacuation Capability, Slow. See [120-3-3-.03\(9\)](#).

(6) Personal Care Home. See [120-3-3-.03\(21\)](#).

(7) Point of Safety. See 3.3.211 of this *Code*.

(8) Thermal Barrier. See 3.3.31.3 of this *Code*.

34.1.5 **Classification of Hazard of Contents.** The classification of hazard of contents shall be as defined in Section 6.2.

34.1.6 **Minimum Construction Requirements.** Assisted living community facilities shall be limited to the building construction types specified in Table 34.1.6 (see 8.2.1), based on the number of stories in height as defined in 4.6.3.

Table 34.1.6

Table 34.1.6	Number of Stories - <i>See Note b</i>					
Construction Type	Sprinklered <i>See Note a</i>	1	2	3	4-12	>12
Type I(442) <i>a c d</i>	YES	X	X	X	X	X
	NO	N.P.	N.P.	N.P.	N.P.	N.P.
Type I(332) <i>a c d</i>	YES	X	X	X	X	X
	NO	N.P.	N.P.	N.P.	N.P.	N.P.
Type II(222) <i>a c d</i>	YES	X	X	X	X	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.
Type II(111) <i>a c d</i>	YES	X	X	X	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.
Type II(000) <i>a</i>	YES	X	X	N.P.	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.
Type III(211) <i>a</i>	YES	X	X	N.P.	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.
Type III(200) <i>a</i>	YES	X	N.P.	N.P.	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.
Type IV(2HH) <i>a</i>	YES	X	X	N.P.	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.
Type V(111) <i>a</i>	YES	X	X	N.P.	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.
Type V(000) <i>a</i>	YES	X	N.P.	N.P.	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.

X = Permitted if sprinklered as required by 32.3.3.5.

NP = Not permitted.

a Building shall be protected throughout by an approved supervised automatic sprinkler system installed in accordance with 9.7.1.1(1), and provided with quick response or residential sprinklers throughout. (See requirements of 34.3.5).

b See requirements of 4.6.3.

c See requirements of 34.1.6.2.1.

d See requirements of 34.1.6.2.2.

34.1.6.1 ***Fire Resistance-Rated Assemblies.** Fire resistance-rated assemblies shall comply with Section 8.3.

34.1.6.2 Construction Type Limitations.

34.1.6.2.1 Any building of Type I(442), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that all of the following criteria are met:

(1) The roof covering shall meet Class A requirements in accordance with ASTM E 108, Standard Test Methods for Fire Tests of Roof Coverings, or ANSI/UL 790, Test Methods for Fire Tests of Roof Coverings.

(2) The roof shall be separated from all occupied portions of the building by a noncombustible floor assembly having not less than a 2-hour fire resistance rating that includes not less than 2 1/2 in. (63 mm) of concrete or gypsum fill.

(3) The structural elements supporting the 2-hour fire resistance-rated floor assembly specified in 34.1.6.2(2) shall be required to have only the fire resistance rating required of the building.

34.1.6.2.2 Any building of Type I(442), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that all of the following criteria are met:

- (1) The roof covering shall meet Class A requirements in accordance with ASTM E 108, *Standard Test Methods for Fire Tests of Roof Coverings*, or ANSI/UL 790, *Test Methods for Fire Tests of Roof Coverings*.
- (2) The roof/ceiling assembly shall be constructed with fire-retardant-treated wood meeting the requirements of NFPA 220, *Standard on Types of Building Construction*.
- (3) The roof/ceiling assembly shall have the required fire resistance rating for the type of construction.

34.1.6.2.3 Any level below the level of exit discharge shall be separated from the level of exit discharge by not less than Type II(111), Type III(211), or Type V(111) construction (see 8.2.1), unless both of the following criteria are met:

- (1) Such levels are under the control of the assisted living community facility.
- (2) Any hazardous spaces are protected in accordance with Section 8.7.

34.1.6.3 All buildings with more than one level below the level of exit discharge shall have all such lower levels separated from the level of exit discharge by not less than Type II(111) construction.

34.1.6.4 Interior nonbearing walls in buildings of Type I or Type II construction shall be constructed of noncombustible or limited-combustible materials, unless otherwise permitted by 20.1.6.4.

34.1.6.5 Interior nonbearing walls required to have a minimum 2-hour fire resistance rating shall be permitted to be fire-retardant-treated wood enclosed within noncombustible or limited-combustible materials, provided that such walls are not used as shaft enclosures.

34.1.6.6 Fire-retardant-treated wood that serves as supports for the installation of fixtures and equipment shall be permitted to be installed behind noncombustible or limited-combustible sheathing.

34.1.7 **Occupant Load.** The occupant load, in number of persons for whom means of egress and other provisions are required, shall be determined on the basis of the occupant load factors of Table 7.3.1.2 that are characteristic of the use of the space, or shall be determined as the maximum probable population of the space under consideration, whichever is greater.

34.2 Means of Egress Requirements.

34.2.1 General.

34.2.1.1 Means of egress from resident rooms and resident dwelling units to the outside of the building shall be in accordance with Chapter 7 and this chapter.

34.2.1.2 Means of escape within the resident room or resident dwelling unit shall comply with Section 24.2 for one- and two-family dwellings.

34.2.1.3 No means of escape or means of egress shall be considered as complying with the minimum criteria for acceptance, unless emergency evacuation drills are regularly conducted using that route in accordance with the requirements of 34.7.3.

34.2.1.4 No assisted living community occupancy shall have its sole means of egress or means of escape pass through any nonresidential or non-health care occupancy in the same building.

34.2.1.5 All means of egress from assisted living community occupancies that traverse non-assisted living community spaces shall conform to the requirements of this *Code* for assisted living community occupancies, unless otherwise permitted by 34.2.1.6.

34.2.1.6 Exit through a horizontal exit into other contiguous occupancies that does not conform to assisted living community egress provisions but do comply with requirements set forth in the appropriate occupancy chapter of this *Code* shall be permitted, provided that the occupancy does not contain high hazard contents.

34.2.1.7 Egress provisions for areas of assisted living community facilities that correspond to other occupancies shall meet the corresponding requirements of this *Code* for such occupancies, and, where the clinical needs of the residents necessitate the locking of means of egress, staff shall be present for the supervised release of occupants during all times of use.

34.2.2 Means of Egress Components.

34.2.2.1 **Components Permitted.** Components of means of egress shall be limited to the types described in 34.2.2.2 through 34.2.2.10.

34.2.2.2 **Doors.** Doors in means of egress shall meet all of the following criteria:

- (1) Doors complying with 7.2.1 shall be permitted.
- (2) Doors within individual rooms and suites of rooms shall be permitted to be swinging or sliding.
- (3) No door in any means of egress, other than those meeting the requirement of 34.2.2.2.1 or 34.2.2.2.2, shall be equipped with a lock or latch that requires the use of a tool or key from the egress side.

34.2.2.2.1 Delayed-egress locks in accordance with 7.2.1.6.1 shall be permitted.

34.2.2.2.2 Access-controlled egress doors in accordance with 7.2.1.6.2 shall be permitted.

34.2.2.2.3 Doors that are located in the means of egress from individual resident bedrooms or private living units shall be permitted to have locks where the clinical needs of a resident require specialized protective security measures provided that staff can readily unlock doors at all times in accordance with 34.2.2.2.4.

34.2.2.2.4 Doors that are located in the means of egress and are permitted to be locked under other provisions of 34.2.2.2.3 shall comply with both of the following:

- (1) Provisions shall be made for the rapid removal of occupants by means of one of the following:
 - (a) Remote control of locks from within the locked smoke compartment
 - (b) Keying of all locks to keys carried by staff at all times
 - (c) Other such reliable means available to the staff at all times
- (2) Only one locking device shall be permitted on each door.

34.2.2.2.5 Doors located in the means of egress that are permitted to be locked under other provisions of Chapter 34, other than those meeting the requirement of 34.2.2.2.1 or 34.2.2.2.2, shall have adequate provisions made for the rapid removal of occupants by means such as remote control of locks, keying of all locks to keys carried by staff at all times, or other such reliable means available to staff at all times.

34.2.2.2.6 Only one such locking device, as described in 34.2.2.2.5, shall be permitted on each door.

34.2.2.3 **Stairs.** Stairs complying with 7.2.2 shall be permitted.

34.2.2.4 **Smokeproof Enclosures.** Smokeproof enclosures complying with 7.2.3 shall be permitted.

34.2.2.5 **Horizontal Exits.** Horizontal exits complying with 7.2.4 shall be permitted.

34.2.2.6 **Ramps.** Ramps complying with 7.2.5 shall be permitted.

34.2.2.7 **Exit Passageways.** Exit passageways complying with 7.2.6 shall be permitted.

34.2.2.8 **Fire Escape Ladders.** Fire escape ladders complying with 7.2.9 shall be permitted.

34.2.2.9 **Alternating Tread Devices.** Alternating tread devices complying with 7.2.11 shall be permitted.

34.2.2.10 **Areas of Refuge.** Areas of refuge complying with 7.2.12 shall be permitted.

34.2.3 **Capacity of Means of Egress.**

34.2.3.1 The capacity of means of egress shall be in accordance with Section 7.3.

34.2.3.2 Street floor exits shall be sufficient for the occupant load of the street floor plus the required capacity of stairs and ramps discharging onto the street floor.

34.2.3.3 The width of corridors shall be sufficient for the occupant load served but shall be not less than 60 in. (1525 mm).

34.2.4 **Number of Means of Egress.**

34.2.4.1 Means of egress shall comply with the following, except as otherwise permitted by 34.2.4.2:

- (1) The number of means of egress shall be in accordance with Section 7.4.
- (2) Not less than two separate exits shall be provided on every story.
- (3) Not less than two separate exits shall be accessible from every part of every story.

34.2.4.2 Exit access, as required by 34.2.4.1(3), shall be permitted to include a single exit access path for the distances permitted as common paths of travel by 34.2.5.2.

34.2.5 **Arrangement of Means of Egress.**

34.2.5.1 **General.** Access to all required exits shall be in accordance with Section 7.5.

34.2.5.2 **Dead-end Corridors.** Dead-end corridors shall not exceed 30 ft. (9.1 m).

34.2.5.3 **Common Path.** Common paths of travel shall not exceed 75 ft. (23 m).

34.2.5.4 **Reserved.**

34.2.6 **Travel Distance to Exits.**

34.2.6.1 Travel distance from the door within a room, suite, or living unit to a corridor door shall not exceed 75 ft. (23 m) in buildings not protected throughout by an approved automatic sprinkler system in accordance with 34.3.5.

34.2.6.2 Travel distance from any point within a room, suite, or living unit to a corridor door shall not exceed 125 ft. (38 m) in buildings protected throughout by an approved automatic sprinkler system in accordance with 34.3.5.

34.2.6.3 Travel distance from the corridor door of any room to the nearest exit shall be in accordance with 34.2.6.3.1 or 34.2.6.3.2.

34.2.6.3.1 Travel distance from the corridor door of any room to the nearest exit, measured in accordance with Section 7.6, shall not exceed 150ft. (45.72m).

34.2.6.3.2 Travel distance to exits shall not exceed 200 ft. (61 m) for exterior ways of exit access arranged in accordance with 7.5.3.

34.2.7 **Discharge from Exits.** Exit discharge shall comply with Section 7.7.

34.2.8 **Illumination of Means of Egress.** Means of egress shall be illuminated in accordance with Section 7.8.

34.2.9 **Emergency Lighting.** Emergency lighting in accordance with Section 7.9 shall be provided.

34.2.10 **Marking of Means of Egress.** Means of egress shall be marked in accordance with Section 7.10.

34.2.11 **Special Means of Egress Features.**

34.2.11.1 **Reserved.**

34.2.11.2 **Lockups.** Lockups in residential assisted living community occupancies shall comply with the requirements of 22.4.5.

34.3 **Protection.**

34.3.1 **Protection of Vertical Openings.**

34.3.1.1 Vertical openings shall be enclosed or protected in accordance with Section 8.6.

34.3.1.2 Unenclosed vertical openings in accordance with 8.6.9.1 shall be permitted.

34.3.1.3 No floor below the level of exit discharge used only for storage, heating equipment, or purposes other than residential occupancy shall have unprotected openings to floors used for residential occupancy.

34.3.2 **Protection from Hazards.**

34.3.2.1 Rooms containing high-pressure boilers, refrigerating machinery, transformers, or other service equipment subject to possible explosion shall not be located directly under or adjacent to exits, and such rooms shall be effectively separated from other parts of the building as specified in Section 8.7.

34.3.2.2 Hazardous areas, which shall include, but shall not be limited to, the following, shall be separated from other parts of the building by construction having a minimum 1-hour fire resistance rating, with communicating openings protected by approved self-closing fire doors and be equipped with automatic fire-extinguishing systems:

(1) Boiler and heater rooms

(2) Laundries

(3) Repair shops

(4) Rooms or spaces used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction

Exception to (1): Rooms enclosing air handling equipment, compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input. Such rooms shall not be used for any

combustible storage. A minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes.

34.3.3 Interior Finish.

34.3.3.1 General. Interior finish shall be in accordance with Section 10.2.

34.3.3.2 Interior Wall and Ceiling Finish. Interior wall and ceiling finish materials complying with Section 10.2 shall be in accordance with the following:

- (1) Exit enclosures - Class A
- (2) Lobbies and corridors - Class B
- (3) Rooms and enclosed spaces - Class B

34.3.3.3 Interior Floor Finish.

34.3.3.3.1 Interior floor finish shall comply with Section 10.2.

34.3.3.3.2 Interior floor finish in exit enclosures and exit access corridors and spaces not separated from them by walls complying with 34.3.6 shall be not less than Class II.

34.3.3.3.3 Interior floor finish shall comply with 10.2.7.1 or 10.2.7.2, as applicable.

34.3.4 Detection, Alarm, and Communications Systems.

34.3.4.1 General. A fire alarm system shall be provided in accordance with Section 9.6.

34.3.4.2 Initiation. The required fire alarm system shall be initiated by each of the following:

- (1) Manual means in accordance with 9.6.2
- (2) Manual fire alarm box located at a convenient central control point under continuous supervision of responsible employees
- (3) Required automatic sprinkler system
- (4) Required detection system

34.3.4.3 Annunciator Panel. An annunciator panel, connected to the fire alarm system, shall be provided at a location readily accessible from the primary point of entry for emergency response personnel.

34.3.4.4 Notification.

34.3.4.4.1 Occupant Notification. Occupant notification shall be provided automatically, without delay, by internal audible alarm in accordance with 9.6.3.

34.3.4.4.2 High-Rise Buildings. High-rise buildings shall be provided with an approved emergency voice communication/alarm system in accordance with 11.8.4.

34.3.4.5 *Emergency Forces Notification. Fire department notification shall be accomplished in accordance with 9.6.4.

34.3.4.6 Detection.

34.3.4.6.1 **Smoke Alarms.** Approved smoke alarms shall be installed in accordance with 9.6.2.10 inside every sleeping room, outside every sleeping area in the immediate vicinity of the bedrooms, and on all levels within a resident unit.

34.3.4.7 **Smoke Detection Systems.**

34.3.4.7.1 Corridors, spaces open to the corridors, and other spaces outside every sleeping area in the immediate vicinity of the bedrooms other than those meeting the requirement of 34.3.4.7.2, shall be provided with smoke detectors that comply with NFPA 72, *National Fire Alarm and Signaling Code*, and are arranged to initiate an alarm that is audible in all sleeping areas.

34.3.4.7.2 Smoke detection systems shall not be required in unenclosed corridors, passageways, balconies, colonnades, or other arrangements with one or more sides along the long dimension fully or extensively open to the exterior at all times.

34.3.5 **Extinguishment Requirements.**

34.3.5.1 **General.** All buildings shall be protected throughout by an approved automatic sprinkler system installed in accordance with 9.7.1.1(1) and provided with quick-response or residential sprinklers throughout.

34.3.5.5 **Supervision.** Automatic sprinkler systems shall be provided with electrical supervision in accordance with 9.7.2.

34.3.5.7 **Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in accordance with 9.9.

34.3.6 **Corridors and Separation of Sleeping Rooms.**

34.3.6.1 Access shall be provided from every resident use area to at least one means of egress that is separated from all sleeping rooms by walls complying with 34.3.6.3 through 34.3.6.6.

34.3.6.1.1 Sleeping rooms shall be separated from corridors, living areas, and kitchens by walls complying with 34.3.6.2 through 34.3.6.6.

34.3.6.2 Walls required by 34.3.6.1 or 34.3.6.1.1 shall be smoke partitions in accordance with Section 8.4 having a minimum 1/2-hour fire resistance rating.

34.3.6.3.5 Hazardous areas shall be separated from corridors in accordance with 34.3.2.

34.3.6.4 Doors protecting corridor openings other than from resident sleeping rooms and hazardous areas shall not be required to have a fire protection rating, but shall be constructed to resist the passage of smoke.

34.3.6.4.1 Doors protecting resident sleeping rooms shall have a minimum 20-minute fire protection rating.

34.3.6.5 Door-closing devices shall not be required on doors in corridor wall openings, other than those serving exit enclosures, smoke barriers, enclosures of vertical openings, and hazardous areas.

34.3.6.6 No louvers, transfer grilles, operable transoms, or other air passages, other than properly installed heating and utility installations, shall penetrate the walls or doors specified in 34.3.6.

34.3.7 **Subdivision of Building Spaces.** Buildings shall be subdivided by smoke barriers in accordance with 34.3.7.1 through 34.3.7.21.

34.3.7.1 Every story shall be divided into not less than two smoke compartments, unless it meets the requirement of 34.3.7.4, 34.3.7.5, 34.3.7.6, or 34.3.7.7.

34.3.7.2 Each smoke compartment shall have an area not exceeding 22,500 ft² (2100 m²).

34.3.7.3 The travel distance from any point to reach a door in the required smoke barrier shall be limited to a distance of 200 ft. (61 m).

34.3.7.3.1 Additional smoke barriers shall be provided such that the travel distance from a sleeping room corridor door to a smoke barrier shall not exceed 150 ft. (46 m).

34.3.7.4 Smoke barriers shall not be required on stories that do not contain an assisted living community occupancy located above the assisted living community occupancy.

34.3.7.5 Smoke barriers shall not be required in areas that do not contain an assisted living community occupancy and that are separated from the assisted living community occupancy by a fire barrier complying with Section 8.3.

34.3.7.6 Smoke barriers shall not be required on stories that do not contain an assisted living community occupancy and that are more than one story below the assisted living community occupancy.

34.3.7.7 Smoke barriers shall not be required in open parking structures protected throughout by an approved, supervised automatic sprinkler system in accordance with 34.3.5.

34.3.7.8 Smoke barriers shall be constructed in accordance with Section 8.5 and shall have a minimum 1-hour fire resistance rating, unless they meet the requirement of 34.3.7.9 or 34.3.7.10.

34.3.7.9 Where an atrium is used, smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with 8.6.7(1)(c), in which case not less than two separate smoke compartments shall be provided on each floor.

34.3.7.10 Dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems.

34.3.7.11 Not less than 15 net ft² (1.4 net m²) per resident shall be provided within the aggregate area of corridors, lounge or dining areas, and other low hazard areas on each side of the smoke barrier.

34.3.7.12 On stories not housing residents, not less than 6 net ft² (0.56 net m²) per occupant shall be provided on each side of the smoke barrier for the total number of occupants in adjoining compartments.

34.3.7.13 Doors in smoke barriers shall be substantial doors, such as 1 3/4 in. (44 mm) thick, solid-bonded wood-core doors, or shall be of construction that resists fire for a minimum of 20 minutes.

34.3.7.14 Nonrated factory- or field-applied protective plates extending not more than 48 in. (1220 mm) above the bottom of the door shall be permitted.

34.3.7.15 Cross-corridor openings in smoke barriers shall be protected by a pair of swinging doors or a horizontal-sliding door complying with 7.2.1.14.

34.3.7.16 Swinging doors shall be arranged so that each door swings in a direction opposite from the other.

34.3.7.17 Doors in smoke barriers shall comply with 8.5.4 and shall be self-closing or automatic-closing in accordance with 7.2.1.8.

34.3.7.18 Vision panels consisting of fire-rated glazing or wired glass panels in approved frames shall be provided in each cross-corridor swinging door and in each cross-corridor horizontal-sliding door in a smoke barrier.

34.3.7.19 Rabbits, bevels, or astragals shall be required at the meeting edges, and stops shall be required at the head and sides of door frames in smoke barriers.

34.3.7.20 Positive latching hardware shall not be required.

34.3.7.21 Center mullions shall be prohibited.

34.3.8 ***Cooking Facilities.** Cooking facilities, other than those within individual residential units, shall be protected in accordance with 9.2.3.

34.3.9 **Standpipes.**

34.3.9.1 **General.** Where required, standpipe and hose systems shall be installed and maintained in accordance with 9.10.

34.3.9.2 **In High-Rise Buildings.** Class I standpipe systems shall be installed throughout all high-rise buildings.

34.3.9.3 **Roof Outlets.** Roof outlets shall not be required on roofs having a slope of 3 in 12 or greater.

34.4 **Special Provisions.**

34.4.1 **High-Rise Buildings.** High-rise buildings shall comply with Section 11.8.

34.5 *** Suitability of an Apartment Building to House an Assisted living community Occupancy.**

34.5.1 **General.**

34.5.1.1 **Scope.**

34.5.1.1.1 Section 34.5 shall apply to apartment buildings that have one or more individual apartments used as an assisted living community occupancy. (See 34.1.3.2.)

34.5.1.1.2 The provisions of Section 34.5 shall be used to determine the suitability of apartment buildings, other than those complying with 34.5.1.1.4, to house an assisted living community facility.

34.5.1.1.3 The suitability of apartment buildings not used for assisted living community occupancies shall be determined in accordance with Chapter 30.

34.5.1.1.4 When a new assisted living community occupancy is created in an existing apartment building, the suitability of such a building for apartments not used for assisted living community occupancies shall be determined in accordance with Chapter 31.

34.5.1.2 **Requirements for Individual Apartments.** Requirements for individual apartments used as residential assisted living community occupancies shall be as specified in Section 34.2. Egress from the apartment into the common building corridor shall be considered acceptable egress from the assisted living community facility.

34.5.1.3 ***Additional Requirements.** Apartment buildings housing assisted living community facilities shall comply with the requirements of Chapter 30 and the additional requirements of Section 34.5, unless the authority having jurisdiction has determined that equivalent safety for housing an assisted living community facility is provided in accordance with Section 1.4.

34.5.1.4 **Minimum Construction Requirements.**

34.5.1.4.1 In addition to the requirements of Chapter 30, apartment buildings, other than those complying with 34.5.1.4.2, housing assisted living community facilities shall meet the construction requirements of 34.1.3.

34.5.1.4.2 When a new assisted living community occupancy is created in an existing apartment building, the construction requirements of 19.1.6 shall apply.

34.5.2 **Means of Egress.**

34.5.2.1 The requirements of Section 30.2 shall apply only to the parts of means of egress serving the apartment(s) used as an assisted living community occupancy, as modified by 34.5.2.2.

34.5.2.2 When a new assisted living community occupancy is created in an existing apartment building, the requirements of Section 31.2 shall apply to the parts of the means of egress serving the apartment(s) used as an assisted living community occupancy.

34.5.3 Protection.

34.5.3.1 Interior Finish.

34.5.3.1.1 The requirements of 30.3.3 shall apply only to the parts of means of egress serving the apartment(s) used as an assisted living community occupancy, as modified by 34.5.3.1.2.

34.5.3.1.2 When a new assisted living community occupancy is created in an existing apartment building, the requirements of 31.3.3 shall apply to the parts of the means of egress serving the apartment(s) used as an assisted living community occupancy.

34.5.3.2 Construction of Corridor Walls.

34.5.3.2.1 The requirements of 30.3.6 shall apply only to corridors serving the assisted living community facility, including that portion of the corridor wall separating the assisted living community facility from the common corridor, as modified by 34.5.3.2.2.

34.5.3.2.2 If a new assisted living community occupancy is created in an existing apartment building, the requirements of 31.3.6 shall apply to the corridor serving the residential assisted living community facility.

34.5.3.3 Subdivision of Building Spaces. (Reserved)

34.6 Building Services.

34.6.1 **Utilities.** Utilities shall comply with Section 9.1.

34.6.1.1 Heating, ventilating, and air-conditioning equipment shall comply with Section 9.2.

34.6.1.2 No stove or combustion heater shall be located such that it blocks escape in case of fire caused by the malfunction of the stove or heater.

34.6.1.3 Unvented fuel-fired heaters shall not be used in any assisted living community occupancy.

34.6.3 Elevators, Dumbwaiters, and Vertical Conveyors. Elevators, dumbwaiters, and vertical conveyors shall comply with Section 9.4.

34.6.3.2 *In high-rise buildings, one elevator shall be provided with a protected power supply and shall be available for use by the fire department in case of emergency.

34.6.4 Rubbish Chutes, Incinerators, and Laundry Chutes. Rubbish chutes, incinerators, and laundry chutes shall comply with Section 9.5.

34.7 Operating Features.

34.7.1 **Emergency Planning and Preparedness.** Assisted living community facilities shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, resident training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted

by the Rules and Regulations of the Safety Fire Commissioner. The provisions of this Section 34.7 shall be incorporated into the plans, training and safety practices developed by the facility."

34.7.2 Emergency Plan.

34.7.2.1 The administration of every assisted living community facility shall have, in effect and available to all supervisory personnel, written copies of a plan for protecting all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary.

34.7.2.2 The emergency plan shall include special staff response, including the fire protection procedures needed to ensure the safety of any resident, and shall be amended or revised whenever any resident with unusual needs is admitted to the home.

34.7.2.3 All employees shall be periodically instructed and kept informed with respect to their duties and responsibilities under the plan, and such instruction shall be reviewed by the staff not less than every 2 months.

34.7.2.4 A copy of the plan shall be readily available at all times within the facility.

34.7.3 Resident Training.

34.7.3.1 All residents participating in the emergency plan shall be trained in the proper actions to be taken in the event of fire.

34.7.3.2 The training required by 34.7.3.1 shall include actions to be taken if the primary escape route is blocked.

34.7.3.3 If a resident is given rehabilitation or habilitation training, training in fire prevention and the actions to be taken in the event of a fire shall be a part of the training program.

34.7.3.4 Residents shall be trained to assist each other in case of fire to the extent that their physical and mental abilities permit them to do so without additional personal risk.

34.7.4 Emergency Egress and Relocation Drills. Emergency egress and relocation drills shall be conducted in accordance with 34.7.4.1 through 34.7.4.6.

34.7.4.1 Emergency egress and relocation drills shall be conducted not less than once per quarter on each shift at alternating times. It is intended that staff and residents be trained and drilled based on fire and other emergencies that may occur during the periods of lowest staffing levels. This may require more than one drill per quarter on shifts with the lowest staffing levels.

34.7.4.2 The emergency drills shall be permitted to be announced to the residents in advance.

34.7.4.3 The drills shall involve the training of residents for the eventual actual evacuation of all residents to an assembly point, as specified in the emergency plan, and shall provide residents with experience in egressing through all exits and means of escape required by the *Code*.

34.7.4.3.1. The assembly point shall be a place outside of the building and shall be located a safe distance from the building being evacuated so as to avoid interference with fire department operations. A refuge area within a smoke compartment in buildings separated by smoke barriers shall be considered a temporary assembly point as part of a staged evacuation.

34.7.4.3.2. Buildings with smoke compartments shall be allowed to train residents to temporarily escape in a staged evacuation to another smoke compartment separated by smoke barriers. Residents shall be allowed to complete the training exercise on the other side of an adjacent smoke barrier. Residents shall still be trained to eventually complete building evacuation during an actual emergency evacuation. Residents shall be required to participate in one emergency egress and relocation drill per year where they continue to an assembly point outside of the building.

34.7.4.3.3. Residents, as a group, shall be required to complete the evacuation drill to an exit or across a smoke barrier in less than 13 minutes or shall be required to change its group evacuation capability and comply with Section 35.1.8.

34.7.4.4 Exits and means of escape not used in any drill shall not be credited in meeting the requirements of this *Code* for assisted living community facilities.

34.7.4.5 Actual exiting from windows shall not be required to comply with 34.7.4; opening the window and signaling for help shall be an acceptable alternative.

34.7.4.6 Residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to actively participate in the drill. Section 18.7 shall apply in such instances.

34.7.5 **Smoking.**

34.7.5.1 *Smoking regulations shall be adopted by the administration of assisted living community occupancies.

34.7.5.2 Where smoking is permitted, noncombustible safety-type ashtrays or receptacles shall be provided in convenient locations.

34.7.6 ***Furnishings, Mattresses, and Decorations.**

34.7.6.1 New draperies, curtains, and other similar loosely hanging furnishings and decorations shall comply with 34.7.6.1.1 and 34.7.6.1.2.

34.7.6.1.1 New draperies, curtains, and other similar loosely hanging furnishings and decorations in assisted living community facilities shall be in accordance with the provisions of 10.3.1, unless otherwise permitted by 34.7.6.1.2.

34.7.6.1.2 In other than common areas, new draperies, curtains, and other similar loosely hanging furnishings and decorations shall not be required to comply with 34.7.6.1.1 where the building is protected throughout by an approved automatic sprinkler system installed in accordance with 34.2.3.5.

34.7.6.2 *New upholstered furniture within assisted living community facilities shall comply with 34.7.6.2.1 or 34.7.6.2.2.

34.7.6.2.1 New upholstered furniture shall be tested in accordance with the provisions of 10.3.2.1(1) and 10.3.3.

34.7.6.2.2 Upholstered furniture belonging to residents in sleeping rooms shall not be required to be tested, provided that a smoke alarm is installed in such rooms; battery-powered single-station smoke alarms shall be permitted in such rooms.

34.7.6.3 *Newly introduced mattresses within assisted living community facilities shall comply with 34.7.5.3.1 or 34.7.5.3.2.

34.7.6.3.1 Newly introduced mattresses shall be tested in accordance with the provisions of 10.3.2.2 and 10.3.4.

34.7.6.3.2 Mattresses belonging to residents in sleeping rooms shall not be required to be tested, provided that a smoke alarm is installed in such rooms; battery-powered single-station smoke alarms shall be permitted in such rooms.

34.7.7 **Staff.** Staff shall be on duty and in the facility at all times when residents requiring evacuation assistance are present.

34.7.8 **Inspection of Door Openings.** Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15."

(ee) **Modifications to Chapter 35:**

1. Insert a new Chapter 35 to read as follows:

"Chapter 35 Existing Assisted Living Community Occupancies

35.1 General Requirements.

35.1.1 *Application.

35.1.1.1 General.

35.1.1.1.1 The requirements of this chapter shall apply to existing buildings or portions thereof used as assisted living community occupancies or with limited applicability for a conversion as further specific specified in Section 35.1.1.4.3 entitled Change of Occupancy.

35.1.1.1.2 **Administration.** The provisions of Chapter 1, Administration, shall apply.

35.1.1.1.3 **General.** The provisions of Chapter 4, General, shall apply.

35.1.1.1.4 Buildings, or sections of buildings, that primarily house residents who, in the opinion of the governing body of the facility and the governmental agency having jurisdiction, are capable of exercising judgment and appropriate physical action for self-preservation under emergency conditions shall be permitted to comply with the provisions of Chapter 33 provided they are separated by a fire barrier having not less than a 1-hour fire resistance rating and constructed of materials as required for the addition.

35.1.1.1.5 It shall be recognized that, in buildings providing care for certain types of residents or having a security section, it might be necessary to lock doors and bar windows to confine and protect building inhabitants. In such instances, the authority having jurisdiction shall require appropriate modifications to those sections of this *Code* that would otherwise require means of egress to be kept unlocked.

35.1.1.1.6 The requirements of this chapter shall apply based on the assumption that staff is available in all resident-occupied areas to perform certain fire safety functions as required in other paragraphs of this chapter.

35.1.1.2 ***Goals and Objectives.** The goals and objectives of Sections 4.1 and 4.2 shall be met with due consideration for functional requirements, which are accomplished by limiting the development and spread of a fire to the room of fire origin and reducing the need for occupant evacuation, except from the room of fire origin.

35.1.1.3 Total Concept.

35.1.1.3.1 All assisted living community facilities shall be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants.

35.1.1.3.2 Because the safety of assisted living community occupants cannot be ensured adequately by dependence on evacuation of the building, their protection from fire shall be provided by appropriate arrangement of facilities; adequate, trained staff; and development of operating and maintenance procedures composed of the following:

(1) Design, construction, and compartmentation.

(2) Provision for detection, alarm, and extinguishment.

(3) Fire prevention and planning, training, and drilling programs for the isolation of fire, transfer of occupants to areas of refuge, or evacuation of the building.

35.1.1.4 Additions, Conversions, Modernization, Renovation, and Construction Operations.

35.1.1.4.1 Additions.

35.1.1.4.1.1 Additions shall be separated from any existing structure not conforming to the provisions within Chapter 35 by a fire barrier having not less than a 2-hour fire resistance rating and constructed of materials as required for the addition. (See 4.6.5 and 4.6.7.)

35.1.1.4.1.2 Doors in barriers required by 35.1.1.4.1.1 shall normally be kept closed, unless otherwise permitted by 35.1.1.4.1.3.

35.1.1.4.1.3 Doors shall be permitted to be held open if they meet the requirements of 35.2.2.4.

35.1.1.6 **Conversion.** For the purposes of this chapter, exceptions for conversions shall apply only for a change of occupancy from an existing personal care home occupancy or health care occupancy to an assisted living community occupancy.

35.1.1.4.3 **Changes of Occupancy.** A change from a personal care home, assisted living, or assisted living facility to an assisted living community occupancy shall be considered a change in occupancy or occupancy sub-classification. The requirements of this chapter shall be limited to only apply to a change of occupancy to an assisted living community from an existing personal care home, assisted living, or assisted living facility first occupied as such with a certificate of occupancy issued prior to March 31, 2013. Such facility may be permitted to meet all the requirements for a limited health care occupancy as prescribed in chapter 19 of this *Code* in lieu of this chapter.

35.1.1.4.3.1 An existing personal care home, assisted living, or assisted living facility with a certificate of occupancy dated after March 31, 2013, that is applying for a change of occupancy to an assisted living community or any other change of occupancy classification, sub-classification, shall meet the provisions of Chapter 34 New Assisted Living Community Occupancies.

35.1.1.4.4 **Renovations, Alterations, and Modernizations.** See 4.6.7.

35.1.1.4.5 **Construction, Repair, and Improvement Operations.** See 4.6.10.

35.1.2 **Classification of Occupancy.** See [120-3-3.03\(4\), \(14\)](#), and 35.1.4.2.

35.1.3 Multiple Occupancies.

35.1.3.1 Multiple occupancies shall comply with 6.1.14 in buildings other than those meeting the requirement of 35.1.3.2.

35.1.3.2 *Sections of assisted living community facilities shall be permitted to be classified as other occupancies, provided that they meet both of the following conditions:

(1) They are not intended to serve assisted living community occupants or have customary access by assisted living community residents who are incapable of self-preservation.

(2) They are separated from areas of assisted living community occupancies by construction having a minimum 2-hour fire resistance rating.

35.1.3.3 The requirement of 35.1.3.1 shall not apply to apartment buildings housing assisted living community occupancies in conformance with Section 35.4. In such facilities, any safeguards required by Section 35.4 that are more restrictive than those for other housed occupancies shall apply only to the extent prescribed by Section 35.4.

35.1.3.4 No assisted living community occupancy shall be located above a nonresidential or non-health care occupancy, unless one following conditions is met:

(1) The assisted living community occupancy and exits therefrom are separated from the nonresidential or non-health care occupancy by construction having a minimum 2-hour fire resistance rating.

(2) The assisted living community occupancy is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7 and is separated therefrom by construction having a minimum 1-hour fire resistance rating.

35.1.3.5 Any area with a hazard of contents classified higher than that of the assisted living community occupancy and located in the same building shall be protected as required in 35.3.2.

35.1.3.6 Non-residential-related occupancies classified as containing high hazard contents shall not be permitted in buildings housing assisted living community occupancies.

35.1.4 Definitions.

35.1.4.1 **General.** For definitions, see Chapter 3, Definitions.

35.1.4.2 **Special Definitions.** A list of special terms used in this chapter follows:

(1) Assisted Living Community Occupancy. See [120-3-3-.03\(4\)](#).

(2) Assisted self-preservation. See [120-3-3-.03\(5\)](#)

(2) Evacuation Capability, Impractical. See [120-3-3-.03\(7\)](#).

(3) Evacuation Capability, Prompt. See [120-3-3-.03\(8\)](#).

(4) Evacuation Capability, Slow. See [120-3-3-.03\(9\)](#).

(5) Personal Care Home. See [120-3-3-.03\(21\)](#).

(6) Point of Safety. See 3.3.211 of this *Code*.

(7) Thermal Barrier. See 3.3.31.3 of this *Code*.

35.1.5 **Classification of Hazard of Contents.** The classification of hazard of contents shall be as defined in Section 6.2.

35.1.6 **Minimum Construction Requirements.** Assisted living community facilities shall be limited to the building construction types specified in Table 35.1.6 (see 8.2.1), based on the number of stories in height as defined in 4.6.3.

Table 35.1.6

Table 35.1.6		Number of Stories - See Note b					
Construction Type	Sprinkled See Note a	1	2	3	4	5-6	>6-12
Type I(442) c d	YES	X	X	X	X	X	X
	NO	N.P.	N.P.	N.P.	N.P.	N.P.	N.P.
Type I(332) c d	YES	X	X	X	X	X	X
	NO	N.P.	N.P.	N.P.	N.P.	N.P.	N.P.
Type II(222) c d	YES	N.P.	X	X	X	X	X
	NO		N.P.	N.P.	N.P.	N.P.	N.P.
Type II(111) c d	YES	X	X	X ^e	X ^e	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.	N.P.
Type II(000) a	YES	X	X	N.P.	N.P.	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.	N.P.

Table 35.1.6	Number of Stories - See Note b						
Type III(211) <i>a</i>	YES	X	X	X _e	X _e	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.	N.P.
Type III(200) <i>a</i>	YES	X	N.P.	N.P.	N.P.	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.	N.P.
Type IV(2HH) <i>a</i>	YES	X	X	N.P.	N.P.	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.	N.P.
Type V(111) <i>See note a or e</i>	YES	X _a	X _a	X _e	X _e	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.	N.P.
Type V(000) <i>a</i>	YES	X _a	N.P.	N.P.	N.P.	N.P.	N.P.
	NO	N.P.	N.P.	N.P.	N.P.	N.P.	N.P.

X = Permitted if sprinklered as required by 33.3.3.5 unless otherwise noted.

NP = Not permitted.

a Building shall be protected throughout by an approved supervised automatic sprinkler system installed in accordance with 35.3.5, and the interior walls are covered with lath and plaster or materials providing a 15-minute thermal barrier. (See requirements of 35.3.5).

b See requirements of 4.6.3.

c See requirements of 35.1.6.2.1.

d See requirements of 35.1.6.2.2.

e See requirements of 35.1.6.5.

35.1.6.1 * **Fire Resistance-Rated Assemblies.** Fire resistance-rated assemblies shall comply with Section 8.3.

35.1.6.2 Construction Type Limitations.

35.1.6.2.1 Any building of Type I(442), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that all of the following criteria are met:

(1) The roof covering shall meet Class A requirements in accordance with ASTM E 108, Standard Test Methods for Fire Tests of Roof Coverings, or ANSI/UL 790, Test Methods for Fire Tests of Roof Coverings.

(2) The roof shall be separated from all occupied portions of the building by a noncombustible floor assembly having not less than a 2-hour fire resistance rating that includes not less than 2 1/2 in. (63 mm) of concrete or gypsum fill.

(3) The structural elements supporting the 2-hour fire resistance-rated floor assembly specified in 35.1.6.2(2) shall be required to have only the fire resistance rating required of the building.

35.1.6.2.2 Any building of Type I(442), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that all of the following criteria are met:

(1) The roof covering shall meet Class A requirements in accordance with ASTM E 108, Standard Test Methods for Fire Tests of Roof Coverings, or ANSI/UL 790, Test Methods for Fire Tests of Roof Coverings.

(2) The roof/ceiling assembly shall be constructed with fire-retardant-treated wood meeting the requirements of NFPA 220, Standard on Types of Building Construction.

(3) The roof/ceiling assembly shall have the required fire resistance rating for the type of construction.

35.1.6.2.3 Any level below the level of exit discharge shall be separated from the level of exit discharge by not less than Type II(111), Type III(211), or Type V(111) construction (see 8.2.1), unless both of the following criteria are met:

(1) Such levels are under the control of the assisted living community facility.

(2) Any hazardous spaces are protected in accordance with Section 8.7.

35.1.6.3 All buildings with more than one level below the level of exit discharge shall have all such lower levels separated from the level of exit discharge by not less than Type II(111) construction.

35.1.6.4 Interior nonbearing walls in buildings of Type I or Type II construction shall be constructed of noncombustible or limited-combustible materials, unless otherwise permitted by 20.1.6.4.

35.1.6.5 Any existing building of Type II(111), Type III(211), or Type V(111) construction shall be permitted however, occupants requiring assistance with evacuation from others shall be limited to occupancy on the first and second stories), unless one of the following criteria is met:

(1) A horizontal exit in combination with a smoke barrier is provided on the third and fourth floor; or,

(2) The building is protected throughout by an approved supervised automatic sprinkler system installed in accordance with 9.7.1.1(1), and provided with quick response or residential sprinklers throughout.

35.1.6.6 Interior nonbearing walls required to have a minimum 2-hour fire resistance rating shall be permitted to be fire-retardant-treated wood enclosed within noncombustible or limited-combustible materials, provided that such walls are not used as shaft enclosures.

35.1.6.7 Fire-retardant-treated wood that serves as supports for the installation of fixtures and equipment shall be permitted to be installed behind noncombustible or limited-combustible sheathing.

35.1.6.8 *Changes in Group Evacuation Capability. A change in evacuation capability to a slower level shall be permitted where the facility conforms to one of the following requirements:

(1) The requirements of Chapter 34 applicable to new assisted living community facilities.

(2) The requirements of Chapter 35 applicable to existing assisted living community facilities for the new evacuation capability, provided that the building is protected throughout by an approved, supervised automatic sprinkler system complying with 35.5 or an increase in staffing to achieve evacuation of all residents to a point of safety within 13 minutes.

35.1.6.9 Requirements Based on Evacuation Capability.

35.1.6.9.1 **Prompt and Slow.** Facilities classified as prompt or slow evacuation capability, other than those meeting the requirement of 35.1.6.9.1.1 or 35.1.6.9.1.2, shall comply with the requirements of Section 35, as indicated for the appropriate evacuation capability.

35.1.6.9.1.1 *Facilities where the authority having jurisdiction has determined equivalent safety is provided in accordance with Section 1.4 shall not be required to comply with the requirements of Section 35, as indicated for the appropriate evacuation capability.

35.1.6.9.1.2 Facilities that were previously approved as complying with 35.1.6.9.2 shall not be required to comply with the requirements of Section 35, as indicated for the appropriate evacuation capability.

35.1.6.9.2 **Impractical.** Facilities classified as impractical evacuation capability shall meet the requirements of Section 35 for impractical evacuation capability, or the requirements for limited care facilities in Chapter 19, unless the authority having jurisdiction has determined equivalent safety is provided in accordance with Section 1.4.

35.1.6.9.3 **Evacuation Capability Determination.**

35.1.6.9.3.1 Facility management shall furnish to the authority having jurisdiction, upon request, an evacuation capability determination using a procedure acceptable to the authority having jurisdiction.

35.1.6.9.3.2 Where the documentation required by 35.1.6.9.3.1 is not furnished, the evacuation capability shall be classified as impractical.

35.1.7 **Occupant Load.** The occupant load, in number of persons for whom means of egress and other provisions are required, shall be determined on the basis of the occupant load factors of Table 7.3.1.2 that are characteristic of the use of the space, or shall be determined as the maximum probable population of the space under consideration, whichever is greater.

35.2 **Means of Egress Requirements.**

35.2.1 **General.**

35.2.1.1 Means of egress from resident rooms and resident dwelling units to the outside of the building shall be in accordance with Chapter 7 and this chapter.

35.2.1.2 Means of escape within the resident room or resident dwelling unit shall comply with Section 24.2 for one- and two-family dwellings.

35.2.1.3 No means of escape or means of egress shall be considered as complying with the minimum criteria for acceptance, unless emergency evacuation drills are regularly conducted using that route in accordance with the requirements of 35.7.3.

35.2.1.4 No assisted living community occupancy shall have its sole means of egress or means of escape pass through any nonresidential or non-health care occupancy in the same building.

35.2.1.5 All means of egress from assisted living community occupancies that traverse non-assisted living community spaces shall conform to the requirements of this *Code* for assisted living community occupancies, unless otherwise permitted by 35.2.1.6.

35.2.1.6 Exit through a horizontal exit into other contiguous occupancies that does not conform to assisted living community egress provisions but do comply with requirements set forth in the appropriate occupancy chapter of this *Code* shall be permitted, provided that the occupancy does not contain high hazard contents.

35.2.1.7 Egress provisions for areas of assisted living community facilities that correspond to other occupancies shall meet the corresponding requirements of this *Code* for such occupancies, and, where the clinical needs of the residents necessitate the locking of means of egress, staff shall be present for the supervised release of occupants during all times of use.

35.2.2 **Means of Egress Components.**

35.2.2.1 **Components Permitted.** Components of means of egress shall be limited to the types described in 35.2.2.2 through 35.2.2.10.

35.2.2.2 **Doors.** Doors in means of egress shall meet all of the following criteria:

(1) Doors complying with 7.2.1 shall be permitted.

(2) Doors within individual rooms and suites of rooms shall be permitted to be swinging or sliding.

(3) No door in any means of egress, other than those meeting the requirement of 35.2.2.2.1 or 35.2.2.2.2, shall be equipped with a lock or latch that requires the use of a tool or key from the egress side.

35.2.2.2.1 Delayed-egress locks in accordance with 7.2.1.6.1 shall be permitted.

35.2.2.2.2 Access-controlled egress doors in accordance with 7.2.1.6.2 shall be permitted.

35.2.2.2.3 Doors that are located in the means of egress from individual resident bedrooms or private living units shall be permitted to have locks where the clinical needs of a resident require specialized protective security measures provided that staff can readily unlock doors at all times in accordance with 35.2.2.2.4.

35.2.2.2.4 Doors that are located in the means of egress and are permitted to be locked under other provisions of 35.2.2.2.3 shall comply with both of the following:

(1) Provisions shall be made for the rapid removal of occupants by means of one of the following:

(a) Remote control of locks from within the locked smoke compartment

(b) Keying of all locks to keys carried by staff at all times

(c) Other such reliable means available to the staff at all times

(2) Only one locking device shall be permitted on each door.

35.2.2.2.5 Doors located in the means of egress that are permitted to be locked under other provisions of Chapter 35, other than those meeting the requirement of 35.2.2.2.1 or 35.2.2.2.2, shall have adequate provisions made for the rapid removal of occupants by means such as remote control of locks, keying of all locks to keys carried by staff at all times, or other such reliable means available to staff at all times.

35.2.2.2.6 Only one such locking device, as described in 35.2.2.2.5, shall be permitted on each door.

35.2.2.3 **Stairs.** Stairs complying with 7.2.2 shall be permitted.

35.2.2.4 **Smokeproof Enclosures.** Smokeproof enclosures complying with 7.2.3 shall be permitted.

35.2.2.5 **Horizontal Exits.** Horizontal exits complying with 7.2.4 shall be permitted.

35.2.2.6 **Ramps.** Ramps complying with 7.2.5 shall be permitted.

35.2.2.7 **Exit Passageways.** Exit passageways complying with 7.2.6 shall be permitted.

35.2.2.8 **Fire Escape Ladders.** Fire escape ladders complying with 7.2.9 shall be permitted.

35.2.2.9 **Alternating Tread Devices.** Alternating tread devices complying with 7.2.11 shall be permitted.

35.2.2.10 **Areas of Refuge.** Areas of refuge complying with 7.2.12 shall be permitted.

35.2.3 **Capacity of Means of Egress.**

35.2.3.1 The capacity of means of egress shall be in accordance with Section 7.3.

35.2.3.2 Street floor exits shall be sufficient for the occupant load of the street floor plus the required capacity of stairs and ramps discharging onto the street floor.

35.2.3.3 The width of corridors serving an occupant load of 50 or more in facilities having prompt or slow evacuation capability, and all facilities having impractical evacuation capability, shall be sufficient for the occupant load served but shall be not less than 60 in. (1525 mm).

35.2.3.4 The width of corridors serving an occupant load of less than 50 in facilities having prompt or slow evacuation capability shall be not less than 44 in. (1120 mm).

35.2.4 Number of Means of Egress.

35.2.4.1 Means of egress shall comply with the following, except as otherwise permitted by 35.2.4.2:

(1) The number of means of egress shall be in accordance with 7.4.1.1 and 7.4.1.3 through 7.4.1.5.

(2) Not less than two separate exits shall be provided on every story.

(3) Not less than two separate exits shall be accessible from every part of every story.

35.2.4.2 Exit access, as required by 35.2.4.1(3), shall be permitted to include a single exit access path for the distances permitted as common paths of travel by 35.2.5.2 and 35.2.5.3.

35.2.5 Arrangement of Means of Egress.

35.2.5.1 **General.** Access to all required exits shall be in accordance with Section 7.5.

35.2.5.2 **Dead-end Corridors.** Dead-end corridors shall not exceed 35 ft. (15 m).

35.2.5.3 **Common Path.** Common paths of travel shall not exceed 110 ft. (35.5 m).

35.2.5.4 Reserved.

35.2.6 Travel Distance to Exits.

35.2.6.1 Travel distance from the door within a room, suite, or living unit to a corridor door shall not exceed 75 ft. (23 m) in buildings not protected throughout by an approved automatic sprinkler system in accordance with 35.3.5.

35.2.6.2 Travel distance from any point within a room, suite, or living unit to a corridor door shall not exceed 125 ft. (38 m) in buildings protected throughout by an approved automatic sprinkler system in accordance with 35.3.5.

35.2.6.3 Travel distance from the corridor door of any room to the nearest exit shall be in accordance with 35.2.6.3.1 or 35.2.6.3.2

35.2.6.3.1 Travel distance from the corridor door of any room to the nearest exit, measured in accordance with Section 7.6, shall not exceed 200 ft. (61 m).

35.2.6.3.2 Travel distance to exits shall not exceed 200 ft. (61 m) for exterior ways of exit access arranged in accordance with 7.5.3.

35.2.7 **Discharge from Exits.** Exit discharge shall comply with Section 7.7.

35.2.8 **Illumination of Means of Egress.** Means of egress shall be illuminated in accordance with Section 7.8.

35.2.9 **Emergency Lighting.** Emergency lighting in accordance with Section 7.9 shall be provided.

35.2.10 **Marking of Means of Egress.** Means of egress shall be marked in accordance with Section 7.10

35.2.11 **Special Means of Egress Features.**

35.2.11.1 **Reserved.**

35.2.11.2 **Lockups.** Lockups in residential assisted living community occupancies shall comply with the requirements of 23.4.5.

35.3 **Protection.**

35.3.1 **Protection of Vertical Openings.**

35.3.1.1 Vertical openings shall be enclosed or protected in accordance with Section 8.6.

35.3.1.2 Unenclosed vertical openings in accordance with 8.6.9.1 shall be permitted.

35.3.1.3 No floor below the level of exit discharge and used only for storage, heating equipment, or purposes other than residential occupancy shall have unprotected openings to floors used for residential occupancy.

35.3.2 **Protection from Hazards.**

35.3.2.1 Rooms containing high-pressure boilers, refrigerating machinery, transformers, or other service equipment subject to possible explosion shall not be located directly under or adjacent to exits, and such rooms shall be effectively separated from other parts of the building as specified in Section 8.7.

35.3.2.2 Hazardous areas, which shall include, but shall not be limited to, the following, shall be separated from other parts of the building by construction having a minimum 1-hour fire resistance rating, with communicating openings protected by approved self-closing fire doors and be equipped with automatic fire-extinguishing systems:

- (1) Boiler and heater rooms
- (2) Laundries
- (3) Repair shops
- (4) Rooms or spaces used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction

Exception to (1): Rooms enclosing air handling equipment, compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input. Such rooms shall not be used for any combustible storage. A minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes.

35.3.3 **Interior Finish.**

35.3.3.1 **General.** Interior finish shall be in accordance with Section 10.2.

35.3.3.2 **Interior Wall and Ceiling Finish.** Interior wall and ceiling finish materials complying with Section 10.2 shall be in accordance with the following:

- (1) Exit enclosures - Class A
- (2) Lobbies and corridors - Class B
- (3) Rooms and enclosed spaces - Class B

35.3.3.3 **Interior Floor Finish.**

35.3.3.3.1 Interior floor finish shall comply with Section 10.2.

35.3.3.3.2 Interior floor finish in exit enclosures and exit access corridors and spaces not separated from them by walls complying with 35.3.6 shall be not less than Class II.

35.3.3.3.3 Interior floor finish shall comply with 10.2.7.1 or 10.2.7.2, as applicable.

35.3.4 **Detection, Alarm, and Communications Systems.**

35.3.4.1 **General.** A fire alarm system shall be provided in accordance with Section 9.6.

35.3.4.2 **Initiation.** The required fire alarm system shall be initiated by each of the following:

(1) Manual means in accordance with 9.6.2.

(2) Manual fire alarm box located at a convenient central control point under continuous supervision of responsible employees.

(3) Required automatic sprinkler system.

(4) Required smoke and heat detection systems, other than sleeping room smoke alarms.

35.3.4.3 **Annunciator Panel.** An annunciator panel, connected to the fire alarm system, shall be provided at a location readily accessible from the primary point of entry for emergency response personnel.

35.3.4.4 **Notification**

35.3.4.4.1 **Occupant Notification.** Occupant notification shall be provided automatically, without delay, by internal audible alarm in accordance with 9.6.3.

35.3.4.4.2 **High-Rise Buildings.** High-rise buildings shall be provided with an approved emergency voice communication/alarm system in accordance with 11.8.4.

35.3.4.5 ***Emergency Forces Notification.**

35.3.4.5.1 Fire department notification shall be accomplished in accordance with 9.6.4.

35.3.4.5.2 Where the existing fire alarm system does not provide for automatic emergency forces notification in accordance with 9.6.4, provisions shall be made for the immediate notification of the public fire department by either telephone or other means, or, where there is no public fire department, notification shall be made to the private fire brigade.

35.3.4.5.3 Where a new fire alarm system is installed, or the existing fire alarm system is replaced, emergency forces notification shall be provided in accordance with 9.6.4.

35.3.4.6 **Detection.**

35.3.4.6.1 **Smoke Alarms.** Smoke alarms shall be provided in accordance with 35.3.4.6.1.1, 35.3.4.6.1.2, or 35.3.4.6.1.3.

35.3.4.6.1.1 Each sleeping room shall be provided with an approved smoke alarm in accordance with 9.6.2.10 that is powered from the building electrical system.

35.3.4.6.1.2 Existing battery-powered smoke alarms, rather than building electrical service-powered smoke alarms, shall be accepted where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and battery replacement programs ensure the reliability of power to the smoke alarms.

35.3.4.6.1.3 The provisions of 9.6.8.10.1 and 9.6.8.10.2.2 shall also apply.

35.3.4.7 **Smoke Detection Systems.**

35.3.4.7.1 All living areas, as defined in 3.3.22.5, and all corridors shall be provided with smoke detectors that comply with NFPA 72, *National Fire Alarm and Signaling Code*, and are arranged to initiate an alarm that is audible in all sleeping areas, as modified by 35.3.4.7.2.

35.3.4.7.2 Smoke detection systems shall not be required in unenclosed corridors, passageways, balconies, colonnades, or other arrangements with one or more sides along the long dimension fully or extensively open to the exterior at all times.

35.3.5 **Extinguishment Requirements.**

35.3.5.1 *General. Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be installed in accordance with Section 9.7, as modified by 35.3.5.1.1.

35.3.5.1.1 In buildings four or fewer stories above grade plane, systems in accordance with NFPA 13R, *Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height*, shall be permitted.

35.3.5.1.1.1 The exemptions found in NFPA 13R for the sprinkling all closets and bathrooms regardless of size or construction shall not be applicable to assisted living community occupancies under this chapter.

35.3.5.2 **Impractical Evacuation Capability.** All facilities having impractical evacuation capability shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1) (full NFPA 13 System) or increase staffing to achieve evacuation of all residents to a point of safety within 13 minutes.

35.3.5.3 **High-Rise Buildings.** All high-rise buildings shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 35.3.5. Such systems shall initiate the fire alarm system in accordance with Section 9.6.

35.3.5.4 Attics shall be protected in accordance with 35.3.5.4.1 or 35.3.5.4.2

35.3.5.4.1 Where an automatic sprinkler system is installed, attics or areas within attics used for living purposes, storage, or fuel-fired equipment shall be protected with automatic sprinklers that are part of the required, approved automatic sprinkler system in accordance with 9.7.1.1.

35.3.5.4.2 Where an automatic sprinkler system is installed, attics not used for living purposes, storage, or fuel-fired equipment shall meet one of the following criteria:

(1) Attics shall be protected throughout by a heat detection system arranged to activate the building fire alarm system in accordance with Section 9.6.

(2) Attics shall be protected with automatic sprinklers that are part of the required, approved automatic sprinkler system in accordance with 9.7.1.1.

35.3.5.5 **Supervision.** Automatic sprinkler systems shall be supervised in accordance with Section 9.7.

35.3.5.6 **Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in accordance with 9.9.

35.3.6 **Corridors and Separation of Sleeping Rooms.**

35.3.6.1 Access shall be provided from every resident use area to not less than one means of egress that is separated from all other rooms or spaces by walls complying with 35.3.6.1.1, 35.3.6.1.3 or 35.3.6.1.4.

35.3.6.1.1 Sleeping rooms shall be separated from corridors, living areas, kitchens and all other areas by walls having a minimum 1/2-hour fire resistance rating.

35.3.6.1.2 Prompt evacuation capability facilities in buildings two or fewer stories in height, where not less than one required means of egress from each sleeping room provides a path of travel to the outside without traversing any corridor or other spaces exposed to unprotected vertical openings, living areas, and kitchens, shall not be required to comply with 35.3.6.1.1.

35.3.6.1.3 Rooms or spaces, other than sleeping rooms and hazardous areas, shall be separated from corridors by smoke partitions in accordance with Section 8.4, and the provisions of 8.4.3.5 shall not apply.

35.3.6.2 Except for Hazardous areas, in buildings protected throughout by an approved automatic sprinkler system in accordance with 9.7.1.1(1), walls may be smoke partitions in accordance with Section 8.4, and the provisions of 8.4.3.5 shall not apply.

35.3.6.3 Hazardous areas shall be separated from corridors in accordance with 35.3.2.

35.3.6.4 Doors in walls required by 35.3.6.1 or 35.3.6.2 shall comply with 35.3.6.4.1 or 35.3.6.4.2.

35.3.6.4.1 Doors shall have a minimum 20-minute fire protection rating.

35.3.6.4.2 Solid-bonded wood-core doors of not less than 1 3/4 in. (44 mm) thickness shall be permitted to continue in use.

35.3.6.5 Doors in walls required by 35.3.6.1 and 35.3.6.2 shall comply with 35.3.6.5.1 and 35.3.6.6.

35.3.6.5.1 Door-closing devices shall not be required on doors in corridor wall openings, other than those serving exit enclosures, smoke barriers, enclosures of vertical openings, and hazardous areas.

35.3.6.6 No louvers, transfer grilles, operable transoms, or other air passages, other than properly installed heating and utility installations, shall penetrate the walls or doors specified in 34.3.6.

35.3.7 **Subdivision of Building Spaces.** The requirements of 35.3.7.1 through 35.3.7.6 shall be met for all sleeping floors, unless otherwise permitted by 35.3.7.7.

35.3.7.1 Every sleeping room floor shall be divided into not less than two smoke compartments of approximately the same size, with smoke barriers in accordance with Section 8.5, unless otherwise indicated in 35.3.7.4, 35.3.7.5, and 35.3.7.6

35.3.7.1.1 Smoke barriers shall not be required in buildings having prompt or slow evacuation capability where each sleeping room is provided with exterior ways of exit access arranged in accordance with 7.5.3.

35.3.7.2 Each smoke compartment shall have an area not exceeding 22,500 ft² (2100 m²).

35.3.7.3 The travel distance from any point to reach a door in the required smoke barrier shall be limited to a distance of 200 ft. (61 m).

35.3.7.3.1 Additional smoke barriers shall be provided such that the travel distance from a sleeping room corridor door to a smoke barrier shall not exceed 150 ft. (46 m).

35.3.7.4 Smoke barriers shall not be required on stories that do not contain an assisted living community occupancy located above the assisted living community occupancy.

35.3.7.5 Smoke barriers shall not be required in areas that do not contain an assisted living community occupancy and that are separated from the assisted living community occupancy by a fire barrier complying with Section 8.3.

35.3.7.6 Smoke barriers shall not be required on stories that do not contain an assisted living community occupancy and that are more than one story below the assisted living community occupancy.

35.3.7.7 Smoke barriers shall not be required in open parking structures protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1).

35.3.7.8 Smoke barriers shall be constructed in accordance with Section 8.5 and shall have a minimum 1-hour fire resistance rating, unless they meet the requirement of 35.3.7.9 or 35.3.7.10.

35.3.7.9 Where an atrium is used, smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with 8.6.7(1)(c), in which case not less than two separate smoke compartments shall be provided on each floor.

35.3.7.10 Dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems.

35.3.7.11 Not less than 15 net ft² (1.4 net m²) per resident shall be provided within the aggregate area of corridors, lounge or dining areas, and other low hazard areas on each side of the smoke barrier.

35.3.7.12 On stories not housing residents, not less than 6 net ft² (0.56 net m²) per occupant shall be provided on each side of the smoke barrier for the total number of occupants in adjoining compartments.

35.3.7.13 Doors in smoke barriers shall be substantial doors, such as 1 3/4 in. (44 mm) thick, solid-bonded wood-core doors, or shall be of construction that resists fire for a minimum of 20 minutes.

35.3.7.14 Nonrated factory- or field-applied protective plates extending not more than 48 in. (1220 mm) above the bottom of the door shall be permitted.

35.3.7.15 Cross-corridor openings in smoke barriers shall be protected by a pair of swinging doors or a horizontal-sliding door complying with 7.2.1.14.

35.3.7.16 Swinging doors shall be arranged so that each door swings in a direction opposite from the other.

35.3.7.17 Doors in smoke barriers shall comply with 8.5.4 and shall be self-closing or automatic-closing in accordance with 7.2.1.8.

35.3.7.18 Vision panels consisting of fire-rated glazing or wired glass panels in approved frames shall be provided in each cross-corridor swinging door and in each cross-corridor horizontal-sliding door in a smoke barrier.

35.3.7.19 Rabbits, bevels, or astragals shall be required at the meeting edges, and stops shall be required at the head and sides of door frames in smoke barriers.

35.3.7.20 Positive latching hardware shall not be required.

35.3.7.21 Center mullions shall be prohibited.

35.3.8 ***Cooking Facilities.** Cooking facilities, other than those within individual residential units, shall be protected in accordance with 9.2.3.

35.3.9 **Standpipes.**

35.3.9.1 **General.** Where required, standpipe and hose systems shall be installed and maintained in accordance with 9.10.

35.3.9.2 **In High-Rise Buildings.** Class I standpipe systems shall be installed throughout all high-rise buildings.

35.3.9.3 **Roof Outlets.** Roof outlets shall not be required on roofs having a slope of 3 in 12 or greater.

35.4 **Special Provisions.**

35.4.1 **High-Rise Buildings.** High-rise buildings shall comply with Section 11.8.

35.5 **Reserved.**

35.6 **Building Services.**

35.6.1 **Heating, Ventilating, and Air-Conditioning.**

35.6.1.1 Heating, ventilating, and air-conditioning equipment shall comply with Section 9.2.

35.6.1.2 No stove or combustion heater shall be located such that it blocks escape in case of fire caused by the malfunction of the stove or heater.

35.6.1.3 Unvented fuel-fired heaters shall not be used in any assisted living community occupancy.

35.6.3 Elevators, Dumbwaiters, and Vertical Conveyors. Elevators, dumbwaiters, and vertical conveyors shall comply with Section 9.4.

35.6.3.2 *In high-rise buildings, one elevator shall be provided with a protected power supply and shall be available for use by the fire department in case of emergency.

35.6.4 **Rubbish Chutes, Incinerators, and Laundry Chutes.** Rubbish chutes, incinerators, and laundry chutes shall comply with Section 9.5.

35.7 **Operating Features.**

35.7.1 Emergency Planning and Preparedness. Assisted living community facilities shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, resident training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner. The provisions of this Section 35.7 shall be incorporated into the plans, training and safety practices developed by the facility.

35.7.2 **Emergency Plan.**

35.7.2.1 The administration of every residential assisted living community facility shall have, in effect and available to all supervisory personnel, written copies of a plan for protecting all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary.

35.7.2.2 The emergency plan shall include special staff response, including the fire protection procedures needed to ensure the safety of any resident, and shall be amended or revised whenever any resident with unusual needs is admitted to the home.

35.7.2.3 All employees shall be periodically instructed and kept informed with respect to their duties and responsibilities under the plan, and such instruction shall be reviewed by the staff not less than every 2 months.

35.7.2.4 A copy of the plan shall be readily available at all times within the facility.

35.7.3 **Resident Training.**

35.7.3.1 All residents participating in the emergency plan shall be trained in the proper actions to be taken in the event of fire.

35.7.3.2 The training required by 35.7.3.1 shall include actions to be taken if the primary escape route is blocked.

35.7.3.3 If the resident is given rehabilitation or habilitation training, training in fire prevention and the actions to be taken in the event of a fire shall be a part of the training program.

35.7.3.4 Residents shall be trained to assist each other in case of fire to the extent that their physical and mental abilities permit them to do so without additional personal risk.

35.7.4 **Emergency Egress and Relocation Drills.** Emergency egress and relocation drills shall be conducted in accordance with 35.7.4.1 through 35.7.4.6.

35.7.4.1 Emergency egress and relocation drills shall be conducted not less than once per quarter on each shift at alternating times. It is intended that staff and residents be trained and drilled based on fire and other emergencies that may occur during the periods of lowest staffing levels. This may require more than one drill per quarter on shifts with the lowest staffing levels."

35.7.4.2 The emergency drills shall be permitted to be announced to the residents in advance.

35.7.4.3 The drills shall involve the training of residents for the eventual actual evacuation of all residents to an assembly point, as specified in the emergency plan, and shall provide residents with experience in egressing through all exits and means of escape required by this *Code*.

35.7.4.3.1. The assembly point shall be a place outside of the building and shall be located a safe distance from the building being evacuated so as to avoid interference with fire department operations. A refuge area within a smoke compartment in buildings separated by smoke barriers shall be considered a temporary assembly point as part of a staged evacuation.

35.7.4.3.2. Buildings with smoke compartments shall be allowed to train residents to temporarily escape in a staged evacuation to another smoke compartment separated by smoke barriers. Residents shall be allowed to complete the training exercise on the other side of an adjacent smoke barrier. Residents shall still be trained to eventually complete building evacuation during an actual emergency evacuation. Residents shall be required to participate in one emergency egress and relocation drill per year where they continue to an assembly point outside of the building.

35.7.4.3.3. Residents, as a group, shall be required to complete the evacuation drill to an exit or across a smoke barrier in less than 13 minutes or shall be required to change its group evacuation capability and comply with Section 35.1.8.

35.7.4.4 Exits and means of escape not used in any drill shall not be credited in meeting the requirements of this *Code* for assisted living community facilities.

35.7.4.5 Actual exiting from windows shall not be required to comply with 35.7.3; opening the window and signaling for help shall be an acceptable alternative.

35.7.4.6 If the assisted living community facility has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to actively participate in the drill.

35.7.5 **Smoking.**

35.7.5.1 *Smoking regulations shall be adopted by the administration of assisted living community occupancies.

35.7.5.2 Where smoking is permitted, noncombustible safety-type ashtrays or receptacles shall be provided in convenient locations.

35.7.6 *Furnishings, Mattresses, and Decorations.

35.7.6.1 New draperies, curtains, and other similar loosely hanging furnishings and decorations shall comply with 35.7.6.1.1 and 35.7.6.1.2.

35.7.6.1.1 New draperies, curtains, and other similar loosely hanging furnishings and decorations in assisted living community facilities shall be in accordance with the provisions of 10.3.1, unless otherwise permitted by 35.7.6.1.2.

35.7.6.1.2 In other than common areas, new draperies, curtains, and other similar loosely hanging furnishings and decorations shall not be required to comply with 35.7.6.1.1 where the building is protected throughout by an approved automatic sprinkler system installed in accordance with 35.3.6.

35.7.6.2 *New upholstered furniture within assisted living community facilities shall comply with 35.7.6.2.1 or 35.7.6.2.2.

35.7.6.2.1 New upholstered furniture shall be tested in accordance with the provisions of 10.3.2.1(1) and 10.3.3.

35.7.6.2.2 Upholstered furniture belonging to residents in sleeping rooms shall not be required to be tested, provided that a smoke alarm is installed in such rooms; battery-powered single-station smoke alarms shall be permitted in such rooms.

35.7.6.3 *Newly introduced mattresses within assisted living community facilities shall comply with 35.7.6.3.1 or 35.7.6.3.2.

35.7.6.3.1 Newly introduced mattresses shall be tested in accordance with the provisions of 10.3.2.2 and 10.3.4.

35.7.6.3.2 Mattresses belonging to residents in sleeping rooms shall not be required to be tested, provided that a smoke alarm is installed in such rooms; battery-powered single-station smoke alarms shall be permitted in such rooms.

35.7.7 **Staff.** Staff shall be on duty and in the facility at all times when residents requiring evacuation assistance are present.

35.7.8 **Inspection of Door Openings.** Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15."

(ff) Modification to Chapter 36:

1. Add a new subparagraph 36.3.2.1.3 to read as follows:

36.3.2.1.3 "Rooms enclosing air handling equipment, compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input shall not be subject to the provisions of 36.3.2.1. Such rooms shall not be used for any combustible storage. A minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

2. Add a new subparagraph 36.3.5.1.1. to read as follows:

36.3.5.1.1 "Individual tenant spaces located in covered mall buildings shall be provided with electrically supervised control valves. Such control valves shall be located off supply mains to control each individual tenant space.

36.3.5.1.1.1 Multiple tenant spaces shall be permitted to be controlled by one control valve provided the total area covered by the single valve does not exceed 7,500 square feet (696.8 sq. m)."

3. Delete subparagraph 36.4.5.6 in its entirety and substitute in its place the following:

36.4.5.6 **"Emergency Planning and Preparedness.** Bulk merchandising and mercantile occupancies (Group M) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

4. Delete subsections 36.7.1, 36.7.2, 36.7.3, and 36.7.4 in their entirety and substitute in their place the following:

36.7.1 **"Emergency Planning and Preparedness.** Mercantile occupancies (Group M) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner.

36.7.2 **Food Service Operations.** Food service operations shall comply with 12.7.2

36.7.3 **Upholstered Furniture and Mattresses.** The provisions of 10.3.2 of this *Code* and Section 805 of the *International Fire Code* shall not apply to upholstered furniture and mattresses in mercantile occupancies.

36.7.4 **Soiled Linen and Trash Receptacles.** The requirements of 10.3.9 of this *Code* for containers for rubbish, waste, or linen with a capacity of 20 gal (75.7 L) or more shall not apply."

(gg) Modification to Chapter 37:

1. Add a new subparagraph 37.3.2.1.3 to read as follows:

37.3.2.1.3 "The provisions of 37.3.2.1 shall not apply to rooms enclosing air handling equipment, compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input. Such rooms shall not be used for any combustible storage. A minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

2. Delete subsections 37.7.1, 37.7.2, 37.7.3, and 37.7.4 in their entirety and substitute in their place the following:

37.7.1 **"Emergency Planning and Preparedness.** Mercantile occupancies (Group M) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner.

37.7.2 **Food Service Operations.** Food service operations shall comply with 12.7.2

37.7.3 **Upholstered Furniture and Mattresses.** The provisions of 10.3.2 of this *Code* and Section 805 of the *International Fire Code* shall not apply to upholstered furniture and mattresses in mercantile occupancies.

37.7.4 **Soiled Linen and Trash Receptacles.** The requirements of 10.3.8 of this *Code* for containers for rubbish, waste, or linen with a capacity of 20 gal (75.7 L) or more shall not apply."

(hh) **Modification to Chapter 38:**

1. Delete subparagraph 3 8.2.2.2.6 in its entirety and substitute in its place the following:

38.2.2.2.6 "Delayed egress locks complying with 7.2.1.6.1 shall be permitted, provided, however, not more than one such device shall be permitted in the means of egress path involved."

2. Delete subparagraph 38.2.2.2.7 in its entirety and substitute in its place the following:

38.2.2.2.7 "Access-controlled egress doors complying with 7.2.1.6.2 shall be permitted. For elevator lobby exit access doors see 38.2.2.2.3 and 7.2.1.6.3 (14)."

3. Add a new subparagraph 38.3.2.1.1 to read as follows:

38.3.2.1.1 "The provisions of 38.3.2.1 shall not apply to rooms enclosing air handling equipment, compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input. Such rooms shall not be used for any combustible storage. A minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

4. Delete subsections 38.7.1, 38.7.2, 38.7.3, and 38.7.4 in their entirety and substitute in their place the following:

38.7.1 **"Emergency Planning and Preparedness.** Business occupancies (Group B) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner.

38.7.2 **Food Service Operations.** Food service operations shall comply with 12.7.2

38.7.3 **Upholstered Furniture and Mattresses.** The provisions of 10.3.2 of this *Code* and Section 805 of the *International Fire Code* shall not apply to upholstered furniture and mattresses in mercantile occupancies.

38.7.4 **Soiled Linen and Trash Receptacles.** The requirements of 10.3.8 of this *Code* for containers for rubbish, waste, or linen with a capacity of 20 gal (75.7 L) or more shall not apply."

(ii) **Modification to Chapter 39:**

1. Add a new subparagraph 39.3.2.1.1 to read as follows:

39.3.2.1.1 "The provisions of 39.3.2.1 shall not apply to rooms enclosing air handling equipment, compressor equipment, furnaces or other heating equipment with a total aggregate input rating less than 200,000 BTU input. Such rooms shall not be used for any combustible storage. A minimum of 30 inches (0.76 m) unobstructed access shall be provided and maintained to equipment and electrical or emergency control panels or devices for emergency response purposes."

2. Delete subsections 39.7.1, 39.7.2, 39.7.3, and 39.7.4 in their entirety and substitute in their place the following:

39.7.1 **"Emergency Planning and Preparedness.** Business occupancies (Group B) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner.

39.7.2 **Food Service Operations.** Food service operations shall comply with 12.7.2

39.7.3 **Upholstered Furniture and Mattresses.** The provisions of 10.3.2 of this *Code* and Section 805 of the *International Fire Code* shall not apply to upholstered furniture and mattresses in mercantile occupancies.

39.7.4 **Soiled Linen and Trash Receptacles.** The requirements of 10.3.8 of this *Code* for containers for rubbish, waste, or linen with a capacity of 20 gal (75.7 L) or more shall not apply."

(jj) **Modification to Chapter 40:**

1. Delete subsection 40.3.5 in its entirety and insert in its place the following: "40.3.5 Extinguishment Requirements.

40.3.5.1 **Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all industrial occupancies classified as Group F and/or Group H occupancies as in the *International Fire Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner, on each floor in accordance with 9.9 of this *Code*.

40.3.5.2 **Automatic fire suppression systems.** Automatic fire suppression systems shall be installed in industrial occupancies as required by the *International Building Code*, adopted by the Georgia Department of Community Affairs, with regard to construction type, area and height requirements, and other features as set forth in Table 1.4.4, **CODES REFERENCE GUIDE**. In addition, automatic fire suppression systems, and/or specialized automatic fire suppression systems, as required by the fire code authority having jurisdiction in accordance with the *International Fire Code* or other codes and standards adopted by the Georgia Safety Fire Commissioner, shall be installed and maintained in accordance with the provisions of the applicable codes and standards."

2. Delete subsections 40.7.1 in its entirety and substitute in its place the following:

40.7.1 **Upholstered Furniture and Mattresses.** The provisions of 10.3.2 of this *Code* and Section 805 of the *International Fire Code* shall not apply to upholstered furniture and mattresses in industrial occupancies.

3. Add new section 40.8 to read as follows: "40.8 Emergency Planning and Preparedness.

40.8.1 **Emergency Planning and Preparedness.** Industrial occupancies otherwise classified under Group F and/or Group H in the *International Fire Code*, shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.

40.8.2 **Employee Training and Response Procedures.** Employees in the occupancies listed in Section 404.2 of the *International Fire Code* as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner, shall be trained in the fire emergency procedures described in their fire evacuation and life safety plans. Training shall be based on these plans and as described in Section 404.3 of the noted *International Fire Code*."

(kk) **Modification to Chapter 42:**

1. Delete subsection 42.3.5 in its entirety and substitute in its place the following: "42.3.5 Extinguishment Requirements.

42.3.5.1 **Portable Fire Extinguishers.** Portable fire extinguishers shall be provided in all storage occupancies in accordance with 9.9.

42.3.5.2 **Automatic fire suppression systems.** Automatic fire suppression systems shall be installed in storage occupancies as required by the *International Building Code*, adopted by the Georgia Department of Community Affairs, with regard to construction type, area and height requirements, and other features as set forth in **Table 1.4.4, CODES REFERENCE GUIDE**. In addition, automatic fire suppression systems, and/or specialized automatic fire suppression systems, as required by the fire code authority having jurisdiction in accordance with the *International Fire Code* or other codes and standards adopted by the Georgia Safety Fire Commissioner, shall be installed and maintained in accordance with the provisions of the applicable codes and standards."

2. Delete subsections 42.9.1 in its entirety and substitute in its place the following:

42.9.1 **"Upholstered Furniture and Mattresses.** The provisions of 10.3.2 of this *Code* and Section 805 of the *International Fire Code* shall not apply to upholstered furniture and mattresses in storage occupancies.

3. Add a new section 42.10 to read as follows: "42.10 Emergency Planning and Preparedness.

42.10.1 **Emergency Planning and Preparedness.** Storage occupancies (Group S) and High Hazard occupancies (Group H) shall develop policies, procedures, plans, staff training, and safety practices for the protection of life prior to and during an emergency condition. Such policies, procedures, plans, staff training, and safety practices shall be developed and implemented in accordance with applicable provisions of Chapter 4 of the *International Fire Code*, as adopted by the Rules and Regulations of the Safety Fire Commissioner."

(ll) **Modifications to Chapter 43:**

1. Add a new subparagraph 43.1.4.5.1 to read as follows:

43.1.4.5.1 "The provisions of 43.1.4.5 shall specifically apply to compliance with the *International Fire Code (IFC)* and other codes and standards promulgated and adopted with modifications by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner. Accessibility issues shall be addressed in accordance with Chapter 120-3-20 of the Rules and Regulations of the Safety Fire Commissioner. Where any of the provisions of this *Code* chapter require compliance with a building code, it shall be construed that compliance is required as applicable with the *International Building Code (IBC)*, as adopted by the Georgia Board of Community Affairs. Also, refer to [120-3-3-.01](#), [120-3-3-.02](#), [120-3-3-.03](#), and [120-3-3-.04\(1\)](#) of Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner.

2. Add a new paragraph 43.7.2.6 to read as follows:

43.7.2.6 "The provisions of 43.7.2.4 and 43.7.2.5 shall be permitted to be modified by the authority having jurisdiction provided the intents and purposes of 102.3, 102.4, and 102.6 of the *International Fire Code (IFC)*, as adopted by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner are met."

3. Delete subsections 43.10.1 and 43.10.2 in their entirety and substitute in their place the following:

43.10.1 **"General Requirements.** Table 43.7.3 Hazard Categories and Classifications in 43.7.3 of this *Code* may be utilized as may be deemed appropriate by the authority having jurisdiction in the evaluation of historic buildings.

43.10.2 **Application.** The provisions of Chapter 43 shall be deemed as advisory and may be applied to buildings designated as historic to the degree deemed appropriate by the authority having jurisdiction, provided, however, the application of Chapter 43 and 43.10 provisions shall be coordinated as needed to ensure compliance with the requirements, intents, and purposes of 103.3, 102.4, and 102.6 of the *International Fire Code (IFC)* as adopted with modifications by Chapter 120-3-3 of the Rules and Regulations of the Safety Fire Commissioner are met."

(mm) **Modifications to Annex A:**

Add a new (4) to A.3.3.196.7 to read as follows:

(4) "Assisted Living Communities"

Delete (5) from A.3.3.196.12 in its entirety and substitute in its place the following:

(5) "Community Living Arrangements with five or more residents"

3. Delete (1) from A.3.3.196.13 in its entirety and substitute in its place the following:

(1) "One- and two-family dwellings and Community Living Arrangements with fewer than five residents (Chapter 24)"

4. Add a new (4) to A.6.1.5.1 to read as follows:

(4) "Assisted Living Communities"

5. Delete (5) from A.6.1.9.1 in its entirety and substitute in its place the following:"

(5) Community Living Arrangements with five or more residents"

(73) NFPA 101A, 2013 Edition, *Guide on Alternative Approaches to Life Safety*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new Section 1.4 to read as follows:

1.4 "This document is recognized strictly as a guide that may be used in evaluating systems or methods to determine equivalent compliance alternatives for buildings, structures and facilities which do not conform to the minimum requirements of the LSC adopted by this Chapter. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards including the *IFC* adopted by this Chapter."

(74) NFPA 102, 2016 Edition, *Standard for Grandstands, Folding and Telescopic Seating, Tents, and Membrane Structures*

Modifications:

1. The 2016 edition of NFPA 102 is **NOT** adopted. The basic provisions of this standard have been incorporated into the 2018 Edition of NFPA 101, *Life Safety Code* as adopted by this Chapter 120-3-3. The provisions of the adopted *Life Safety Code* shall apply, as appropriate, to new and existing bleachers, grandstands, folding and telescopic seating. The *Life Safety Code* in coordination with the applicable provisions of the adopted edition of the *International Fire Code* shall apply to tents and membrane structures.

2. The following apply to facilities constructed prior to the effective date of the current Chapter of 120-3-3 Rules and regulations of the Safety Fire Commissioner.

(a) Facilities constructed after April 1, 1968 but before January 1, 1991, shall be permitted to comply with the 1978 edition of NFPA 102, Standard for Grandstands, Folding, and Telescopic Seating, Tents, and Membrane Structures.

(b) Facilities constructed after January 1, 1991, but before January 28, 1993, shall be permitted to comply with the 1986 edition of NFPA 102, Standard for Grandstands, Folding, and Telescopic Seating, Tents, and Membrane Structures.

(c) Facilities constructed after January 28, 1993, but before March 09, 2010, shall be permitted to comply with the 1992 edition of NFPA 102, Standard for Grandstands, Folding, and Telescopic Seating, Tents, and Membrane Structures.

(d) Facilities constructed after March 09, 2010, but before January 1, 2014, shall be permitted to comply with the 2006 edition of NFPA 102, which had been previously adopted."

(75) NFPA 105, 2019 Edition, *Smoke Door Assemblies and Other Opening Protectives*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.6 to read as follows:

1.6 "This document is recognized strictly as a recommended practice that may be used in evaluating the use of door assemblies in openings where the passage of smoke is to be governed. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(76) NFPA 110, 2019 Edition, *Standard for Emergency and Standby Power Systems*

Modifications: None

(77) NFPA 111, 2019 Edition, *Standard on Stored Electrical Energy Emergency and Standby Power Systems*

Modifications: None

(78) NFPA 115, 2020 Edition, *Recommended Practice on Laser Fire Protection*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.3 to read as follows:

1.1.3 "This document is recognized strictly as a recommended practice that may be used in evaluating the minimum fire protection criteria for the design, manufacture, installation, and use of lasers and associated equipment. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(79) NFPA 120, 2015 Edition, *Standard for Coal Preparation Plants*

Modifications:

(a) Refer to Chapter 120-3-24, Rules and Regulations of the Safety Fire Commissioner for the application of this Standard and the adopted edition and any modifications.

(80) NFPA 122, 2015 Edition, *Standard for Fire Prevention and Control in Metal / Nonmetal Mining and Metal Mineral Processing facilities*

Modifications: None

(81) NFPA 130, 2017 Edition, *Standard for Fixed Guideway Transit and Passenger Rail Systems*

Modifications: None

(82) NFPA 140, 2018 Edition, *Standard for Motion Picture and Television Production Studio Soundstages and Approved Facilities*

Modifications: None

(83) NFPA 150, 2019 Edition, *Standard on Fire and Life Safety in Animal Housing Facilities*

Modifications: None

(84) NFPA 160, 2016 Edition, *Standard for Flame Effects Before an Audience*

Modifications: None

(85) NFPA 170, 2018 Edition, *Standard for Fire Safety Symbols*

Modifications: None

(86) NFPA 204, 2018 Edition, *Standard for Smoke and Heat Venting*

Modifications: None

(87) NFPA 211, 2019 Edition, *Standard for Chimneys, Fireplaces, Vents, and Solid Fuel Burning Appliances*

Modifications: None

(88) NFPA 214, 2016 Edition, *Standard on Water-Cooling Towers*

Modifications: None

(89) NFPA 220, 2018 Edition, *Standard on Types of Building Construction*

Modifications: None

(90) NFPA 221, 2018 Edition, *Standard for Fire Walls and Fire Barrier Walls*

Modifications: None

(91) NFPA 232, 2017 Edition, *Standard for the Protection of Records*

Modifications: None

(92) NFPA 241, 2019 Edition, *Standard for Safeguarding Construction, Alteration, and Demolition Operations*

Modifications: None

(93) NFPA 252, 2017 Edition, *Standard Methods of Fire Tests of Door Assemblies*

Modifications: None

(94) NFPA 253, 2019 Edition, *Standard Method of Test for Critical Radiant Flux of Floor Covering Systems Using a Radiant Heat Energy Source*

Modifications: None

(95) NFPA 257, 2017 Edition, *Standard on Fire Test for Window and Glass Block Assemblies*

Modifications: None

(96) NFPA 259, 2018 Edition, *Standard Test Method for Potential Heat of Building Materials*

Modifications: None

(97) NFPA 260, 2019 Edition, *Standard Methods of Tests and Classification System for Cigarette Ignition Resistance of Components of Upholstered Furniture*

Modifications: None

(98) NFPA 261, 2018 Edition, *Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes*

Modifications: None

(99) NFPA 262, 2019 Edition, *Standard Method of Test for Flame Travel and Smoke of Wires and Cables for Use in Air-Handling Spaces*

Modifications: None

(100) NFPA 265, 2019 Edition, *Standard Methods of Fire Tests for Evaluating Room Fire Growth Contribution of Textile Coverings on Full Height Panels and Walls*

Modifications: None

(101) NFPA 268, 2017 Edition, *Standard Test Method for Determining Ignitability of Exterior Wall Assemblies Using a Radiant Heat Energy Source*

Modifications: None

(102) NFPA 269, 2017 Edition, *Standard Test Method for Developing Toxic Potency Data for Use in Fire Hazard Modeling*

Modifications: None

(103) NFPA 270, 2018 Edition, *Standard Method of Test for Measurement of Smoke Obstruction Using a Conical Radiant Source in a Single Closed Chamber*

Modifications: None

(104) NFPA 274, 2018 Edition, *Standard Test Method to Evaluate Fire Performance Characteristics of Pipe Insulation*

Modifications: None

(105) NFPA 275, 2017 Edition, *Standard Test Method of Fire Tests for the Evaluation of Thermal Barriers Used Over Foam Plastic Insulation*

Modifications: None

(106) NFPA 276, 2019 Edition, *Standard Method of Fire Test for Determining the Heat Release Rate of Roofing Assemblies with Combustible Above-Deck Roofing Components*

Modifications: None

(107) NFPA 285, 2019 Edition, *Standard Method of Test for the Evaluation of Flammability Characteristics of Exterior Non-Load-Bearing Wall Assemblies Containing Combustible Components Using the Intermediate-Scale, Multistory Test Apparatus*

Modifications: None

(108) NFPA 286, 2019 Edition, *Standard Method of Fire Tests for Evaluating Contribution of Wall and Ceiling Interior Finish to Room Fire Growth*

Modifications: None

(109) **NFPA 287, 2017 Edition, *Standard Methods for Measurement of Flammability of Materials in Cleanrooms Using a Fire Propagation Apparatus (FPA)***

Modifications: None

(110) **NFPA 288, 2017 Edition, *Standard Methods of Fire Tests of Floor Fire Door Assemblies Installed Horizontally in Fire Resistance-Rated Floor Systems***

Modifications: None

(111) **NFPA 289, 2019 Edition, *Standard Method of Fire Test for Individual Fuel Packages***

Modifications: None

(112) **NFPA 291, 2018 Edition, *Recommended Practice for Fire Flow Testing and Marking of Hydrants***

Modifications:

1. Add a new subsection 1.1.1 to read as follows:

1.1.1 "This document is recognized strictly as a recommended practice that may be used in evaluating the design of facilities for the emergency venting of products of combustion. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(113) **NFPA 302, 2015 Edition, *Fire Protection Standard for Pleasure and Commercial Motor Craft***

Modifications: None

(114) **NFPA 303, 2016 Edition, *Fire Protection Standard for Marinas and Boatyards***

Modifications: None

(115) **NFPA 306, 2019 Edition, *Standard for the Control of Gas Hazards on Vessels***

Modifications: None

(116) **NFPA 307, 2016 Edition, *Standard for the Construction and Fire Protection of Marine Terminals, Piers, and Wharves***

Modifications: None

(117) **NFPA 312, 2016 Edition, *Standard for Fire Protection of Vessels During Construction, Repair, and Lay-Up***

Modifications: None

(118) **NFPA 318, 2018 Edition, *Standard for the Protection of Semiconductor Fabrication Facilities***

Modifications: None

(119) NFPA 326, 2020 Edition, *Standard for the Safeguarding of Tanks and Containers for Entry, Cleaning or Repair*

Modifications:

(a) Refer to Chapter 120-3-11, Rules of the Safety Fire Commissioner, for the adopted edition and any modifications.

(120) NFPA 329, 2020 Edition, *Recommended Practice for Handling Releases of Flammable and Combustible Liquids and Gases*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(121) NFPA 385, 2017 Edition, *Standard for Tank Vehicles for Flammable and Combustible Liquids*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for the adopted edition and any modifications.

(122) NFPA 400, 2019 Edition, *Hazardous Materials Code*

Modifications: None

(123) NFPA 407, 2017 Edition, *Standard for Aircraft Fuel Servicing*

Modifications:

(a) Refer to Chapter 120-3-11, Rules and Regulations of the Safety Fire Commissioner, for the adopted edition and any modifications.

(124) NFPA 408, 2017 Edition, *Standard for Aircraft Hand Portable Fire Extinguishers*

Modifications: None

(125) NFPA 409, 2016 Edition, *Standard on Aircraft Hangars*

Modifications: None

(126) NFPA 410, 2020 Edition, *Standard on Aircraft Maintenance*

Modifications: None

(127) NFPA 415, 2016 Edition, *Standard on Airport Terminal Buildings, Fueling Ramp Drainage, and Loading Walkways*

Modifications: None

(128) NFPA 418, 2016 Edition, *Standard for Heliports*

Modifications: None

(129) NFPA 423, 2016 Edition, *Standard for Construction and Protection of Aircraft Engine Test Facilities*

Modifications: None

(130) NFPA 424, 2018 Edition, *Guide for Airport / Community Emergency Planning*

Modifications:

1. Add a new subsection 1.1.1 to read as follows:

1.1.1 "This document is recognized strictly as a guide to provide information for the elements of an airport/community emergency plan. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(131) NFPA 484, 2019 Edition, *Standard for Combustible Metals*

Modifications:

(1) Refer to Chapter 120-3-24, Rules and Regulations of the Safety Fire Commissioner for the application of this standard and the adopted edition and any modifications.

(132) NFPA 495, 2018 Edition, *Explosive Materials Code*

Modifications:

(1) Refer to Chapter 120-3-24, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(133) NFPA 496, 2017 Edition, *Standard for Purged and Pressurized Enclosures for Electrical Equipment*

Modifications:

(1) Refer to Chapter 120-3-10, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(134) NFPA 497, 2017 Edition, *Recommended Practice for the Classification of Flammable Liquids, Gases, or Vapors and of Hazardous (Classified) Locations for Electrical Installations in Chemical Process Areas*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new paragraph 1.1.6 to read as follows:

1.1.6 "This document is recognized strictly as a recommended practice for locations where flammable gases or vapors, flammable liquids, or combustible liquids are processed or handled and where their release into the atmosphere may result in their ignition by electrical systems or equipment. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(135) NFPA 498, 2018 Edition, *Standard for Safe Havens and Interchange Lots for Vehicles Transporting Explosives*

Modifications:

(a) Refer to Chapter 120-3-10, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(136) NFPA 501A, 2017 Edition, *Standard for Fire Safety Criteria for Manufactured Home Installations, Sites, and Communities*

Modifications: None

(137) NFPA 502, 2017 Edition, *Standard for Road Tunnels, Bridges, and Other Limited Access Highways*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.5 to read as follows:

1.1.5 "This document is recognized strictly as a recommended practice for the evaluation of the design, construction, operation, maintenance, and fire protection of limited access highways, tunnels, bridges, elevated roadways, depressed roadways and air-right structures. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(138) NFPA 505, 2018 Edition, *Fire Safety Standard for Powered Industrial Trucks Including Type Designations, Areas of Use, Conversions, Maintenance, and Operations*

Modifications: None

(139) NFPA 520, 2016 Edition, *Standard on Subterranean Spaces*

Modifications: None

(140) NFPA 551, 2019 Edition, *Standard on Evaluation of Fire Risk Assessments*

Modifications: None

(141) NFPA 555, 2017 Edition, *Guide on Methods for Evaluating Potential for Room Flashover*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new paragraph 1.1.3 to read as follows:

1.1.3 "This document is recognized strictly a guide for evaluating the potential for room flashover from fire involving the contents, furnishings, and the interior finish of a room. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(142) NFPA 557, 2020 Edition, *Standard for Determination of Fire Loads for Use in Structural Fire Protection Design*

Modifications: None

(143) NFPA 600, 2015 Edition, *Standard on Industrial Fire Brigades*

Modifications:

(a)

Modifications to Chapter 1:

1. Delete subsection 1.1.3 in its entirety and substitute in its place the following:

1.1.3 "This document is recognized as a recommended practice for the establishment of the minimum requirements for organizing, operating, training and equipping industrial fire brigades. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(144) NFPA 652, 2019 Edition, *Standard on Fundamentals of Combustible Dust*

Modifications:

(a) Refer to Chapter 120-3-24, Rules and Regulations of the Safety Fire Commissioner for the application of this Standard and the adopted edition and any modifications.

(145) NFPA 654, 2017 Edition, *Standard for the Prevention of Fire and Dust Explosions from Manufacturing, Processing, and Handling of Combustible Particulate Solids*

Modifications:

(a) Refer to Chapter 120-3-24, Rules and Regulations of the Safety Fire Commissioner for the application of this Standard and the adopted edition and any modifications.

(146) NFPA 655, 2017 Edition, *Standard for Prevention of Sulfur Fires and Explosions*

Modifications:

(a) Refer to Chapter 120-3-24, Rules and Regulations of the Safety Fire Commissioner for the application of this Standard and the adopted edition and any modifications.

(147) NFPA 664, 2017 Edition, *Standard for the Prevention of Fires and Explosions in Wood Processing and Woodworking Facilities*

Modifications:

(a) Refer to Chapter 120-3-24, Rules and Regulations of the Safety Fire Commissioner for the application of this Standard and the adopted edition and any modifications if Standard industry code is specified in paragraph 1(b) of rule [120-3-24-.02](#). All other applications shall be as specified in the 2007 edition of this standard without modification.

(148) NFPA 701, 2019 Edition, *Standard Methods of Fire Tests for Flame Propagation of Textiles and Films*

Modifications: None

(149) NFPA 703, 2018 Edition, *Standard for Fire-Retardant-Treated Impregnated Wood and Fire-Retardant Coatings for Building Materials*

Modifications: None

(150) NFPA 704, 2017 Edition, *Standard System for the Identification of the Hazards of Materials for Emergency Response*

Modifications: None

(151) NFPA 705, 2018 Edition, *Recommended Practice for a Field Flame Test for Textiles and Films*

Modifications: None

(152) NFPA 715, 2023 Edition, *Standard for the Installation of Fuel Gases Detection and Warning Equipment*

Modifications: None

(153) NFPA 720, 2015 Edition, *Standard for the Installation of Carbon Monoxide (CO) Detection and Warning Equipment*

Modifications: None

(154) NFPA 750, 2019 Edition, *Standard on Water Mist Fire Protection Systems*

Modifications: None

(155) NFPA 780, 2020 Edition, *Standard for the Installation of Lighting Protection Systems*

Modifications: None

(156) NFPA 790, 2018 Edition, *Standard for Competency of Third Party Field Evaluation Bodies*

Modifications: None

(157) NFPA 791, 2018 Edition, *Recommended Practice and Procedures for Unlabeled Electrical Equipment Evaluation*

Modifications: None

(158) NFPA 801, 2014 Edition, *Standard for Fire Protection for Facilities Handling Radioactive Materials*

Modifications: None

(159) NFPA 804, 2015 Edition, *Standard for Fire Protection for Advanced Light Water Reactor Electric Generating Plants*

Modifications: None

(160) NFPA 805, 2015 Edition, *Performance-Based Standard for Fire Protection for Light Water Reactor Electric Generating Plants*

Modifications: None

(161) NFPA 806, 2015 Edition, *Performance-Based Standard for Fire Protection for Advanced Nuclear Reactor Electric Generating Plants Change Process*

Modifications: None

(162) NFPA 820, 2020 Edition, *Standard for Fire Protection in Wastewater Treatment and Collection Facilities*

Modifications: None

(163) NFPA 850, 2015 Edition, *Recommended Practice for Fire Protection for Electric Generating Plants and High Voltage Direct Current Converter Stations*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.1 to read as follows:

1.1.1 "This document is recognized strictly a recommended practice for fire prevention and fire protection for electric generating plants and high voltage direct current converter stations except as specified in 1.1. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(164) NFPA 851, 2010 Edition, *Recommended Practice for Fire Protection for Hydroelectric Generating Plants*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.1 to read as follows:

1.1.1 "This document is recognized strictly a recommended practice for fire prevention and fire protection for hydroelectric generating plants. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is not in the form of a stand-alone enforceable code or standard, however, it may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards."

(165) NFPA 853, *Standard for the Installation of Stationary Fuel Cell Power Systems*, 2020 Edition

(a) Modifications to Chapter 1:

1. Add new subsection 1.1.3 to read as follows:

1.1.3 Where the requirements of this standard are in conflict with the International Building Code as adopted by the Georgia Department of Community Affairs or the International Fire Code as adopted and modified by this Chapter, the most restrictive requirements shall apply unless otherwise approved by the State Fire Marshal.

(166) NFPA 855, *Standard for Installation for Stationary Energy Storage Systems*, 2020 Edition

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.1 to read as follows:

1.1.1 Where the requirements of this standard are in conflict with the International Building Code as adopted by the Georgia Department of Community Affairs or the International Fire Code as adopted and modified by this Chapter, the most restrictive requirements shall apply unless otherwise approved by the State Fire Marshal.

(167) NFPA 909, 2017 Edition, *Code for the Protection of Cultural Resource Properties - Museums, Libraries, and Places of Worship*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.5 to read as follows:

1.1.5 "This document is recognized strictly as a recommended practice for fire prevention and fire protection for various cultural resources. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is in the form of a stand-alone enforceable code or standard, however, it is not adopted as a minimum state code or standard. It may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards, or it may be adopted and enforced by a local jurisdiction under local ordinance."

(b) Modification to Chapter 3:

1. Delete the definition 3.3.25 for Fire Hazard and substitute in its place the following:

3.3.25 " "Fire Hazard" means for the intents and purposes of this *Code*, an activity, circumstance, condition, situation, combination of materials, material process, use or improper use of heat sources, or that on the basis of applicable documentation, data, or information sources deemed reliable by the authority having jurisdiction, can cause an unwanted fire, a fire out of control, an explosion, or a related condition, such as panic from a fear of smoke, fire, or explosion, that the authority having jurisdiction determines to be a risk to persons, to property, or to the health, safety, and or welfare of the jurisdiction."

(168) NFPA 914, 2019 Edition, *Code for Fire Protection of Historic Structures*

Modifications:

(a) Modifications to Chapter 1:

1. Add a new subsection 1.1.3 to read as follows:

1.1.3 "This document is recognized strictly as a recommended practice for fire prevention and fire protection of historic structures. Recommendations may be based on the document where deemed appropriate by the authority having jurisdiction. The document is in the form of a stand-alone enforceable code or standard, however, it is not adopted as a minimum state code or standard. It may be used in conjunction with and in the support of applicable provisions of other adopted codes or standards, or it may be adopted and enforced by a local jurisdiction under local ordinance."

(b) Modifications to Chapter 3:

1. Delete the definition 3.3.30 for Fire Hazard and substitute in its place the following:

3.3.30 " "Fire Hazard" means for the intents and purposes of this *Code*, an activity, circumstance, condition, situation, combination of materials, material process, use or improper use of heat sources, or that on the basis of applicable documentation, data, or information sources deemed reliable by the authority having jurisdiction, can cause an unwanted fire, a fire out of control, an explosion, or a related condition, such as panic from a fear of smoke, fire, or explosion, that the authority having jurisdiction determines to be a risk to persons, to property, or to the health, safety, and or welfare of the jurisdiction."

(169) NFPA 1122, 2018 Edition, *Code for Model Rocketry*

Modifications:

(a) Refer to Chapter 120-3-22, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(170) NFPA 1123, 2018 Edition, *Code for Fireworks Display*

Modifications:

(a) Refer to Chapter 120-3-22, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(171) NFPA 1124, *Code for the Manufacture, Transportation, Storage and Retail Sales of Fireworks and Pyrotechnic Articles*

Modifications:

(a) Refer to Chapter 120-3-22, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(172) NFPA 1125, 2017 Edition, *Code for the Manufacture of Model Rocket and High Power Rocket Motors*

Modifications:

(a) Refer to Chapter 120-3-22, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(173) NFPA 1126, 2016 Edition, *Standard for the Use of Pyrotechnics before a Proximate Audience*

Modifications:

(a) Refer to Chapter 120-3-22, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(174) NFPA 1127, 2018 Edition, *Code for High-Power Rocketry*

Modifications:

(a) Refer to Chapter 120-3-22, Rules and Regulations of the Safety Fire Commissioner, for adopted edition and any modifications.

(175) NFPA 1142, 2017 Edition, *Standard on Water Supplies for Suburban and Rural Fire Fighting*

Modifications: None

(176) NFPA 1225 Standard for Emergency Services Communications

(a) Modifications to Chapter 1

(1) Add a new subsection 1.3.1 to read as follows:

1.3.1 Chapters 1 through 3 and Chapter 18 shall be the standard for In-Building Emergency Responder Communications Enhancement Systems.

2. Add a new section 1.6 Enforcement Requirement:

1.6 Enforcement Requirement

Except for 1.3.1 it is intended that this standard shall be administered and enforced by the authority having jurisdiction designated by the local governing authority.

(b) Modifications to Chapter 2

1. Add a new subsection 2.2.1 to read as follows:

2.2.1 Refer to the Rules and Regulations of the Safety Fire Commissioner Chapter 120-3-3 for the NFPA publication editions that apply to Chapter 18.

(c) Modifications to Chapter 18

1. Add a new paragraph 18.2.1.1 to read as follows:

18.2.1.1 Where buildings or facilities fall under the jurisdiction of the Georgia Safety Fire Commissioner as set forth in the Official Code of Georgia Annotated (O.C.G.A.), Title 25, Chapter 2, and for State owned facilities and State occupied facilities that are not provided with a facility fire department, it is intended that the provisions of chapter 18 and subsection 20.3.10 and subparagraph 20.3.10.1 be administered by the local Fire Chief and/or Fire Code Official responsible for providing fire or other emergency response to the buildings or facilities and the frequency license holder(s).

2. Delete subsection 18.8.3 in its entirety and replace with a new subsection 18.8.3 to read as follows:

18.8.3 Critical areas, including fire command centers complying with Section 508 of the International Fire Code as adopted in the Rules and Regulations of the Safety Fire Commissioner Chapter 120-3-3, fire pump rooms, exit stairs, exit passageways, elevators, elevator lobbies, standpipe cabinets, sprinkler sectional valve locations, and other areas deemed critical by the AHJ, shall be provided with 99 percent floor area radio coverage.

(177) NFPA 1221, 2019 Edition, *Standard for the Installation, Maintenance, and Use of Emergency Services Communications Systems*

Modifications: None

(178) NFPA 1961, 2013 Edition, *Standard on Fire Hose*

Modifications: None

(179) NFPA 1962, 2018 Edition, *Standard for the Inspection, Care, and Use of Fire Hose, Couplings, and Nozzles and the Service Testing of Fire Hose*

Modifications: None

(180) NFPA 1963, 2019 Edition, *Standard for Fire Hose Connections*

Modifications: None

(181) NFPA 2001, 2018 Edition, *Standard on Clean Agent Fire Extinguishing Systems*

Modifications:

(a) Modification to Chapter 8:

1. Delete subsection 8.1.2 in its entirety and substitute in its place the following:

8.1.2 "All persons who could be expected to inspect, test, or maintain, fire extinguishing systems shall be licensed and/or permitted in accordance with Chapter 12 of Title 25 of the Official Code of Georgia Annotated and thoroughly trained and kept thoroughly trained in the functions they are expected to perform."

2. Delete subsection 8.4 in its entirety and substitute in its place the following:

8.4 "At least annually, all systems shall be thoroughly inspected and tested for proper operation by personnel qualified in the installation and testing of clean agent extinguishing systems and licensed and/or permitted in accordance with Chapter 12 of Title 25 of the Official Code of Georgia Annotated. Discharge tests shall not be required."

(182) **NFPA 2010, 2015 Edition, Fixed Aerosol Fire Extinguishing Systems**

Modifications: None

(183) **International Wildland-Urban Interface Code (IWUIC), 2012 Edition**

Modifications:

(a) **Modifications to Chapter 1:**

1. Delete section 101.1 in its entirety and substitute in its place the following:

101.1 "**Title.** The *International Fire Code*, 2012 edition, published by the *International Code Council*, shall be known as a *Georgia State Wildland-Urban Interface Code*, hereafter referred to as "this *Code*"."

2. Delete section 101.2 in its entirety and substitute in its place the following:

101.2 "**Scope.** The provisions of this *Code* shall apply to the construction, alteration, movement, repair, maintenance and use of any building, structure or premises within the wildland-urban interface areas designated by local jurisdictions by ordinance." (Note: See sample Ordinance on page xi of this *Code* for application and designated fire area.)

Buildings or conditions in existence at the time of the adoption of this *Code* are allowed to have their use or occupancy continued, if such condition, use or occupancy was legal at the time of the adoption of this *Code*, provided such continued use does not constitute a distinct danger to life or property.

Buildings or structures moved into or within the jurisdiction shall comply with the provisions of this *Code* for new buildings or structures.

101.2.1 **Appendices.** Provisions in the appendices shall not apply unless specifically adopted by local ordinance."

Cite as Ga. Comp. R. & Regs. R. 120-3-3-.04

AUTHORITY: O.C.G.A. § [25-2-4](#).

HISTORY: Original Rule entitled "Notes" adopted. F. Feb. 8, 1979; eff. Mar. 1, 1979, as specified by the Agency.

Repealed: New Rule entitled "Request for Modification of Specific Requirements" adopted. F. Nov. 10, 1980; eff. Nov. 30, 1980.

Amended: F. July 7, 1983; eff. August 1, 1983, as specified by the Agency.

Repealed: New Rule entitled "Fire Safety Information to Be furnished in Hotels, Motels, Apartments and Dormitories" adopted. F. Sept. 30, 1987; eff. Nov. 1, 1987, as specified by the Agency.

Repealed: New Rule of same title adopted. F. Dec. 3, 1990; eff. Jan. 1, 1991, as specified by the Agency.

Amended: F. Jan. 8, 1993; eff. Jan. 28, 1993.

Amended: F. July 9, 1998; eff. July 29, 1998.

Amended: F. Dec. 21, 1999; eff. Jan. 10, 2000.

Amended: ER. [120-3-3-0.1-.04](#) entitled "State Minimum Fire Safety Standards With Modifications" adopted. F. and eff. May 14, 2003, the date of adoption.

Amended: Permanent Rule of same title adopted. F. Aug. 21, 2003; eff. Sept. 10, 2003.

Repealed: New Rule of same title adopted. F. Jan. 12, 2007; eff. Feb. 1, 2007.

Repealed: New Rule of same title adopted. F. Feb. 17, 2010; eff. Mar. 9, 2010.

Repealed: New Rule of same title adopted. F. Jan. 10, 2014; eff. Jan. 30, 2014.

Amended: F. Dec. 12, 2014; eff. Jan. 1, 2015.

Amended: F. Dec. 28, 2017; eff. Jan. 1, 2018, as specified by the Agency.

Amended: F. Dec. 13, 2019; eff. Jan. 1, 2020, as specified by the Agency.

Amended: F. Jan. 13, 2022; eff. Jan. 1, 2022, as specified by the Agency.

Amended: F. June 10, 2022; eff. July 1, 2022, as specified by the Agency.

Note: Correction of non-substantive typographical errors in amendment filed June 10, 2022 (i.e., deleted extra space after quotation marks and hyphens, corrected "O.O.G.A." to "O.C.G.A," and " [120-3-3.03](#)" to " [120-3-3-.03](#)"), as requested by Agency. Effective August 12, 2022.

Amended: F. Aug. 31, 2022; eff. Sep. 1, 2022, as specified by the Agency.

Amended: F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

**Department 120. OFFICE OF COMMISSIONER OF INSURANCE,
SAFETY FIRE COMMISSIONER AND INDUSTRIAL LOAN
COMMISSIONER**

Chapter 120-3. RULES OF SAFETY FIRE COMMISSIONER

**Subject 120-3-25. RULES AND REGULATIONS FOR ESCALATORS
AND ELEVATORS**

120-3-25-.15 Existing Installation (General)

(1) These are the minimum requirements for regular maintenance and safety practices for existing elevators as provided for in the Safety Act and Rules. All existing features or components of the elevator shall comply with the Rules as adopted by the Commissioner.

(2) All existing elevators having a travel of more than 25' 0" shall have "Fire Emergency Service" complying with ASME A17.1 1987 Edition as a minimum.

(3) A permanent decal or metal tag shall be affixed to the lift equipment, in the machine room, control space, machine space, pits, hoistway required to be tested by ASME A17.1, Section 8.6 of the Standard. This decal or tag shall be affixed to the affected equipment when new installations, alterations, or periodic tests are conducted, as required by the Standard. This decal or tag must indicate the date of the test, and the name of the person or firm which performed the test and type of test performed. A decal will not be acceptable when the Standard requires a metal tag. At the time of new installation, alteration, or periodic tests, additional data shall be provided to the building owner or his representative. This document shall include the date of the test, the name of the person or firm conducting the tests and all pertinent data relating to the test.

(4) Mass transit equipment shall have a routine and a periodic inspection as defined by ASME A17.1 latest adopted edition, as modified by O.C.G.A. Section [8-2-102](#).

(5) Existing Hydraulic Elevators are exempted from the requirements of Rule 8.6.5.8 for five (5) years. Elevators shall have all work required for compliance with ASME A17.3, Section 4.3.3 completed within five (5) years of the effective date of this regulation. Failure to complete work within the required time period will result in the elevator being removed from service until such work is completed, unless the cylinder is replaced.

(6) Existing escalators shall meet the Performance Step Indexing requirements of ASME A17.3, Rule 5.1.11 within two (2) years of the effective date of this Rule revision.

(7) State Elevator Inspectors are not required to meet 8.11, QEI-1 requirements.

(8) Existing passenger elevators shall meet the Restricted Opening of Hoistway Doors or Car Doors as required by ASME A17.3, Rule 2.7.5 within two (2) years of the effective date of this Rule revision.

(9) All existing automatic passenger and freight elevators shall comply with ASME A17.3 Section 3.10.12 within three (3) years of the effective date of this rule.

(10) All elevators shall have emergency key access at all landings that is no greater in height than the applicable code requires.

(11) The data plates required under (d) Section 8.9, Code Data Plate in A17.3 of the latest edition adopted shall follow the requirements of the modifications to 8.9.2 Code Data Plate: "The data plate shall be in plain view,

securely attached to each mainline disconnect or controller. It shall also be permitted to locate the data plate in the controller as long as it is in plain view with the controller door open."

Cite as Ga. Comp. R. & Regs. R. 120-3-25-.15

AUTHORITY: O.C.G.A. § [8-2-104](#).

HISTORY: Original Rule entitled "Existing Installations (Special Purpose Personnel Elevators, Including Wheelchair Lifts)" adopted. F. Sep. 4, 2013; eff. Sept. 24, 2013.

Repealed: New Rule of same title adopted. F. Dec. 12, 2014; eff. Jan. 1, 2015.

Repealed: New Rule entitled "Existing Installation (General)" adopted. F. Dec. 4, 2020; eff. Dec. 29, 2020, as specified by the Agency.

Amended: F. Jan. 13, 2022; eff. Jan. 1, 2022, as specified by the Agency.

Amended: F. June 10, 2022; eff. July 1, 2022, as specified by the Agency.

Amended: F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

120-3-25-.20 New Installation (General)

(1) The following sections outline the minimum requirements, regular maintenance and approved safety practices for elevators as provided for in the Georgia Laws Regulating Elevators. All Existing features or components of the elevators shall comply with this law and the rules proposed by the Board and adopted by the Commissioner.

(2) Certified Inspectors shall use the latest adopted edition of the ASME A17.2 inspector's manual with such revision, amendments, and interpretation.

(3) All new elevators machine rooms shall not have sprinklers in these rooms if they are separated from the building with a minimum of a two hour fire separation and have smoke detectors in accordance with NFPA. If these rooms do not have the two hour minimum fire separation they shall have sprinkler protection conforming to the requirements NFPA and shall be provided with means to automatically disconnect the main power supply to the affected elevator prior to the application of water as required by ASME A17.1, unless prohibited by the building code as covered in Section 3007 or 3008. The machine room door shall swing outward from the machine room. Elevator machine rooms must have conditioned air (heated and cooled) to maintain a temperature range between 55 and 90 degrees Fahrenheit, with a maximum relative humidity of 85%.

(4) Elevator machine rooms and machinery spaces shall be enclosed with fire barriers constructed in accordance with Section 707 or horizontal assemblies constructed in accordance with Section 711, or both. The fire-resistance rating shall be not less than two hours. Openings in the fire barriers shall be protected with assemblies having a fire protection rating not less than that required for the hoistway enclosure doors. Exceptions:

1. Where machine rooms and machinery spaces do not meet the required fire resistance rating, they shall require sprinklers and shunt trip breaker in accordance with NFPA 72.

(5) All machine rooms, machinery spaces, control rooms, control spaces, and elevator electrical spaces must meet electrical clearances as set in NFPA 70 with the room/spaces access doors closed. This will include all machine rooms, machinery spaces, control rooms, control spaces, and elevator electrical spaces that have fused elevator and cab light disconnects.

(6) All residential elevators will be required to have a machine room, control room, machinery space, or control space with proper electrical clearance as set in NFPA 70 with the door in the closed position with the exception of machine room less elevators that have all equipment located in the hoistway. When the controller is installed outside

the hoistway it shall meet the requirements of ASME A17.1 Section 5.3.1.6.2 and NFPA 70, Article 620.71(a), along with all required electrical clearances.

(7) All new elevators shall have a Fireman Emergency Keybox. The keybox is to be a minimum 5.375" wide by 9" high by 2" deep. Front cover shall be hinged on the right side. Lock and key shall be uniform with Lock and Key, Catalogue #25460 or equivalent. Box may either be flush or recessed mounted. Front cover shall be engraved with 1/4" high letters and shall read in capitals "FIRE DEPARTMENT USE ONLY." Engraving shall be filled with color which will be readily conspicuous. Location of key-box shall be at each bank of elevators in the lobby normally used as a place of entrance to the building. As a minimum, the keybox shall contain the key to the elevator machine room, the elevator hoistway access key, and necessary keys to operate Fireman's Emergency Return System. The key shall be available to Group 1, Group 2 and Group 3 levels of security. This keybox shall be located within sight of the elevator(s) with all required keys at the designated level of Phase I recall.

(8) All new elevators shall be prohibited from providing side emergency exits as detailed in ASME A17.1 Rule 2.14.1.10 provided the elevators are in full compliance with paragraphs (10) and (11) below.

(9) All new elevators shall have the means in the elevator controller for a qualified elevator mechanic to electrically move a stalled elevator to the nearest landing. Key pads or control boxes used for this function shall be permanently installed.

(10) All elevators shall have emergency key access at all landings that is no greater in height than the applicable code requires.

(11) Other Devices - Gravity elevators, hand elevators, incline elevators, multideck elevators, observation elevators, moving walks, material lifts and dumbwaiters with automatic transfer devices and screw column elevators shall meet the requirements of the Codes, as references by these rules.

(12) Reserved for future use.

(13) All new escalators installed after January 1, 2002, shall comply with the latest adopted edition of ASME A17.1.

(14) All variance requests from the law, rules or standards on new, altered or modernized elevator, escalator, dumbwaiter, material lift, manlift, moving walk, wheelchair lift, or stairway chairlift shall be reviewed by the Elevator Advisory Board Members and recommendations given to the Safety Inspection Section. These variance requests shall be submitted to Board Members by Safety Inspection staff for email ballot within three (3) days from the date received. Board Members shall return their votes to approve or disapprove within ten (10) days. The majority of the returned votes are to be considered the recommendation of the Board.

(15) Reserved for future use.

(16) ASME A17.1, Section 5.3 shall be modified to read as follows:

5.3.1.8.3 Clearance Between Doors or Gates and Landing Sills and Car Doors or Gates. The clearance between the hoistway doors or gates and the hoistway edge of the landing sill shall not exceed 19 mm (3/4 in.). The distance between the hoistway face of the landing door or gate shall not exceed 75 mm (3 in.).

(17) 8.9.2 Location: The data plate shall be in plain view, securely attached to each mainline disconnect or controller. It shall also be permitted to locate the data plate in the controller as long as it is in plain view with the controller door open (as modified).

Cite as Ga. Comp. R. & Regs. R. 120-3-25-.20

AUTHORITY: O.C.G.A. § [8-2-104](#).

HISTORY: Original Rule entitled "New Installation - Wheelchair Lift" adopted. F. Sep. 4, 2013; eff. Sept. 24, 2013.

Repealed: New Rule entitled "New Installation - Platform Lifts (Wheelchair Lift) and Stairway Chairlifts" adopted. F. Dec. 12, 2014; eff. Jan. 1, 2015.

Repealed: New Rule entitled "New Installation (General)" adopted. F. Dec. 4, 2020; eff. Dec. 29, 2020, as specified by the Agency.

Amended: F. Jan. 13, 2022; eff. Jan. 1, 2022, as specified by the Agency.

Amended: F. June 10, 2022; eff. July 1, 2022, as specified by the Agency.

Amended: F. Feb. 1, 2023; eff. Feb. 1, 2023, as specified by the Agency.

Department 160. RULES OF GEORGIA DEPARTMENT OF EDUCATION

Chapter 160-4.

Subject 160-4-2. DIVISION OF GENERAL INSTRUCTION

160-4-2-.34 Dual Enrollment

(1) DEFINITIONS

(a) **Commission** - the Georgia Student Finance Commission created by O.C.G.A. § [20-3-233](#).

(b) **Dual Credit Course** - a postsecondary course, including a virtual course, taken by an eligible high school student pursuant to an arrangement at or through an eligible postsecondary institution for which the student receives secondary credit from his or her eligible high school.

(c) **Eligible core course** - a course in English, math, science, social studies, or a foreign language upon which the Commission calculates grade point averages for HOPE scholarship eligibility pursuant to O.C.G.A. § [20-2-157\(b\)](#)(3.1) and which is included in the eligible course list.

(d) **Eligible course list** - a list of courses maintained by the Commission which identifies courses approved for funding authorized by O.C.G.A. § [20-2-161.3](#) and shall include eligible core courses and eligible Career, Technology, and Agricultural Education (CTAE) courses.

(e) **Eligible CTAE course** - all career, technical, and agricultural education courses which are aligned with the Georgia Department of Education's Career Clusters and Pathways programs and which are included in the eligible course list.

(f) **Eligible dual credit course** - a dual credit course which is included in the eligible course list and which is eligible for payment, with state funds, under these Programs subject to the following maximum credit hour caps:

1. Eligible high school students with 18 or fewer semester hours, or the equivalent amount of quarter hours, of dual credit courses funded by O.C.G.A. § [20-2-161.3](#) on or before June 30, 2020, shall be limited to a total of 30 semester hours, or the equivalent amount of quarter hours, of eligible dual credit courses; and

2. Eligible high school students with 19 or more semester hours, or the equivalent amount of quarter hours, of dual credit courses funded by O.C.G.A. § [20-2-161.3](#) on or before June 30, 2020, shall be limited to 12 additional semester hours, or the equivalent amount of quarter hours, of eligible dual credit courses.

(g) **Eligible High School** - any private or public secondary educational institution located within the State of Georgia and any home study program operated pursuant to O.C.G.A. § [20-2-690](#).

(h) **Eligible High School Student** - a student who is:

1. Entering or enrolled in eleventh or twelfth grade at an eligible high school taking any eligible dual credit course at any eligible postsecondary institution; or

2. Entering or enrolled in tenth grade at an eligible high school when such student:

(i) Is enrolled in an eligible CTAE course at an institution within the Technical College System of Georgia;

(ii) Has obtained prior to the beginning of the term of dual enrollment coursework an SAT or ACT test score that would meet the assessment requirements of a Zell Miller Scholar pursuant to O.C.G.A. § [20-3-519\(27\)\(A\)\(i\)](#) and is taking eligible core courses at any eligible postsecondary institution; or

(iii) Was enrolled as a ninth grader in one or more dual credit courses at an eligible postsecondary institution for which payment was made pursuant to O.C.G.A. § [20-2-161.3](#) on or before June 30, 2020.

(i) **Eligible Postsecondary Institution** - any eligible postsecondary institution as defined in O.C.G.A. § [20-3-519\(7\)](#).

(j) **Georgia Department of Education** - the state agency charged with the fiscal and administrative management of certain aspects of K-12 public education, including the implementation of federal and state mandates. Such management is subject to supervision and oversight by the State Board of Education.

(k) **Programs** - the arrangement authorized by O.C.G.A. §§ [20-2-161.3](#) and [20-2-149.2](#), also referred throughout this rule as Dual Enrollment Requirements for the Traditional High School Diploma and Dual Enrollment Requirements for the Accelerated Career Diploma respectively, whereby an eligible high school student takes one or more dual credit courses, including self-pay dual credit courses, with the goal of completing postsecondary credit and high school diploma requirements.

(l) **Self-Pay Dual Credit Course** - a postsecondary course, including a virtual course, taken by an eligible high school student pursuant to an arrangement at or through an eligible postsecondary institution for which, beginning with the 2021-2022 school year, the student receives secondary credit from his or her eligible high school and which is not funded using state funds.

(m) **Secondary Credit** - a high school credit for dual credit courses taken at or through an eligible postsecondary institution under the Programs.

(2) REQUIREMENTS

(a) An eligible high school student may apply to an eligible postsecondary institution to take one or more dual credit courses or self-pay dual credit courses at or through that postsecondary institution which are approved for secondary credit pursuant to O.C.G.A. § [20-2-161.3\(f\)](#). If accepted at an eligible postsecondary institution, such eligible high school student may take any such approved dual credit course or self-pay dual credit course at or through that postsecondary institution, whether or not the course is taught during the regular eligible high school day and receive secondary credit therefor under the conditions provided in O.C.G.A. § [20-2-161.3](#).

(b) No later than the first day of February each year, each eligible high school shall provide information about the Programs, which shall include forms provided by the Georgia Department of Education, to all its eligible high school students. An eligible high school shall also provide counseling services to such students and their parents or guardians before the students enroll in the Programs. Prior to participating in the program, the student and the student's parent or guardian shall sign the form provided by the eligible high school or by an eligible postsecondary institution stating that they have received the counseling specified in this subsection and that they understand the responsibilities that shall be assumed in participating in the Programs.

1. Information and materials regarding the Programs shall be provided to each eighth grade public school student at the time the student is developing his or her individual graduation plan as required by O.C.G.A. § [20-2-327](#).

(c) In order to participate in the Programs, each eligible high school shall be required to execute a participation agreement as prescribed by the Commission.

(d) A participating eligible high school shall grant secondary credit to an eligible high school student enrolled in a dual credit course or self-pay dual credit course in an eligible postsecondary institution if such student successfully completes such course. The secondary credit granted shall be for a comparable required course; career, technical, and agricultural education course; or elective course. Upon completion of an eligible postsecondary institution's dual credit course or self-pay dual credit course, the eligible high school student shall be responsible for requesting that

the eligible postsecondary institution notify such student's eligible high school regarding his or her grade in such course.

1. Secondary credits granted for eligible postsecondary institution dual credit or self-pay dual credit courses as provided in (2)(d) shall be counted by the eligible high school toward graduation requirements and subject area requirements of the eligible high school. Evidence of successful completion of each dual credit or self-pay dual credit course and secondary credits granted shall be included in the eligible high school student's secondary school records and transcripts.

2. Grades earned at an eligible postsecondary institution shall be included on the high school transcript and shall be used, by the eligible high school, to compute a student's grade point average.

3. Secondary credits granted at an eligible postsecondary institution shall be converted and transcribed on the eligible high school student's transcript.

(i) Eligible postsecondary institution semester hour credit shall be converted to secondary credit as follows:

(I) 1 to 2 semester hours = .5 secondary credit

(II) 3 or more semester hours = 1 secondary credit

(III) 1 to 3 quarter hour credits = .5 secondary credit

(IV) 4 or more quarter hour credits = 1 secondary credit.

(e) A participating eligible high school shall be required to award a high school diploma to any eligible high school student who is enrolled at or through an eligible postsecondary institution under the Programs as long as the credit earned at or through such postsecondary institution satisfies course requirements needed for the eligible high school student to complete high school graduation.

(f) Dual Enrollment Requirements for the Traditional High School Diploma

1. An eligible high school student shall meet the following requirements, pursuant to O.C.G.A. § [20-2-161.3](#), in order to be awarded a high school diploma:

(i) Receives a score of admission acceptable on the readiness assessment required by the eligible postsecondary institution.

(ii) Earns a secondary credit in State Board identified high school courses that culminate in a state administered end-of-course assessment in each of the following subject areas: English/language arts, Mathematics, Science and Social Studies. Eligible high school students must participate in the appropriate end-of-course assessment.

(I) However, State Board of Education Rule [160-3-1-.07](#) TESTING PROGRAMS - STUDENT ASSESSMENT (2)(j)1 establishes certain exemptions from end-of-course assessments.

(iii) Earns one secondary credit in health and physical education.

(iv) Completes approved postsecondary courses that satisfy high school graduation requirements.

(v) Earns the requisite credits required by State Board of Education Rule [160-4-2-.48](#) High School Graduation Requirements for Students Enrolling in the Ninth Grade for the First Time in the 2008-09 School Year and Subsequent Years.

(g) Dual Enrollment Requirements for the Accelerated Career Diploma

1. An eligible high school student shall meet the following requirements, pursuant to O.C.G.A. § [20-2-149.2](#), in order to be awarded a high school diploma:

(i) Receives a score of admission acceptable on the readiness assessment required by the eligible postsecondary institution.

(ii) Earns two secondary credits in state required ninth and tenth grade level high school courses or their equivalent: two English courses, two mathematics courses, two science courses, and two social studies courses; and any state required tests associated with any such course.

(I) Students pursuing a high school diploma according to the provisions of (2)(g) of this rule must successfully complete and pass the following courses and participate in the specified end-of-course assessments: Algebra I or Coordinate Algebra, American Literature and Composition, and Biology.

(II) Students entering the 9th grade in the 2022-2023 school year and beyond who pursue a high school diploma according to the provisions of (2)(g) of this rule must also successfully complete and pass both American Government and Personal Finance & Economics.

(iii) Earns one secondary credit in health and physical education.

(iv) Completes one of the following postsecondary requirements:

(I) An associate degree program; or

(II) A technical college diploma program and all postsecondary academic education and technical education and training prerequisites for any state, national, or industry occupational certifications or licenses required to work in the field; or

(III) At least two technical college certificate of credit programs in one specific career pathway and all postsecondary academic education and technical education and training prerequisites for any state, national, or industry occupational certifications or licenses required to work in the field as determined by the Technical College System of Georgia.

(v) A student who meets the requirements of sections (2)(g)1. (i) through (iv) shall be deemed to have met all graduation requirements of the State Board of Education and shall not be subject to any courses or assessments otherwise required for purposes of graduation.

(h) No local school system that receives funding under the Quality Basic Education Act shall exclude eligible high school students taking one or more dual credit courses pursuant to this Code section from eligibility determinations for valedictorian and salutatorian of a participating eligible high school; provided, however, that this shall not apply to a student who moves into the local school system after tenth grade and has not taken any courses on site at the participating eligible high school.

Cite as Ga. Comp. R. & Regs. R. 160-4-2-.34

AUTHORITY: O.C.G.A. §§ [20-2-149.2](#), [20-2-161.3](#).

HISTORY: Original Rule entitled "Postsecondary Options" adopted. F. May 20, 1993; eff. June 9, 1993.

Amended: F. Aug. 21, 1995; eff. Sept. 10, 1995.

Repealed: New Rule of same title adopted. F. Jul. 13, 1999; eff. Aug. 2, 1999.

Repealed: New Rule entitled "Dual and Joint Enrollment Programs" adopted. F. Apr. 20, 2005; eff. May 10, 2005.

Repealed: New Rule entitled "Dual Enrollment" adopted. F. Jan. 14, 2010; eff. Feb. 3, 2010.

Repealed: New Rule entitled "Dual Enrollment - Move On When Ready" adopted. F. July 14, 2016; eff. August 3, 2016.

Amended: F. Nov. 3, 2016; eff. Nov. 23, 2016.

Amended: F. Aug. 24, 2017; eff. Sept. 13, 2017.

Amended: New title "Dual Enrollment." F. June 13, 2019; eff. July 3, 2019.

Note: Correction of non-substantive typographical error in paragraph (1)(e), "**Eligible Postsecondary Institution** - any eligible postsecondary institution as defined in. paragraph (7) of O.C.G.A § [20-3-519](#)." corrected to "**Eligible Postsecondary Institution** - any eligible postsecondary institution as defined in paragraph (7) of O.C.G.A § [20-3-519](#).", as requested by the Agency. Effective July 29, 2019.

Amended: F. Mar. 25, 2021; eff. Apr. 14, 2021.

Amended: F. June 16, 2022; eff. July 6, 2022.

Amended: F. Feb. 16, 2023; eff. Mar. 8, 2023.

Department 160. RULES OF GEORGIA DEPARTMENT OF EDUCATION

Chapter 160-4.

Subject 160-4-4. INSTRUCTIONAL MEDIA/RESOURCES

160-4-4.10 Instructional Materials Selection and Recommendation

(1) DEFINITIONS.

(a) **Agreement** - the document that states a publisher is in compliance with certain specifications and conditions.

(b) **Georgia Learning Resources Guide (state guide)** - those learning resources that have been state-recommended.

(c) **Learning Resources** - instructional materials and content to include but not limited to systematically designed material in any medium, including digital instructional materials and content and any computer hardware, software, and technical equipment necessary to support such instructional materials and content that constitute the principal source of study for a state funded course to be used in the various grades in the public schools of this state, including the elementary grades and high school grades. Learning resources include textbooks, ebooks, software, online materials and programs and specialized formats, i.e., Braille, audio, digital, DVDs, large print or other versions. Instructional resources shall also include any materials previously defined by the State Board as "textbook/instructional materials". The Board does not intend any change in this rule to have any effect on current or past textbook contracts.

(d) **Learning Resources Recommendation Cycle And Process (recommendation cycle)** - the period of time when state recommendation takes place for each program area in all state-funded courses as specified in Rule [160-4-2-.20](#) State-Funded K-8 Subjects and 9-12 Courses for Students Entering Ninth Grade in 2008 and Subsequent Years. In each year of the cycle, state recommendation activities and events take place for a different group of state-funded courses which results in state recommendation and a state guide. These activities and events are contingent upon budget funding.

(e) **State Learning Resources Advisory Committee (state committee)** - individuals recommended by the State Board of Education and the state superintendent of schools and approved by the State Board of Education to examine learning resources and to make recommendations.

(f) **State Learning Resources recommendation (state recommendation)** - the action, taken by the State Board of Education on recommendation from the state committee, that identifies those learning resources that are recommended to local school systems.

(2) REQUIREMENTS FOR LOCAL SCHOOL SYSTEMS.

(a) Each local school system shall update annually and have on file in the superintendent's office an implementation plan for the adoption of learning resources which is based upon but not limited to the most recent state recommendation for the given subject area(s).

(3) INSTRUCTIONAL MATERIALS AND CONTENT.

(a) As used in Code Section [20-2-1017](#), the term "locally approved instructional materials and content" means instructional materials and content, as defined by the State Board of Education pursuant to Code Section [20-2-1010](#), which constitute the principal source of study for a state funded course, not including supplementary or ancillary material, which is adopted by a local board of education or used by a local school system. Supplementary or

ancillary material includes, but is not limited to, articles, online simulations, worksheets, novels, biographies, speeches, videos, music, and similar resources in any medium, including both physical or digital.

(b) Each local board of education shall establish a review and recommendation process for any locally approved instructional materials and content that are adopted or used by the local school system. Such process shall include notice to parents and guardians by the most practical means, which may be accomplished in the same manner as other notices to parents and guardians, and the opportunity for public comment and parental input prior to the adoption or use of any proposed instructional materials and content. As part of such process, the local board of education shall post in a prominent location on its website, and make available for review in print form upon request, a list of proposed instructional materials and content for public review, including the version or edition number, if applicable; the state funded course number for which the instructional resource will be used, if applicable; and the identification number, in accordance with any guidelines established by the State Board of Education.

(c) (1) Each local board of education shall make all proposed and locally approved instructional materials and content used by the local school system available for review on site upon request. Each local board of education shall make any supplementary or ancillary material used by the local school system at a school available for review upon request by any parent of a student in the school or who will be matriculating to such school. The local board of education may specify reasonable hours for review.

(2) Each local board of education shall designate at least one employee to serve as the contact person for any inquiries related to or requests for review of locally approved instructional materials and content and supplementary or ancillary material and to coordinate its efforts to comply with and carry out its responsibilities under this Code section.

(d) In addition, each local school system and each school which maintains a website shall post in a prominent location on such website a list of the locally approved instructional materials and content that are used by such school system or school. For each locally approved instructional resource, such list shall include the version or edition number, if applicable; the state funded course number for which the instructional resource will be used, if applicable; and the identification number, in accordance with any guidelines established by the State Board of Education.

(4) MINIMUM REQUIREMENTS FOR PUBLISHERS.

(a) Publishers shall adhere to the terms and conditions set forth in the current year's Georgia Learning Resources Recommendation Agreement.

(b) Publishers shall annually submit required forms to the Department by established deadlines. These forms are available from the Department.

(c) Publishers shall deliver learning resources submitted for review and possible recommendation to specific evaluation sites on dates set by the Department.

(d) Publishers shall guarantee that any non-consumable student learning resource or any electronic medium submitted for recommendation shall withstand normal use during the specified recommendation cycle and shall also agree to replace immediately, at no cost to the ordering school system, any such items that do not stand up to normal use.

(e) Publishers shall guarantee the timely delivery of learning resources to school systems.

(f) Publishers shall sell learning resources to local school systems at the lowest price offered to any state or school district in the United States during the period of the recommendation. Publishers shall also guarantee that prices submitted as part of the agreement shall be the fixed maximum costs for those materials over the period of the recommendation agreement. Publishers shall automatically reduce the price of said learning resources to the State Board of Education and/or any Georgia school system to the extent that reductions are made elsewhere in the United States.

(g) Publishers shall furnish to each local school system purchasing the recommended learning resources those items that are free of charge, such as on teacher's edition for each teacher using classroom sets of the recommended ordered learning resources. If a publisher makes any additional learning resources available at no charge to one school system, it shall make the same learning resources available at no charge to all other school systems purchasing the recommended learning resources.

(h) Publishers, publishing agents or any group or individual with a vested interest in the learning resources being evaluated are prohibited from contacting a state committee member for the purpose of influencing the evaluation of learning resources by the committee. In the event that such contact is identified, the state committee is authorized to present a recommendation to the State Board of Education that may result in the removal of submitted learning resources of the publisher from recommendation consideration.

(i) Appeals regarding decision made by the Learning Resources Advisory Committee or the Georgia Department of Education shall be made in writing to the state superintendent of schools within 10 working days of the date of written notification to the publisher of the committee's recommendations. The appeal shall specify the decision being appealed. The state superintendent shall submit the appeal for resolution to the State Board of Education.

1. Prior to making its decision, the State Board of Education may either require submission of additional information from the Learning Resources Advisory Committee or the party submitting the appeal, or it may require reconsideration of the recommendation(s) by the Learning Resources Advisory Committee.

(j) Any publisher desiring to request a waiver of any requirement shall follow procedures established in Rule [160-1-3-.02](#) Suspension of Rules and Laws (Waiver).

Cite as Ga. Comp. R. & Regs. R. 160-4-4-.10

AUTHORITY: O.C.G.A. §§ [20-2-133](#), [20-2-168\(b\)](#), [20-2-1010](#), [20-2-1011](#), [20-2-1012](#), [20-2-103](#), [20-2-1014](#), [20-2-1015](#), [20-2-1017](#).

HISTORY: Original Rule entitled "Textbook Selection and Adoption" adopted. F. Dec. 14, 1990; eff. Jan. 3, 1991.

Amended: F. Apr. 24, 1991; eff. May 13, 1991.

Amended: ER. [160-4-4-0.7-.10](#) adopted. F. and eff. Feb. 9, 1995, the date of adoption.

Amended: Permanent Rule adopted. F. Apr. 17, 1995; eff. May 7, 1995.

Amended: F. July 19, 1996; eff. August 8, 1996.

Amended: F. Dec. 9, 1997; eff. Dec. 29, 1997.

Amended: Rule retitled "Textbook/Instructional Materials Selection and Recommendation". F. Sept. 12, 2002; eff. Oct. 2, 2002.

Repealed: New Rule entitled "Learning Resources Selection and Recommendation" adopted. F. Feb. 8, 2007; eff. Feb. 28, 2007.

Amended: F. Jan. 21, 2011; eff. Feb. 10, 2011.

Amended: New title "Instructional Materials Selection and Recommendation." F. Aug. 18, 2016; eff. Sept. 7, 2016.

Note: Correction of recently discovered non-substantive typographical errors as requested by the Board, in subparagraphs (2)(a) and (4)(h), "... *leaning resources*." corrected to "... *learning resources*.", as originally promulgated and adopted. Effective February 16, 2023.

Department 160. RULES OF GEORGIA DEPARTMENT OF EDUCATION

Chapter 160-5.

Subject 160-5-6. SCHOOL NUTRITION PROGRAM

160-5-6-.01 Statewide School Nutrition Program

(1) DEFINITIONS.

(a) **Certified Food Safety Manager** - a school nutrition employee who holds a food safety certificate from an accredited program as defined in the Georgia Rules and Regulations for Food Service Chapter 511-6-1.

(b) **Certified School Nutrition Program Director** - an individual who holds a school nutrition director service certificate issued by the Georgia Professional Standards Commission (PSC) and meets the requirements of director as specified in State Board of Education (SBOE) Rule [160-5-1-.22](#) Personnel Required.

(c) **Classified School Nutrition Employee** - an individual who meets the following conditions:

1. Is employed in a school or school district;
2. Works more than 20 hours per week; and
3. Completes the state required Orientation for Nutrition Employees (O.N.E.) course within the first full school year of employment.

(d) **Classified School Nutrition Manager** - an individual who meets the requirements of the Classified School Nutrition Employee and meets one of the following conditions:

1. **Manager Trainee** - holds a minimum of a high-school diploma or state approved high school equivalency (HSE) and meets one of the following conditions:

(i) if hired after July 1, 2022, must complete the Manager and Culinary Pathway courses for Managers within five (5) years of date of hire; or

(ii) if hired prior to July 1, 2022, must have completed a combination of the state-approved pathway courses for Managers and the core Training in Depth (TID) coursework within 5 years;

2. **Manager I** - holds a minimum of a high school diploma or HSE and has completed the Manager and Culinary Pathway courses for Managers or has previously completed the previous core TID coursework;

3. **Manager II** - holds an associate or more advanced degree; and has completed the Manager and Culinary Pathway courses for Managers or has completed the previous core TID coursework; or

4. **Manager/Supervisor** - was employed as Manager/Supervisor prior to July 1, 2015, or meets one of the following conditions:

(i) holds an associate degree in a specific major (food and nutrition, food service management, dietetics, family and consumer sciences, nutrition education, culinary arts, business, or a related field) with two years of relevant school nutrition programs experience, or

(ii) holds a bachelor's degree in any academic major with two years of relevant school nutrition programs experience, or

(iii) holds a bachelor's degree with any academic major and a school nutrition director service certificate issued by the PSC, or

(iv) holds a bachelor's degree with an academic major in food and nutrition, food service management, dietetics, family and consumer sciences, nutrition education, culinary arts, business, or a related field.

All Manager/Supervisors hired after July 1, 2022 must complete the Manager and Culinary Pathway courses within five (5) years of date of hire and meet the requirements of director as specified in paragraph (2)(a)(5)(ii) of SBOE Rule [160-5-1-.22](#) Personnel Required.

(e) **Competitive Foods** - foods defined by Title 7 of the Code of Federal Regulations (CFR) in Sections 210.11 and 220.12 as any food item that is sold to children other than foods sold or served as part of the National School Lunch (NSLP) and Breakfast (NSBP) Programs on the school campus during the school day or Smart Snacks, as defined by USDA regulations.

(f) **Core TID Courses** - Courses authorized by state law and SBOE rule for Classified School Nutrition Managers hired prior to July 1, 2022 and constituting the 150 credit hours that must be earned within the first five years employed as a Classified School Nutrition Manager. As of July 1, 2022, the Georgia Department of Education (GaDOE) has replaced the Core TID Courses with the Manager Pathway and Culinary Pathway courses.

(g) **Georgia Professional Standards Commission (PSC)** - the state agency created by O.C.G.A. § [20-2-983](#) and authorized to assume full responsibility for the certification, preparation, and conduct of certified, licensed, or permitted personnel employed in Georgia.

(h) **Local Board of Education (LBOE)** - a county or independent board of education exercising control and management of a local school system pursuant to Article VIII, Section V, Paragraph II of the Georgia Constitution.

(i) **Manager Pathway and Culinary Pathway Courses** - a series of online, self-paced courses focused on the key knowledge and skills required to operate a school nutrition program. As of July 1, 2022, GaDOE has replaced the Core TID Courses with the Manager Pathway and Culinary Pathway courses.

(j) **Primary responsibilities related to meal accountability functions** - prepayment and collection of cash and counting meals at point-of-service except in kindergarten and special entities, including, but not limited to, special education, alternative schools, in-school suspension, and special events; counting cash for deposit; final and official approval and verification of free and reduced-price meal applications; oversight of the process for assuring accuracy and completeness of related regulatory functions; and maintenance of an official master list of eligible students.

(k) **School Campus** - all areas of the property under the jurisdiction of the school that are accessible to students during the school day.

(l) **School Day** - the period from 12:00 a.m. until 30 minutes after the official end of the school day.

(m) **School Food (SFA)** - the governing body that is responsible for the administration of one or more schools and has the legal authority to operate the program therein or be otherwise approved by the USDA Food and Nutrition Service (FNS) to operate the program.

(n) **School nutrition program personnel** - those program personnel whose job responsibility relates to the planning, purchasing, preparing, service, accounting required by the program and whose wages are eligible for payment from school nutrition program funds.

(o) **Smart Snacks** - science-based nutrition standards for snack foods and beverages sold to children at school during the school day.

(p) **State-approved nutrition program** - a federal lunch program which operates in every school and is available to every enrolled student in attendance during the period of 10 a.m. to 2 p.m. and a breakfast program as required by O.C.G.A. § [20-2-66](#), including notification in the dominant languages to parents and students of the availability of the school breakfast program in all participating schools.

(q) **State performance standard** - the standard used to allot state school lunch appropriations that prescribes a minimum of 85 lunches to be produced during eight hours of work by a full-time equivalent school nutrition position.

(2) **REQUIREMENTS.**

(a) Each SFA shall through policy or administrative procedure maximize student participation and quality meals in the school nutrition program by providing the following:

1. Participation by all schools in a state-approved nutrition program.

2. A policy regarding the sale of competitive foods which includes the following, at a minimum:

(i) Adherence to Public Law 11 - 296, The Healthy, Hunger-free Kids Act of 2010 regarding exempt fundraisers; and

(ii) Prohibitions from the sale of foods that do not meet the federal criteria during the school day and on the school campus.

3. A job-related training program for school nutrition program personnel that when implemented:

(i) Adheres to the federal and state rules regarding professional standards for local school nutrition personnel.

(ii) Makes in-service training available to program personnel annually, based on local needs and consistent with requirements of SBOE Rule [160-3-3-.04](#) Professional Learning.

(iii) Requires all new employees to complete within the first full school year of employment O.N.E. training or a GaDOE-approved local alternate.

4. Requires each food service facility to have at least one school nutrition employee on site to be certified as a food safety manager, designated for that one site, who has successfully completed a state-approved food safety training program and passed a professionally validated Certified Food Safety Manager (CFSM) examination that is accredited by the Conference for Food Protection or other accrediting agency as conforming to national standards for organizations that certify individuals.

5. Assignment of primary responsibilities related to meal accountability functions to school nutrition personnel.

6. In base-size school systems, system-level supervisory school nutrition personnel employed in addition to those required by paragraph (2)(a)(5) of SBOE Rule [160-5-1-.22](#) Personnel Required and assigned to manage or supervise or train multiple school sites shall minimally meet requirements of a classified school nutrition manager/supervisor or school nutrition program director trainee.

7. A locally established salary schedule and number of full-time equivalent positions which meet or exceed the minimum state performance standard.

Cite as Ga. Comp. R. & Regs. R. 160-5-6-.01

AUTHORITY: O.C.G.A. §§ [20-2-66](#), [20-2-187](#).

HISTORY: Original Rule entitled "Statewide School Nutrition Program" adopted. F. Sept. 27, 1990; eff. Oct. 17, 1990.

Amended: F. May 21, 1997; eff. June 10, 1997.

Amended: F. Feb. 15, 2002; eff. Mar. 7, 2002.

Amended: F. Jul. 21, 2012; eff. Aug. 10, 2011.

Amended: F. Aug. 21, 2014; eff. Sept. 10, 2014.

Amended: F. July 17, 2015; eff. August 6, 2015.

Amended: F. Feb. 16, 2023; eff. Mar. 8, 2023.

Department 240. GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS

Chapter 240-13. SCHOOL REQUIREMENTS

240-13-.04 School and Instructor Requirements for Student Records

Requirements for student records and transcripts shall be as follows:

- a) Each school shall have a curriculum guide and lesson plan used by each instructor for each course taught. Such curriculum guides and lesson plans that encompasses but not limited to the curriculum established by the board for each modality, shall be made available to the Georgia State Board of Cosmetology and Barbers for inspection at all times.
- b) Student attendance records, grades, test scores, and all records relating to online and distance learning for the theory portion of the curriculum shall be maintained on school premises by the school as part of the permanent record for each student for a period of five (5) years.
- c) A weekly work sheet signed by the student and the instructor either in ink or by electronic signature shall be kept for each student indicating the number of hours of training in each subject. This work sheet shall be sub-totaled monthly and shall be subject to review by the Georgia State Board of Cosmetology and Barbers at any time.
- d) Progress Reports on students' attendance and grades shall be current and shall be made available for inspection by the Georgia State Board of Cosmetology and Barbers at all times. Should a student withdraw for any purpose, a notarized transcript of total school hours for that student shall be signed by the school's owner or manager and submitted to the Georgia State Board of Cosmetology and Barbers within thirty (30) days of withdrawal.
- e) Certification of completed training shall be included with the examination application.
- f) Each school shall provide transcripts to students pursuant to O.C.G.A. § [43-10-12\(D\)](#).
- g) School hours and student records shall be submitted to the Board upon request regardless of any financial obligation the student has to the school.

Cite as Ga. Comp. R. & Regs. R. 240-13-.04

AUTHORITY: O.C.G.A. § [43-10-12\(a\)\(1\)\(D\)](#).

HISTORY: Original Rule entitled "School and Instructor Requirements for Student Records" adopted. F. Dec. 21, 2016; eff. Jan. 10, 2017.

Amended: F. Feb. 10, 2023; eff. Mar. 2, 2023.

Department 250. RULES OF GEORGIA STATE BOARD OF FUNERAL SERVICE

Chapter 250-5. PERSONAL LICENSURE

250-5-.12 Continuing Education Requirements; Provider Approval

(1) Ten (10) hours of continuing education are required biennially (every two (2) years) to renew an embalmer or funeral director license. At the time of renewal, each licensee shall submit an Application for License Renewal and a report in writing, under oath, noting the number of hours of continuing education completed during the two (2) years preceding the renewal.

At least five (5) hours of the total ten (10) hours required must be obtained in-person or via live webinar that is instructor led with student interaction, where student participation is monitored and verified.

(a) Continuing education shall be in any or all of the following subject areas:

1. FTC Funeral Rule Compliance
2. Embalming and Restorative Arts
3. Leadership and Development
4. Crematory/Alkaline Hydrolysis
5. OSHA Requirements
6. Advertising/Social Media/Technology
7. Funeral Directing/Aftercare

(2) All licensees must obtain ten (10) hours whether they hold one or two licenses.

(3) Funeral directors or embalmers who are licensed by the Board within the second year of the renewal cycle (after April 1 of the odd numbered year) will not be required to submit continuing education hours for their first license renewal.

(4) Hardship, Disability and Age Requirement. The continuing education requirement shall be waived for persons who hold an Inactive Status license or for licensed individuals age 65 or older; and

(a) The Board may waive the continuing education requirement in cases of hardship, disability, illness, or under such circumstances as the Board deems appropriate. The waiver must be requested in writing to the Board and must be accompanied by acceptable documentation.

(5) The Board shall be authorized to approve courses offered by educational institutions, specialty societies, professional or other organizations, or government agencies upon submission of an application and non-refundable fee. For the purpose of this rule, 'government agencies' means federal, state or local government agencies, public school systems and licensed hospitals.

(6) The Board may, in its discretion, accept continuing education hours that are approved in another state. The Board may require the licensee to submit information concerning the course(s), and proof of successful completion.

(7) Board Approved Providers. Continuing education hours may be obtained by participating in activities sponsored by Board-Approved Providers. Board-Approved Providers shall offer programs only in the topic areas for which

they have been approved. The provider shall certify the number of clock hours of educational content in each continuing education activity.

(a) To qualify for initial approval, to renew approval or to qualify for approval in additional topic areas, a provider must submit to the Board:

1. a Funeral Service Board-Approved Continuing Education Provider Application and non-refundable fee (See fee schedule); and
2. a description of the topic areas in which the provider plans to sponsor continuing education activities; and
3. the names of all instructors currently offering continuing education activities, a description of the topic areas in which the instructor is qualified to teach along with a resume or other evidence demonstrating that each instructor is qualified in the identified topic area; and
4. program outlines, including instructors, objectives, schedules and instructional material.

(b) Board-Approved Provider status shall expire March 31 of even numbered years. The Provider must submit a new application and non-refundable application fee for the next renewal cycle. The Board retains the right to monitor continuing education programs sponsored by Board-Approved Providers and will withdraw approval from providers who do not maintain Board standard.

(8) Board Approved Instructors. Continuing Education Instructors must meet minimum qualifications for instructor certification.

(a) In order to qualify for initial Board approval or to renew Board approval, a provider must submit the following to the Board:

1. a Funeral Service Board Approved Instructor Application and non-refundable fee (see fee schedule); and
2. a description of the topic areas in which the instructor is qualified to teach along with a resume or other evidence demonstrating that each instructor is qualified in the identified topic area; and
3. evidence of a minimum of five (5) years supervisory experience in the Funeral Service Profession; or
4. evidence of any other experience or education which may qualify applicant for certification upon the discretion of the Board.

(b) Board-approved instructor status shall expire March 31 of even-numbered years. The instructor must submit a new application and non-refundable fee for the next renewal cycle.

(9) Reporting and Documentation. Each licensee shall maintain documentation of their continuing education activities.

(a) Each licensee shall attest, on the biennial license renewal application, that the licensee has satisfied the continuing education requirements. Documentation of these activities shall be retained for three (3) years by the licensee and shall be provided to the Board only upon the Board's request. False attestation of satisfaction of the continuing education requirements on a renewal application may subject the licensee to disciplinary action, including license revocation; and

(b) The Board will audit a fixed percentage of the renewal applications. Licensees whose applications are audited will be required to provide documentation of having met the continuing education requirements; and

(c) An audited licensee who fails to provide the Board with acceptable documentation of the hours attested to in the renewal application shall not have their license renewed. In the event the person seeks a new license, the Board may

in its discretion review and take into consideration all files, including investigative files and/or reports, related to the person and/or establishment.

Cite as Ga. Comp. R. & Regs. R. 250-5-.12

AUTHORITY: O.C.G.A. §§ [43-1-25](#), [43-18-23](#), [43-18-43](#), [43-18-55](#), [43-18-56](#).

HISTORY: Original Rule entitled "Continuing Education Requirements" adopted. F. Dec. 10, 2009; eff. Dec. 30, 2009.

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Amended: F. Feb. 10, 2023; eff. Mar. 2, 2023.

Department 290. RULES OF DEPARTMENT OF HUMAN SERVICES

Chapter 290-9. OFFICE OF REGULATORY SERVICES

Subject 290-9-2. RULES AND REGULATIONS FOR CHILD-PLACING AGENCIES

290-9-2-.01 Definitions

Unless the context otherwise requires, these words and phrases shall mean the following in these rules:

(a) "Adoption" means a social and legal process designed to establish a new legal parent/child relationship giving a child the same rights and benefits of a child who is born to the prospective adoptive parent(s).

(b) "Applicant" means the following:

1. When the agency is owned by a sole proprietorship, the individual proprietor shall be the applicant for the license, complete the statement of responsibility and serve as the licensee;

2. When the agency is owned by a partnership, the general partners shall be the applicant for the license, complete the statement of responsibility and serve as the licensee;

3. When the agency is owned by an association, the governing body of the association shall authorize the application for the license and complete the statement of responsibility and the association shall serve as the licensee; and

4. When the agency is owned by a corporation, the governing body of the corporation shall authorize the application for the license and complete the statement of responsibility and the corporation shall serve as the licensee.

(c) "Behavior management" means those principles and techniques used by an agency to assist a child in facilitating self-control, addressing inappropriate behavior, and achieving positive outcomes in a constructive and safe manner. Behavior management principles and techniques shall be used in accordance with the individual service plan, written policies and procedures governing service expectations, service plan goals, safety, and security, and these rules and regulations.

(d) "Biological Father" means a male who impregnated the biological mother resulting in the birth of a child.

(e) "Biological Parent" means a birth parent of a child.

(f) "Birth Parent" means a biological parent of a child.

(g) "Board" means the persons or legal entity in whom the ultimate legal responsibility, authority and accountability for the conduct of the Child-Placing Agency is vested.

(h) "Caseworker" means a person employed by the Agency who provides direct placement services and supervision following placements.

(i) "Casework supervisor" means a person employed by the Agency who is responsible for the supervision of the placement services offered by the Agency and for the designation of approval for the prospective adoptive and foster families to receive children for care.

(j) "Chemical restraint" means drugs that are administered to manage a child's behavior in a way that reduces the safety risk to the child or others; that have the temporary effect of restricting the child's freedom of movement; and

that are not being used as part of a standard regimen, as specified in the child's service plan, to treat current symptoms of a medical or psychiatric condition.

(k) "Child" means a person under 18 years of age for adoption purposes and under the age of 19 for foster care purposes.

(l) "Child-Placing Agency" or "Agency" means a child welfare agency that is any institution, society, agency, or facility, whether incorporated or not, that places children in foster homes for temporary care or in prospective adoptive homes for adoption. For purposes of this definition, agencies that engage in placement activities are required to be licensed as Child-Placing Agencies. This term does not apply to a licensed professional providing only home study preparation services as an evaluator.

(m) "Child placement," or "placement activity" means the selection, by a person or agency other than the child's parent or guardian, of a foster family or prospective adoptive family, or effecting the movement of the child into the foster family or prospective adoptive family. This definition includes any preparation of a home study of a foster home or of a prospective adoptive home. Counseling with respect to options available, legal services, or services as an agent for the purpose of notice of revocation of consent by the birth parent does not constitute child placement under this definition. For purposes of this rule, this definition does not include the Department or a licensed professional providing home study preparation services as an evaluator.

(n) "Criminal history background check" means a search as required by law of the criminal records maintained by law enforcement authorities to determine whether the applicant has a criminal record as defined in these rules.

(o) "Criminal record" means:

1. Conviction of a crime; or

2. Arrest, charge, and sentencing for a crime where:

(i) A plea of nolo contendere was entered to the charge; or

(ii) First offender treatment without adjudication of guilt pursuant to the charge was granted; or

(iii) Adjudication or sentence was otherwise withheld or not entered on the charge; or

(iv) Arrest and being charged for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to O.C.G.A. Sec. [17-3-1](#) *et seq.*

(p) "Department" means the Georgia Department of Human Services.

(q) "Emergency safety interventions" mean those behavioral intervention techniques that are authorized under an approved emergency safety intervention plan and are utilized by properly trained staff or therapeutic foster parent(s) in an urgent situation to prevent a child from doing immediate physical harm to self or others or those behavior intervention techniques used by prospective adoptive or foster parents in an urgent situation to prevent a child from doing immediate physical harm to self or others.

(r) "Emergency safety intervention plan" means the plan developed by the facility utilizing a nationally recognized, evidence-based, training program for emergency safety intervention, approved by the Department. The plan shall clearly identify the emergency safety interventions that staff and therapeutic foster parents are authorized to utilize with a child and those interventions that are prohibited.

(s) "Evaluator" means a person or agency authorized by law to conduct a home study. An evaluator shall be a child-placing agency, the Department, or a licensed professional with at least two years of adoption related professional experience, including a licensed clinical social worker, licensed master social worker, licensed marriage and family therapist, or licensed professional counselor.

(t) "Executive Director" means the person responsible for overall administration of an Agency.

(u) "Facilitator" means an individual or agency who is engaged in the matching of birth parents with adoptive parents. This term does not apply to a person or agency who refers prospective birth parents, prospective adoptive parents and children to licensed child-placing agencies.

(v) "Fingerprint records check determination" means a satisfactory or unsatisfactory determination by the department based upon a records check comparison of Georgia Crime Information Center (GCIC) information with fingerprints and other information in a records check application.

(w) "Foster care" means supervised care for a child in a home other than the child's own home on a 24-hour full-time basis for a temporary period of time.

(x) "Foster family" or "foster home" means a private home where the foster parent(s) live which has been approved by the institution/agency to provide 24 hour care, lodging, supervision and maintenance for no more than six foster children under the age of 19, unless limited exceptions apply in accordance with these rules and regulations.

(y) "Foster parent(s)" means the adult member(s) of a foster family who provides supervision and care in a parental role for a child in foster care and who has a satisfactory criminal history background check determination.

(z) "Home study" means assessment of the home environment of an applicant to determine suitability of that environment as a foster home or a prospective adoptive home.

(aa) "Inducements" mean any financial assistance, either direct or indirect, from whatever source. The term "inducements" shall not include:

1. Payment or reimbursement of medical expenses directly related to the biological mother's pregnancy and hospitalization for the birth of the child and medical care for such child if paid by a licensed Child-Placing Agency or an attorney,

2. Payment or reimbursement of expenses for counseling services or legal services for a biological parent directly related to the placement by such parent of her or his child for adoption if paid by a licensed Child-Placing Agency or an attorney,

3. Payment or reimbursement of reasonable living expenses for the biological mother if paid by a licensed Child-Placing Agency, or

4. Payment or reimbursement of reasonable expenses for rent, utilities, food, maternity garments and maternity accessories for the biological mother if paid from the trust account of an attorney, who is a member of the State Bar of Georgia in good standing.

(bb) "License" means a document issued by the Department that grants permission for the holder to provide placement services.

(cc) "Manual hold" means the application of physical force, without the use of any device, for the purpose of restricting the free movement of a child's body and is considered a form of restraint. A manual hold does not include briefly holding a child without undue force to calm or comfort the child, holding a child by the hand or by the shoulders or back to walk the child safely from one area to another where the child is not forcefully resisting the assistance, or assisting the child in voluntarily participating in activities of daily living.

(dd) "Mechanical restraint" means a device attached or adjacent to the resident's body that is not a prescribed and approved medical protection device and that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. A mechanical restraint does not include devices used to assist patients with appropriate positioning or posture secondary to physical impairments or disabilities.

(ee) "Medicaid Rehabilitation Option Provider (MRO)" means that category of behavioral health services designed for the maximum reduction of impairments related to mental illness or addiction and restoration of a Medicaid recipient to his/her best possible functional level.

(ff) "Out-of-state licensed agency" means an agency or entity that is licensed in another state or country to place children for adoption.

(gg) "Owner" means any individual or any person affiliated with a corporation, partnership, or association with 10 percent or greater ownership interest in the business or agency licensed as a child placing agency and who:

1. Purports to or exercises authority of the owner in a child placing agency;
2. Applies to operate or operates a child placing agency;
3. Enters into a contract to acquire ownership of a child placing agency.

(hh) "Preliminary records check application" means an application for a preliminary records check determination on forms provided by the department.

(ii) "Preliminary records check determination" means a satisfactory or unsatisfactory determination by the department based only upon a comparison of Georgia Crime Information Center (GCIC) information with other than fingerprint information regarding the person upon whom the records check is being performed.

(jj) "Prospective adoptive family" or "prospective adoptive home" means a family unit (which may include a single parent family unit) and their place of residence approved by an Agency to receive a child for adoption.

(kk) "Prospective adoptive parent(s)" means the adult member(s) of a prospective adoptive family who expect to assume all legal and social obligations and privileges of parent(s) through the legal adoption of a child.

(ll) "Record(s)" means the individual files established and maintained by a Child-Placing Agency which include data concerning a child, an applicant, a prospective adoptive family, and/or foster family.

(mm) "Records check application" means two sets of classifiable fingerprints, a records search fee to be established by the Department by rule and regulation, payable in such form as the Department may direct to cover the cost of a fingerprint records check, and an affidavit by the applicant disclosing the nature and date of any arrest, charge, or conviction of the applicant for the violation of any law; except for motor vehicle parking violations, whether or not the violation occurred in this state, and such additional information as the department may require.

(nn) "Room, Board and Watchful Oversight" means providing a safe, comfortable room, adequately nutritious meals and oversight to ensure a child's basic safety needs are met.

(oo) "Satisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed was found to have no criminal record.

(pp) "Seclusion" means the involuntary confinement of a child away from other children, due to imminent risk of harm to self or others, in a room or an area from which the child is physically prevented from leaving.

(qq) "Sponsoring agency" means a Georgia Child-Placing Agency that serves as the primary coordinating agency with the foreign authorities, prospective adoptive parent(s), and children being placed through inter-country adoptions.

(rr) "Time-out" means a behavior management technique that involves the brief separation of a child from the group or setting where the child is experiencing some behavioral or emotional distress, not to exceed twenty (20) minutes, designed to deescalate the emotionally charged condition of the child. During "time-out" a child's freedom of movement is not physically restricted.

(ss) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record.

(tt) The singular includes the plural, the plural the singular, and the masculine the feminine, when consistent with the intent of these Rules.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.01

AUTHORITY: O.C.G.A. §§ [49-5-3](#), [49-5-8](#), [49-5-12](#), [19-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Definitions" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule of same title adopted. F. Aug. 21, 2006; eff. Sept. 10, 2006.

Repealed: New Rule of same title adopted. F. Nov. 20, 2006; eff. Dec. 10, 2006.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

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Amended: F. Nov. 15, 2018; eff. Dec. 5, 2018.

Amended: F. Feb. 20, 2023; eff. Mar. 12, 2023.

290-9-2-.04 Criminal History Background Checks, Agency Personnel

(1) Criminal History Background Checks for Owners Required. Prior to approving any license for a new child placing agency and periodically as established by the department by rule and regulation, the department shall require an owner to submit a records check application so as to permit the department to obtain criminal history background information on the owner.

(a) An owner may not be required to submit a records check application if it is determined that the owner does not do at least one of the following:

1. Maintains an office at the location where services are provided to children;
2. Resides at a location where services are provided to children;
3. Has direct access to residents receiving care; or
4. Provides direct personal supervision of personnel by being immediately available to provide assistance and direction during the time services are being provided to children.

(b) In lieu of a records check application, an owner may submit evidence, satisfactory to the department, that within the immediately preceding 12 months the owner has received a satisfactory criminal history background check determination.

(2) A child placing agency license shall not be issued, and any license issued shall be revoked where it has been determined that the owner has a criminal record involving any of the following covered crimes, as outlined in O.C.G.A. Sec. [49-2-14.1](#) *et seq.*:

- (a) A violation of Code Section [16-5-1](#), relating to murder and felony murder;
- (b) A violation of Code Section [16-5-21](#), relating to aggravated assault;
- (c) A violation of Code Section [16-5-24](#), relating to aggravated battery;

- (d) A violation of Code Section [16-5-70](#), relating to cruelty to children;
 - (e) A violation of Code Section [16-5-100](#), relating to cruelty to a person 65 years of age or older;
 - (f) A violation of Code Section [16-6-1](#), relating to rape;
 - (g) A violation of Code Section [16-6-2](#), relating to aggravated sodomy;
 - (h) A violation of Code Section [16-6-4](#), relating to child molestation;
 - (i) A violation of Code Section [16-6-5](#), relating to enticing a child for indecent purposes;
 - (j) A violation of Code Section [16-6-5.1](#), relating to sexual assault against persons in custody, detained persons, or patients in hospitals or other institutions;
 - (k) A violation of Code Section [16-6-22.2](#), relating to aggravated sexual battery;
 - (l) A violation of Code Section [16-8-41](#), relating to armed robbery;
 - (m) A violation of Code Section [30-5-8](#), relating to abuse, neglect, or exploitation of a disabled adult or elder person; or
 - (n) Any other offense committed in another jurisdiction that, if committed in this state, would be deemed to be a crime listed in this paragraph without regard to its designation elsewhere.
- (3) An owner with a valid child placing agency license issued on or before June 30, 2007 shall be required to obtain a criminal records check determination no later than December 31, 2008.
- (a) An owner with a valid child placing agency license issued on or before June 30, 2007 who is determined to have a criminal record for any of the crimes listed in Rule .04(2)(a)-(n) above, shall not have the license revoked prior to a hearing being held before a hearing officer pursuant to Chapter 13 of Title 50, the "Georgia Administrative Procedure Act."
 - (b) An owner with a valid license who acquires a criminal record as defined in Rule .04(2)(a)-(n) above subsequent to the effective date of these rules shall disclose the criminal record to the department.
 - (c) If at any time the department has reason to believe an owner holding a valid license has a criminal record for any of the crimes listed in Rule .04(2)(a)-(n) above, the department shall require the owner to submit a records check application immediately for determination of whether a revocation action is necessary. Prior to the revocation of the license becoming final, the owner is entitled to an administrative hearing unless the owner has not begun providing services under the license. Where services are not currently being provided under the license, the decision of the administrative hearing officer must precede the initiation of services.
- (4) Criminal History Background Checks for Director and Employees Required. Prior to serving as a director of a licensed agency, a person shall submit a records check application and receive a satisfactory determination or be determined to be eligible to serve as a director as a result of an administrative hearing.
- (a) A person with an unsatisfactory criminal history background check determination may not serve as a director of a licensed child placing agency if it is determined that such person has a criminal record involving any of the following covered crimes:
 - 1. Any felony under Georgia law;
 - 2. A violation of Code Section O.C.G.A. Sec. [16-4-1](#), relating to criminal attempt when the crime attempted is any of the crimes specified by this paragraph;

3. A violation of Code Section O.C.G.A. Sec. [16-5-23](#), relating to simple battery; where the victim is a minor;
4. A violation of Code Section O.C.G.A. Sec. [16-6-1](#) *et seq.*, relating to sexual offenses, excluding the offenses of bigamy or marrying a bigamist;
5. A violation of Code Section O.C.G.A. Sec. [16-21-1](#), relating to contributing to the delinquency of a minor;
6. Any other offense committed in another jurisdiction that, if committed in this state, would be deemed to be a crime listed in this paragraph without regard to its designation elsewhere.

(b) Prior to serving as an employee other than a director of a licensed agency, a person must submit a preliminary record check application and receive a satisfactory determination. Provided however, should there be an unsatisfactory determination, the person must submit to a fingerprint record check and get a satisfactory determination or be determined eligible to be employed as a result of an administrative hearing.

(c) A person with an unsatisfactory background check determination may not serve as an employee of a licensed child placing agency if it is determined that such person has a criminal record involving any of the covered crimes outlined in O.C.G.A. Secs. [16-4-1](#), [16-5-23](#), [16-6-1](#) and [16-21-1](#) and in Rule .04(2)(a)1.-6. above.

(d) In lieu of a records check application, a director or employee may submit evidence, satisfactory to the department, that within the immediately preceding 12 months the above personnel have received a satisfactory records check determination or a satisfactory preliminary records check determination, whichever is applicable.

(5) Criminal History Background Checks for Foster Parents Required. No facility that provides care in foster homes shall place a child in a foster home unless the foster parent or parents of the home and other adult persons that reside in the home or provide care to children placed in the home have obtained a criminal records check as required by law.

(6) No child shall continue to be placed in such foster home care unless the foster parent or parents also subsequently receive a satisfactory fingerprint records check determination or be determined eligible to serve as foster parents as a result of an administrative hearing.

(7) Personnel. In accordance with these rules and regulations, the agency shall have the administrative and professional service staff necessary to provide the services it is authorized to provide.

(a) Agencies operating multi-state programs under the supervision of an Executive Director who resides outside of Georgia shall employ an assistant director to whom the responsibility for administration of the Georgia program shall be delegated;

(b) Executive Director. The Executive Director or assistant director with responsibility for the administration of the Georgia program shall have as a minimum a Bachelor's degree and two years administrative experience in the field of human services. If the Executive Director or assistant director is responsible for supervision of casework services or provides direct placement services he/she shall also meet the educational and experience requirements for a casework supervisor.

(8) The Executive Director or the assistant director with responsibility for the administration of the Georgia program shall be:

(a) A full-time resident of the State of Georgia;

(b) Responsible for administration of policies and procedures established by the Board for operation of the Agency;

(c) Responsible for preparation, or assisting in the preparation of the annual budget, and control of expenditures according to budget allowance;

(d) Responsible for personnel matters including hiring, assigning duties, in-service training, supervision, evaluation of staff and terminations; and

(e) Responsible for professional leadership and technical consultation to the Board, determination of policy, and for periodic evaluations of the Agency's performance in terms of the conditions of licensure.

(9) Casework Supervisor. There shall be at least one casework supervisor employed by the Agency.

(a) The casework supervisor shall have the minimum qualifications of a master's degree from an accredited college or university in the area of social work, psychology, childhood education, special education, guidance counseling, behavioral or social science, or related field, with a minimum of one year experience in a human services delivery field as it relates to child welfare or a bachelor's degree from an accredited college or university in one of the aforementioned areas of study with two years of paid work experience in a human services delivery field as it relates to child welfare.

(b) The Executive Director or assistant director may perform this function if qualified.

(c) The casework supervisor shall be responsible for the supervision of the placement services provided by the agency, and for the designation of approval for prospective adoptive and foster families and for assessing the appropriateness of the placement's room, board and watchful oversight capacity.

(10) Caseworker(s). There shall be at least one caseworker employed by the Agency.

(a) The caseworker shall have the minimum qualification of a bachelor's degree from an accredited college or university.

(b) The caseworker shall provide direct placement services and supervision following placements.

(c) A casework supervisor may perform this function.

(11) Annual Training. All supervisory and social service staff members, whether employees or contracted staff, must complete job-related training annually.

(a) Each supervisory and social service staff member employed or contracted by the agency to work more than twenty (20) hours per week shall be required to complete 15 hours of job-related training annually, as calculated from the employment date.

(b) Each supervisory or social service staff member employed or contracted for twenty (20) hours or less per week shall be required to complete 7 hours of job-related training annually, as calculated from the employment date.

(12) Clerical Staff. There shall be clerical staff employed by the Agency as necessary to keep correspondence, records, bookkeeping and files current and organized.

(13) Personnel Policies. The Agency shall have written personnel policies which shall include:

(a) Hiring and termination procedures;

(b) Job descriptions;

(c) Provisions for work performance evaluations conducted at least annually;

(d) Provisions for staff training, including the use of behavior management techniques and emergency safety interventions; and

(e) Provisions for addressing concerns, disagreements and grievances of staff relating to the care of children.

(14) Personnel Files. There shall be a personnel file on each employee which shall include:

(a) Application for employment;

(b) A satisfactory criminal history background check completed in accordance with O.C.G.A. Secs. [49-5-60](#), *et seq.*, and a ten-year employment history;

(c) Documentation of at least two professional, educational, or personal reference contacts that attest to the person's capabilities of performing the duties for which they are employed and to the person's suitability of working with or around children, with at least one of the reference contacts being a previous employer;

(d) Satisfactory documentation of education and other qualifications prior to employment;

(e) Date of employment or contract with the Agency;

(f) Current job description;

(g) Annual performance evaluation reports and any records of discipline involving the inappropriate use of behavior management techniques or emergency safety interventions signed and dated by both the employee or contracted individual and the supervisor;

(h) Documentation of participation in job-related training, including the dates of all such training, as required annually;

(i) Letter of resignation or reason for termination;

(15) Contracted Social Service Staff. All contracted social service staff must meet the same qualifications as employees and have a contract file with all of the same items required for the personnel files of other Agency staff.

(16) Personnel practices shall conform to the written policies and to these rules and regulations.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.04

AUTHORITY: O.C.G.A. § [49-5-12](#).

HISTORY: Original Rule entitled "Agency Personnel" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

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Repealed: New Rule of same title adopted. F. Nov. 20, 2006; eff. Dec. 10, 2006.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

Repealed: New Rule entitled "Criminal History Background Checks, Agency Personnel" adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008.

Note: Correction of typographical error in Rule History only, in accordance with title change cited in January 24, 2008 filing, "**Repealed:** New Rule of same title adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008." corrected to "**Repealed:** New Rule entitled "Criminal History Background Checks, Agency Personnel" adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008." Effective Mar. 12, 2023.

Amended: F. Feb. 20, 2023; eff. Mar. 12, 2023.

290-9-2-.07 Foster Care Services

(1) Foster care shall be considered only after it has been established that it is necessary for the physical and/or emotional well-being of the child.

(2) No more than 6 foster children under the age of 19 may reside in a foster home.

(a) More than 6 foster children may reside in a foster home under the following limited circumstances:

1. To allow a parenting youth in foster care to remain with the child of the parenting youth or

2. To allow siblings to remain together.

(b) The Agency must consider and remain in compliance with sleeping arrangement requirements outlined in Rule .07(5)(a)(9)(ii)(I-VI) when placing children in the foster home.

(3) Orientation Prior to Foster Care Application. The Agency shall provide orientation information in person or in written form to prospective foster parent(s) to assist them in making an informed decision about applying to become a foster parent. The format of the orientation must be documented in the applicant's file. The orientation information must include at least the following:

(a) The Agency's purpose and a listing of services provided;

(b) A description of the approval process for foster parenting;

(c) The minimum requirements for foster parenting including the limits to the number of children in the home;

(d) The roles and responsibilities of foster parent(s), including the provision of room, board and watchful oversight;

(e) A description of children served by the Agency;

(f) Support services available for foster parent(s);

(g) General information regarding financial reimbursement for expenses in foster care; and

(h) Policies and procedures regarding appropriate behavior management and emergency safety interventions.

(4) Training for Prospective Foster Parent(s). Once an application to become a foster parent has been submitted, and prior to the approval of an applicant for placement of a child in foster care, the agency shall provide and document training for the applicant in at least the following topics:

(a) The Agency's grievance policies and procedures;

(b) The annual training requirements for foster parent(s), including the requirement of at least fifteen (15) hours of training relevant to the type of child placed or to be placed in the foster home if the child is more than 12 months old. For parent(s) providing foster care for children under 12 months of age, the foster parent shall have at least eight (8) hours of training.

(c) The Agency's policies and procedures for behavior management techniques and emergency safety interventions for children in foster care;

(d) Child abuse recognition, reporting, and investigation procedures;

(e) Characteristics of children served and their developmental needs, including special needs when applicable; and

(f) The Agency's policies and procedures for handling medical emergencies (conditions or situations which threaten life, limb, or continued functioning), and managing use of medications by children in care.

(5) Minimum Requirements for Prospective Foster Families.

(a) Home Study. The Agency shall make a thorough evaluation of each prospective foster family and document this evaluation in a foster home study report which shall be updated as changes in the required home study information occur and include at least the following:

1. The names of family members, the family address and telephone number, drivers' license numbers, and proof of automobile insurance as applicable;

2. The motivation for foster parenting, including but not limited to attitude toward childlessness;

3. A description of family members, including:

(i) Date and place of birth;

(ii) Physical description;

(iii) Family background and history;

(iv) Current relationships with immediate and extended family members;

(v) Education;

(vi) Social involvements;

(vii) Personal characteristics;

(I) Personality;

(II) Interests and hobbies; and

(III) Emotional stability.

4. Evaluation of marriages and family life:

(i) Verified date and place of marriage, if applicable;

(ii) Assessment of marital relationship;

(iii) Family interaction patterns; and

(iv) Previous marriages.

5. Evaluation of parenting practices:

(i) Description of parenting knowledge, attitudes and skills;

(ii) Current behavior management practices; and

(iii) Current child-rearing practices.

6. Evaluation of physical and mental health needs and/or supports that maybe required from external sources, such as an MRO:

(i) Health history and condition of family members;

(ii) Documentation of a physical examination of the foster parent applicants completed by a licensed physician, physician's assistant, or a registered nurse with advanced training working under the direction of a physician, or the public health department, within 12 months prior to the completion of the home study;

(iii) A statement from a licensed physician, physician's assistant, or public health department regarding the general health status of other members of the prospective adoptive family, obtained within the 12 months prior to the completion of the home study;

(iv) Evaluation of emotional and mental health status of each member of the prospective foster family; and

(v) Screening for tuberculosis and venereal disease for prospective foster parent(s) and children 16 years of age and older living in the prospective foster home.

7. Understanding of and adjustment to foster parenting:

(i) Understanding of the role of a foster parent and the issues in caring for foster children;

(ii) Foster family's attitude toward the parent(s) of the foster children including parental visits in their home;

(iii) Expectations of the foster child, including intellectual and physical achievement;

(iv) Anticipated adjustment of each foster family member to a foster child;

(v) Willingness to cooperate with the placement agency; and

(vi) Support network in place for the foster family, including support systems for single parent families, if applicable;

8. Finances and occupations of family members:

(i) Employment history, including whether the home is a registered family day care home or operating any other business or service out of the home that might have an impact on health and safety of the children in care;

(ii) Financial stability of the family;

(iii) Possible financial impact of the addition of a foster child to the home;

9. Home and community:

(i) Description of neighborhood;

(ii) Physical standards of the home, including:

(I) Space and sleeping arrangements, such that:

(II) Only bedrooms are used as sleeping space for children,

(III) A maximum of two (2) children sleep in a double or larger bed, and only if they are of the same sex and under 5 years of age,

(IV) No child over one (1) year of age sleeps in a room with an adult,

(V) Children over three (3) years of age of different sexes do not share a bedroom,

(VI) Children sleep in a bedroom with adequate space for clothing and personal possessions,

(VII) The home is maintained in a condition to ensure the health and safety of children,

(VIII) Hazardous items are not accessible to children,

(IX) A statement as to whether or not there are firearms kept in the home and if so, all firearms owned and in the home are locked away from children,

(X) A statement as to whether or not there is a swimming pool on the premises, and if a swimming pool is present at the home, it is fenced with a locked gate to prevent unsupervised access and it meets all applicable community ordinances,

(XI) Each level of the home is equipped with a functional smoke alarm,

(XII) Water supply and sewage disposal systems which, if other than public systems, have been approved by appropriate authorities,

(XIII) Domestic pets owned or residing with the family have been inoculated against rabies as required by law, and

(XIV) Gas heaters are vented to avoid fire and health hazards, with any un-vented, fuel-fired heaters equipped with oxygen depletion safety shut-off systems.

(iii) Assessment of community resources, including accessibility of schools, churches, recreation, medical facilities and mental health facilities;

10. Religion;

11. A statement regarding the results of a criminal records check, as required by law, for each prospective foster parent(s) and any adult residing in the home. Where the individuals in the home have not resided in this state for the five years preceding their application to foster, the Agency shall require additional documentation available through the state child welfare agency in which the applicant resided that the individuals are not listed on the child abuse and neglect registry.

12. Pre-service training the prospective foster parent and/or family may have received;

13. A minimum of three (3) character references:

(i) At least one reference shall be from an extended family member not residing with the prospective foster family; and

(ii) If the prospective foster parent has either served previously as a foster parent for another agency, and/or been employed within the past five (5) years in a job involving the care of children, at least one reference must be from the former agency or employer.

14. A description of the type of child desired by the prospective foster family;

15. The date the study is completed and the name and signature of the person completing the study; and

16. Recommendation regarding approval as prospective foster parent(s), including description of any identified training or resource needs; and that the prospective foster parents possess the capacity to provide room, board and watchful oversight.

(b) Notification of Approval. Potential foster parent(s) shall be notified in writing as to whether or not their application has been approved.

(c) Location of Foster Homes. Foster homes used by the Agency shall be located within a reasonable travel distance from the Agency so as to be accessible for regular visits by family and Agency staff.

(6) Services Prior to Foster Care Placement.

(a) The selection of a foster home for a particular child shall be based on an assessment of the child's total needs and how well a particular home can meet the child's needs.

(b) Children of the same family shall be kept together when possible unless it has been determined through casework services that this is not desirable.

(c) Placement considerations shall include the potential for children's participation in religious and cultural activities in accordance with their cultural ethnic heritage.

(d) The Agency shall discuss the prospective foster placement with the foster family and shall prepare the foster family for the placement of a particular child by anticipating the adjustments and problems that may arise during placement and any specialized services to be provided. This discussion shall be documented in the case record.

(e) Pre-placement activities between child and foster family shall be documented in the case record of the child and family.

(f) Complete written placement agreement(s) shall be developed with the involvement of the child, the foster parent(s), the parent(s) or guardian(s), and the placing agency representative and signed by all adult parties; such agreement(s) shall include the following:

1. Written authorization to care for the child;

2. Written authorization to obtain medical care for the child;

(g) The Agency shall have a written agreement with the foster parent regarding its policies as to payment of board, arrangements for medical care, clothing, incidental expenses, visits by parent(s), discipline, advance notices for removal when placements are terminated by foster parent and emergency procedures.

(7) Services During the Foster Care Placement.

(a) A plan of care, or case plan, for the foster child and the foster family shall be developed within 30 days from the date of placement.

1. The case plan shall be reevaluated for appropriateness in a case review conference at least every 6 months.

2. The involvement of the child, foster parent, Agency representative and, when appropriate the legal custody holder, shall be documented in the case plan.

(b) The case plan shall include, but not be limited to:

1. Reason for present foster care placement;

2. Statement of preliminary plans for discharge;

3. Statements of any special care and services that will be arranged for or provided directly;

4. Statements of time-limited goals and objectives for the child and family and methods of achieving them and evaluating them, and:

- (i) Designation of responsibility for carrying out objectives with child, birth parent(s), foster parent(s), and Agency representative;

- (ii) A method for evaluating and changing goals as needed.

5. A visitation plan, with any changes to the plan documented:

(i) Provisions for visits between parent(s) and children shall be made, except where the parental rights have been terminated or where it is documented that visits are detrimental to the child;

(ii) The parent(s) and the child shall be informed of the visitation plan.

(c) When the agency has a written contract with a state human services agency to provide home finding services only, and the state agency has prepared a case plan for the child and family, then the contracting Child-Placing Agency shall not be required to complete an additional case plan. The Child-Placing Agency must document that a case plan is in place at the time of placement of the child.

(d) The Agency shall provide for a complete health and dental program for each child including:

1. A physical examination of the child shall be provided within 72 hours (excluding weekends and holidays) of placement. If the child is being moved from a previous placement by a licensed agency or state agency, results from an examination completed within one year prior to the new placement shall be accepted for this requirement as long as there appears to be no obvious change in health status;

2. A general dental examination of a child over the age of three (3) years shall be provided for unless such an examination has been completed within 6 months prior to placement. Such examinations shall be done by either a dentist or a licensed dental hygienist;

3. Correction/improvement of health and dental defects (including an annual physical examination and a semiannual dental examination);

4. Immunizations appropriate for the age of the child.

(e) The Agency shall provide opportunity for academic and/or vocational training for each child in accordance with his ability and aptitude and as required by the school attendance laws of the state.

(f) Home visits shall be conducted by the Agency at least monthly in order to verify that the foster parent(s) are delivering care and room, board and watchful oversight in a safe and healthy environment to the children, in accordance with these rules and regulations and Agency policies and procedures. Such visits shall include observation of the foster child with at least one of the foster parent(s).

(g) The Agency shall provide an annual evaluation of the strengths and needs of the foster family and assessment of the best way to maximize the foster care experience for the foster family and the children placed with them. This evaluation shall be shared with the foster family as evidenced by the signature of the foster parent(s) on the evaluation.

(h) Documentation of supervision of the placement by the agency shall include:

1. Adjustment of the child to the foster family and vice versa;

2. Progress made on service plan goals;

3. Any new problems that have arisen and the actions taken toward a solution of those problems;

4. Contacts and issues with other resources and community agencies (i.e., MRO) serving the child;

5. Agency updates reassessing the appropriateness of the foster care placement whenever a significant change occurs in the home, to ensure that care and room, board and watchful oversight continue s to be delivered in a safe and healthy environment in accordance with these rules and regulations and agency policies and procedures.

6. Documentation that the foster parent(s) have received the required clock hours of training annually following the initial foster placement, with the training being relevant to the type(s) of children placed in the foster home.

(i) Termination of Agency care shall be determined by casework study and planning with the child and his family and/or the court or local public Agency responsible for the child.

(8) Behavior Management and Emergency Safety Interventions in Foster Care.

(a) Child training and behavior management may be administered by the foster parent(s) when appropriate and shall be appropriate for the child's age, intelligence, emotional makeup, and past experience.

(b) Foster parents shall supervise the foster children placed in their homes and utilize appropriate behavior management techniques to assist the foster children in meeting service plan goals.

(c) Behavior Management.

1. The agency shall develop and implement policies and procedures on behavior management. Such policies and procedures shall set forth the types of children served in accordance with its program purpose, the anticipated behavioral problems of the children, and acceptable methods of managing such problems.

2. Such behavior management policies and procedures shall incorporate the following minimum requirements:

(i) Behavior management principles and techniques shall be used in accordance with written policies and procedures governing service expectations, service plan goals, safety, security, and these rules and regulations.

(ii) Behavior management shall be limited to the least restrictive appropriate method in accordance with the prohibitions as specified in these rules and regulations.

3. The following forms of behavior management are prohibited and shall not be used:

(i) Assignment of excessive or unreasonable work tasks;

(ii) Denial of meals and hydration;

(iii) Denial of sleep;

(iv) Denial of shelter, clothing, or essential personal needs;

(v) Denial of essential services;

(vi) Verbal abuse, ridicule, or humiliation;

(vii) Restraint, manual holds, and seclusion used as a means of coercion, discipline, convenience, or retaliation;

(viii) Denial of communication and visits with family unless restricted by case plan or court order;

(ix) Corporal punishment;

(x) Seclusion of a child or children in a room or area which may reasonably be expected to cause physical or emotional damage to the child (e.g., small closet, crawl space, cabinet, etc.); or

(xi) Seclusion of a child or children to a room or area for periods longer than those appropriate to the child's age, intelligence, emotional makeup and previous experience, or confinement to a room or area without the supervision or monitoring necessary to ensure the child's safety and wellbeing.

4. Children shall not be permitted to participate in the behavior management of other children.

5. Agencies shall submit to the Department electronically or by facsimile a report within 24 hours whenever the Agency becomes aware of an incident which results in any injury of a child requiring medical treatment beyond first aid that is received by a child as a result of or in connection with any behavior management or emergency safety intervention.

6. The Agency shall take appropriate corrective action when it becomes aware of or observes the use of prohibited forms of behavior management, as specified in sections .07(8)(c)(i) through (xi). Documentation of the incident and the corrective action taken by the Agency shall be maintained in the case records of the child and family.

7. The Agency shall require any foster parent(s) to report to the agency within 24 hours whenever a child receiving services through the Agency requires medical attention beyond first aid as a result of or in connection with the use of behavior management techniques or emergency safety interventions.

(d) Emergency Safety Interventions.

1. When it can be reasonably anticipated from a child's behavioral history, that a child may likely require the use of emergency safety interventions to keep either the child or others safe from immediate physical harm, the staff and therapeutic foster parent(s) working with such child shall be trained in emergency safety interventions utilizing a nationally recognized training program in emergency safety interventions which has been approved by the Department.

2. Emergency safety interventions shall only be used when less restrictive means of dealing with the injurious behavior have not proven successful or may subject the child or others to greater risk of injury. Emergency safety interventions shall not include the use of any restraint or manual hold that would potentially impair the child's ability to breathe or has been determined to be inappropriate for use on a particular child due to a documented medical or psychological condition.

3. The agency shall have and enforce written policies and procedures for the appropriate use of emergency safety interventions that shall apply to both foster and therapeutic foster parent(s), a copy of which shall be provided to and discussed with each child (as appropriate taking into account the child's age and intellectual development) and the child's foster parent(s) prior to or at the time of placement. Emergency safety intervention policies and procedures shall include:

(i) Provisions for the documentation of an assessment at placement and at each annual exam by the child's physician, a physician's assistant, or a registered nurse with advanced training working under the direction of a physician, or a public health department that reflects that there are no medical issues that would be incompatible with the appropriate use of emergency safety interventions on that child. Such assessment and documentation must be re-evaluated following any significant change in the child's medical condition; and

(ii) Provisions for the documentation and reporting of each use of an emergency safety intervention by a therapeutic foster parent including:

(I) Date and description of the precipitating incident;

(II) Description of the de-escalation techniques used prior to the emergency safety intervention, if applicable;

(III) Environmental considerations;

(IV) Therapeutic foster parent(s) or staff members participating in the emergency safety intervention;

(V) Any witnesses to the precipitating incident and subsequent intervention;

(VI) Exact emergency safety intervention used;

(VII) Documentation of the 15 minute interval visual monitoring of a child in seclusion;

(VIII) Beginning and ending time of the intervention;

(IX) Outcome of the intervention;

(X) Detailed description of any injury arising from the incident or intervention; and

(XI) Summary of any medical care provided.

(iii) Provisions for prohibiting manual hold use by any staff or therapeutic foster parent(s) not trained in prevention and use of emergency safety interventions.

4. Emergency safety interventions may be used to prevent runaway only when the child presents an imminent threat of physical harm to self or others.

5. Agency staff and foster parent(s) shall be aware of each child's known or apparent medical and psychological conditions (e.g., obvious health issues, list of medications, history of physical abuse, etc.), as evidenced by written acknowledgement of such awareness, to ensure that an emergency safety intervention that is utilized does not pose a danger to the physical or mental health of the child.

6. Children shall not be allowed to participate in the emergency safety intervention of other children.

7. Immediately following the conclusion of the emergency safety intervention and hourly thereafter for a period of at least four hours where the child is with a staff member or foster parent, the child's behavior will be assessed, monitored, and documented to ensure that the child does not appear to be exhibiting symptoms that would be associated with an injury. Authority O.C.G.A. §§ [49-5-8](#) and [49-5-12](#).

8. At a minimum, the emergency safety intervention program that is utilized by staff and foster parent(s) shall include the following:

(i) Techniques for de-escalating problem behavior including child, staff and foster parent debriefings;

(ii) Appropriate use of emergency safety interventions;

(iii) Recognizing aggressive behavior that may be related to a medical condition;

(iv) Awareness of physiological impact of a restraint on the child;

(v) Recognizing signs and symptoms of positional and compression asphyxia and restraint associated cardiac arrest;

(vi) Instructions as to how to monitor the breathing, verbal responsiveness, and motor control of a child who is the subject of an emergency safety intervention;

(vii) Appropriate self-protection techniques;

(viii) Policies and procedures relating to using manual holds, including the prohibition of any technique that would potentially impair a child's ability to breathe;

(ix) Agency policies and reporting requirements;

(x) Alternatives to restraint;

(xi) Avoiding power struggles;

(xii) Escape and evasion techniques;

- (xiii) Time limits for the use of restraint and seclusion;
- (xiv) Process for obtaining approval for continual restraints and seclusion;
- (xv) Procedures to address problematic restraints;
- (xvi) Documentation;
- (xvii) Investigation of injuries and complaints;
- (xviii) Monitoring physical signs of distress and obtaining medical assistance; and
- (xix) Legal issues.

9. The emergency safety intervention training for foster parent(s) who are approved to care for children who are likely to require the use of emergency safety interventions shall be recorded in the child's record showing the cause for the emergency safety intervention, the emergency safety intervention used, and, if needed, approval by the executive director, the casework supervisor, and the physician who has responsibility for the diagnosis and treatment of the child's behavior.

10. Agencies shall submit to the Department electronically or by facsimile a report within 24 hours whenever the Agency becomes aware of an incident which results in injury to a child requiring medical treatment beyond first aid that is received by a child as a result of or in connection with any emergency safety intervention.

(i) For any agency with 20 or more foster placement homes, serving children who are likely to require the use of emergency safety interventions, any 30-day period in which three or more instances of emergency safety interventions of a specific child occurred and/or whenever the agency has had a total of 10 emergency safety interventions for all children in care within the 30-day period; and

(ii) For any agency with less than 20 foster placement homes, serving children who are likely to require the use of emergency safety interventions, of a specific child occurred and/or whenever the agency has had a total of five instances for all children in care within the 30-day period.

11. Agency staff and foster parents shall submit a written report to the executive director on the use of any emergency safety intervention immediately after the conclusion of the intervention. A copy of such report shall be maintained in the child's file.

12. At least once per quarter, the agency, utilizing a master agency emergency safety intervention log and the child's case record, shall review the use of all emergency safety interventions for each child and foster therapeutic placement, including the type of intervention used and the length of time of each use, to determine whether there was a clinically therapeutic basis for the intervention, whether the use of the emergency safety intervention was warranted, whether any alternatives were considered or employed, the effectiveness of the intervention or alternative, and the need for additional training. Written documentation of all such reviews shall be maintained. Where the agency identifies opportunities for improvement as a result of such reviews or otherwise, the agency shall implement these changes through an effective quality improvement plan.

13. No later than January 1, 2007 and ongoing thereafter, all foster parent(s) who likely may require the use of emergency safety interventions, because of the identified needs of the children being served, shall have evidence of having satisfactorily completed a nationally recognized training program for emergency safety interventions to protect children and others from injury, which has been approved by the Department and taught by an appropriately certified trainer in such program.

14. Manual Holds.

(i) Emergency safety interventions utilizing manual holds require at least one trained staff member or foster parent(s) to carry out the hold. Emergency safety interventions utilizing prone restraints require at least two trained staff members or foster parent(s) to carry out the hold.

(ii) Emergency safety interventions utilized by any staff or foster parent shall not include the use of any restraint or manual hold that would potentially impair the child's ability to breathe or has been determined to be inappropriate for use on a particular child due to a documented medical or psychological condition.

(iii) When a manual hold is used upon any child whose primary mode of communication is sign language, the child shall be permitted to have his or her hands free from restraint for brief periods during the intervention, except when such freedom may result in physical harm to the child or others.

(iv) If the use of a manual hold exceeds 15 consecutive minutes, the executive director or his or her designee, who possesses at least the qualifications of the executive director and has been fully trained in the agency's emergency safety intervention plan, shall be contacted by a two-way communications device or in person and determine that the continuation of the manual hold is appropriate under the circumstances. Documentation of any consultations and outcomes shall be maintained for each application of a manual hold that exceeds 15 minutes. Manual holds shall not be permitted to continue if the restraint is determined to pose an undue risk to the child's health given the child's physical or mental condition.

(v) A manual hold may not continue for more than 30 minutes at any one time without the consultation as specified in subparagraph (2) of this subparagraph, and under no circumstances may a manual hold be used for more than one hour total within a 24-hour period.

(vi) If the use of a manual hold on a child reaches a total of one hour within a 24-hour period, the staff shall reconsider alternative treatment strategies, document same, and consider notifying the authorities or transporting the child to a hospital or mental health facility for evaluation.

(vii) The child's breathing, verbal responsiveness, and motor control shall be continuously monitored during any manual hold. Written summaries of the monitoring by a trained staff member or foster parent not currently directly involved in the manual hold shall be recorded every 15 minutes during the duration of the restraint. If only one trained staff member or trained foster parent is involved in the restraint and no other trained staff member or parent is available, written summaries of the monitoring of the manual hold shall be recorded as soon as is practicable, but no later than one hour after the conclusion of the restraint.

15. Seclusion.

(i) If used, seclusion procedures in excess of thirty (30) minutes must be approved by the executive director or designee. No child shall be placed in a seclusion room or area in excess of one (1) hour within any twenty-four (24) hour period without obtaining authorization for continuing such seclusion from the child's physician, psychiatrist, or licensed psychologist and documenting such authorization in the child's record.

(ii) A seclusion room or area shall only be used if a child is in danger of harming himself or herself or others.

(iii) A child placed in a seclusion room or area shall be visually monitored at least every 15 minutes.

(iv) A room or area used for the purposes of seclusion must meet the following criteria:

(I) The room or area shall be constructed and used in such ways that the risk of harm to the child is minimized;

(II) The room or area shall be constructed so that a staff member or foster parent can visually monitor the child;

(III) The room shall be lighted and well-ventilated;

(IV) The room shall be a minimum fifty (50) square feet in area; and

(V) The room must be free of any item that may be used by the child to cause physical harm to himself/herself or others.

(VI) No more than one child shall be placed in the seclusion room or area at a time.

(v) A seclusion room monitoring log shall be maintained and used to record the following information:

(I) Name of the secluded child;

(II) Reason for child's seclusion;

(III) Time of child's placement in the seclusion room or area;

(IV) Name and signature of the therapeutic foster parent or staff that conducted visual monitoring;

(V) Signed observation notes; and

(VI) Time of the child's removal from the seclusion room or area.

(9) Maintenance of Foster Care Records.

(a) The Agency shall maintain separate records for each foster home. The record shall be started at the time of application and shall be kept current.

(b) The foster home record shall contain:

1. The application;

2. Home study;

3. Medical reports for each member of the foster family;

4. Summary narrative containing the dates as well as the content material from the caseworker's contacts;

5. References;

6. The annual evaluations of the foster home, family, and placements;

7. Placement history of the foster home, children placed, date(s) admitted, date(s) discharged and reason for discharge;

8. Documentation of satisfactory criminal records checks in accordance with Georgia law.

9. Phone numbers of foster parent(s) including day, cell & evening phone numbers and the days of the week and times of day the foster parent is likely to be accessible at the foster home.

10. Foster children currently in the foster home including the child's name & county of custody.

(c) Foster home records shall be maintained for at least 3 years following the Agency's last placement in said foster home.

(d) The Agency shall maintain separate records for each child placed in foster care. The record for each child shall include:

1. Name, sex, race, birth date and birthplace of child;

2. Name, address, telephone number and marital status of parent or guardian of the child;
 3. Name, address, telephone number of the foster parent with whom the child is currently placed;
 4. Legal documents including verified birth record, court status, agreements, consents, etc.;
 5. Social history of the family and parent background;
 6. Medical history and cumulative health record, psychological and psychiatric reports;
 7. Education records and reports;
 8. Plan of care pursuant to these rules;
 9. Summary of each 6 month case review conference which reflects the contacts with and the status of all family members in relation to the placement plan as well as the achievements or changes in the goals or services;
 10. Summary of child's contacts with the family, the quality of the relationships and the child's progress in coping;
- (e) Upon termination of placement of the child, the following shall be placed in the record of the child and the foster home:
1. Date of termination, reason for termination, the name, telephone number, address, and relationship of the person or Agency assuming responsibility for the child.
 2. A termination summary describing the services provided during care, growth and accomplishments, and assessed needs which remain to be met with the service possibilities, which might meet those needs.
 3. Aftercare and room, board and watchful oversight plans that determine the responsibility for follow through.
- (f) Family/child records shall be maintained for at least 3 years following completion of service.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.07

AUTHORITY: O.C.G.A. § [49-5-12](#), [49-5-60](#).

HISTORY: Original Rule entitled "Foster Care Services" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule of same title adopted. F. Aug. 21, 2006; eff. Sept. 10, 2006.

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Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

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Department 391. RULES OF GEORGIA DEPARTMENT OF NATURAL RESOURCES

Chapter 391-3. ENVIRONMENTAL PROTECTION

Subject 391-3-6. WATER QUALITY CONTROL

391-3-6-.17 Sewage Sludge (Biosolids) Requirements

(1) **Purpose.** The purpose of Rule [391-3-6-.17](#) is to establish requirements for the beneficial use of sewage sludge through land application. This rule includes general requirements, pollutant limits, pathogen and vector attraction reduction requirements, operational standards, management practices, monitoring, record keeping reporting, and permitting requirements.

(2) **Definitions.** All terms used in this Rule shall be interpreted in accordance with the definitions as set forth in the Act unless otherwise defined in this Paragraph or in any other Rules of this Chapter:

(a) "Aerobic digestion" is the biochemical decomposition of organic matter in sewage sludge into carbon dioxide and water by microorganisms in the presence of air.

(b) "Agricultural land" is land on which a food crop, feed crop, or a fiber crop is grown. This includes land used as pasture.

(c) "Agronomic rate" is the sludge application rate based on a dry weight basis determined:

1. to provide the amount of nitrogen needed by the food crop, feed crop, fiber crop, cover crop or vegetation grown on the land; and

2. to minimize the amount of nitrogen in the sewage sludge that passes below the root zone of the crop or vegetation grown on the land to the groundwater.

(d) "Anaerobic digestion" is the biochemical decomposition of organic matter in sewage sludge into methane gas and carbon dioxide by microorganisms in the absence of air.

(e) "Annual pollutant loading rate" is the maximum amount of a pollutant that may be applied to a unit area of land during a 365-day period.

(f) "Annual sludge application rate" is the maximum amount of sewage sludge (dry weight basis) that may be applied to a unit area of land during a 365-day period.

(g) "Applier" is the person who applies bulk sewage sludge to the land.

(h) "Biosolids" means any sewage sludge, as defined in [391-3-6-.17\(2\)\(gg\)](#), that fulfills all requirements under this chapter, and is used in a beneficial manner.

(i) "Bulk sewage sludge" or "bulk biosolids" is sewage sludge that is not sold or given away in a bag or other container for application to the land.

(j) "Cover crop" is a temporary crop, such as winter rye or clover, planted to protect the soil from erosion and to provide humus or nitrogen when plowed under.

(k) "Cumulative pollutant loading rate" is the maximum amount of an inorganic pollutant that may be applied to an area of land.

- (l) "Density of microorganisms" is the number of microorganisms per unit mass of total solids (dry weight) in the sewage sludge.
- (m) "Domestic sewage" is water waste and wastewater from humans or from household operations that are discharged to or that otherwise enter a treatment works.
- (n) "Dry weight basis" means calculated on the basis of having been dried at 105 degrees Celsius until reaching a constant mass (i.e., essentially 100 percent solids content).
- (o) "Exceptional quality sludge" is sewage sludge that meets the pollutant concentrations in [391-3-6-.17\(5\)](#) Table 3, one of the Class A pathogen requirements in [391-3-6-.17\(7\)\(a\)](#) and one of the vector attraction reduction requirements in [391-3-6-.17\(8\)\(a\) through \(h\)](#).
- (p) "Facility" means any NPDES point source or any other system or activity that may be regulated by the Water Protection Branch of the EPD, including land application systems regulated under [391-3-6-.11](#), and industrial pretreatment systems regulated under [391-3-6-.08](#).
- (q) "Feed crops" are crops produced primarily for consumption by animals.
- (r) "Fiber crops" are crops such as flax and cotton.
- (s) "Food crops" are crops consumed by humans. These include, but are not limited to, fruits, vegetables, and tobacco.
- (t) "Forest" is a tract of land thick with trees and underbrush.
- (u) "Land application" or "applied to the land" means the spraying or spreading of sewage sludge on the land surface; the injection of sewage sludge below the land surface; or the incorporation of sewage sludge into the soil at agronomic rates for the purpose of soil conditioning or fertilization of crops or vegetation grown in the soil.
- (v) "Land with a high potential for public exposure" is land that is frequently used by the public. This includes but is not limited to public parks, ball fields, cemeteries, plant nurseries, turf farms, and golf courses.
- (w) "Land with a low potential for public exposure" is land that the public uses infrequently. This includes, but is not limited to, agricultural land, forest, and a reclamation site located in an unpopulated area.
- (x) "Monthly average" is the arithmetic mean of all measurements taken during the month.
- (y) "Other container" is either an open or closed receptacle. This includes, but is not limited to, a bucket, a box, a carton, and a vehicle or trailer with a load capacity of 2,200 pounds or less.
- (z) "Pasture" means land on which animals feed directly on feed crops such as legumes, grasses, grain stubble, or stover.
- (aa) "Pathogenic organisms" are disease-causing organisms. These include, but are not limited to, certain bacteria, protozoa, viruses, and viable helminth ova.
- (bb) "pH" means the logarithm of the periodical of the hydrogen ion concentration.
- (cc) "Pollutant" is an organic substance, an inorganic substance, a combination of organic and inorganic substances, or a pathogenic organism that after discharge and upon exposure, ingestion, inhalation, or assimilation into an organism either directly from the environment or indirectly by ingestion through the food chain, could, on the basis of information available to the Administrator of EPA, cause death, disease, behavioral abnormalities, cancer, genetic mutations, physiological malfunctions (including malfunction in reproduction), or physical deformations in either organisms or offspring of the organisms.

(dd) "Pollutant limit" is a numerical value that describes the amount of a pollutant allowed per unit amount of sewage sludge (e.g., milligrams per kilograms of total solids); the amount of a pollutant that can be applied to a unit area of land (e.g., pounds per acre); or the volume of a material that can be applied to a unit area of land (e.g., gallons per acre).

(ee) "Preparer" is either the person who generates sewage sludge during the treatment of domestic sewage or a combination of domestic sewage and industrial wastewater in a treatment works or the person who derives a material from sewage sludge.

(ff) "Reclamation site" means drastically disturbed land that is reclaimed using sewage sludge or product derived from sewage sludge. This includes, but is not limited to, strip mines and construction sites.

(gg) "Sewage sludge" means solid, semi-solid, or liquid residue generated during the treatment of domestic sewage or a combination of domestic sewage and industrial wastewater in a treatment works. Sewage sludge includes, but is not limited to scum or solids removed in primary, secondary, or advanced wastewater treatment processes. Sewage sludge does not include ash generated during the firing of sewage sludge incinerator, grit and screenings generated during preliminary treatment of domestic sewage in a treatment works, treated effluent, or materials excluded from definition of "sewage sludge" by O.C.G.A. § [12-5-30-.3\(a\)\(1\)](#).

(hh) "Sludge management plan" means a detailed plan of operation for land application of sewage sludge, or any other method of sewage sludge disposal other than co-disposal in a permitted sanitary landfill. The plan shall, at a minimum, comply with the regulations and any additional requirements established by the EPD pursuant to the Federal Act Section 405(d), the Resource Conservation and Recovery Act (RCRA), and [40 CFR 503](#).

(ii) "Specific oxygen uptake rate (SOUR)" is the mass of oxygen consumed per unit time per unit mass of total solids (dry weight basis) in the sewage sludge.

(jj) "Stockpile" means to place sewage sludge on land in piles or in any other manner that does not constitute application to the land as defined in [391-3-6-.17\(2\)\(u\)](#).

(kk) "Total solids" are the materials in sewage sludge that remain as residue when the sewage sludge is dried at 103 to 105 degrees Celsius.

(ll) "Treat or treatment of sewage sludge" is the preparation of sewage sludge for final use or disposal. This includes, but is not limited to, thickening, stabilization, dewatering of sewage sludge.

(mm) "Treatment works" is either a Federally owned, publicly owned, or privately owned device or system used to treat, recycle or reclaim either domestic sewage or combination of domestic sewage and industrial wastewater.

(nn) "Unstabilized solids" are organic materials in sewage sludge that have not been treated in either an aerobic or anaerobic treatment process.

(oo) "Vector attraction" is the characteristic of sewage sludge that attracts rodents, flies, mosquitos, or other organisms capable of transporting infectious agents.

(pp) "Volatile solids" is the amount of the total solids in sewage sludge lost when the sewage sludge is combusted at 550 degrees Celsius in the presence of excess air.

(qq) "Wetlands" means those areas that are inundated or saturated by surface water or ground water at a frequency and duration to support, and that under normal circumstances do support, a prevalence of vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamps, marshes, bogs, and similar areas.

(3) Coverage.

(a) This rule applies to any person who prepares sewage sludge for land application or who applies sewage sludge to the land, to any sewage sludge applied to the land, and to the land on which sewage sludge is applied.

(b) This rule does not apply to:

1. Processes used to treat sewage or processes used to treat sewage sludge before final use or disposal, except as provided in [391-3-6-.17\(7\)](#) and [391-3-6-.17\(8\)](#).
2. Sewage sludge determined to be hazardous in accordance with [40 CFR 261](#).
3. Grit and screenings generated during preliminary treatment of domestic sewage or a combination of domestic sewage and industrial wastewater in a treatment works.
4. Sludge generated during treatment of process wastewater at an industrial facility. A facility operated by the federal government is an industrial facility for the purpose of this rule if it treats any wastewater generated by an industrial process.
5. Disposal of sewage sludge by means other than land application at agronomic rates with the exception of sewage sludge applied to reclamation sites.
6. Domestic, commercial, or industrial septage, or any mixture thereof.
7. Sludge generated during treatment of drinking water.
8. Sewage sludge with a concentration of polychlorinated biphenyls (PCBs) equal to or greater than 50 milligrams per kilogram of total solids (dry weight basis).
9. The incineration of sewage sludge.
10. Ash generated during the firing of sewage sludge in a sewage sludge incinerator.

(c) Other exclusions:

1. The operator of any treatment Processes to Further Reduce Pathogens as described in [40 CFR 503](#) Appendix B, or any treatment process determined by the EPD to be equivalent to a Process to Further Reduce Pathogens which results in the derivation of compost from sewage sludge shall obtain a Solid Waste Handling Permit from EPD according to 391-3-4, unless the composting operation is part of a treatment works already regulated by an NPDES, LAS or other permit from EPD, in which case that permit will be modified in accordance with this rule to incorporate any necessary requirements for regulating the composting operation. Compost derived from any Processes to Significantly Reduce Pathogens as described in [40 CFR 503](#) Appendix B shall comply with the requirements contained in this rule.
2. The operator of any treatment process which consists of heat drying or incinerating sewage sludge shall obtain an Air Quality Permit from EPD in accordance with 391-3-1 and a processing permit by rule in accordance with [391-3-4-.06\(3\)\(d\)](#).
3. If sewage sludge is ultimately disposed of by land application or surface disposal, and is not beneficially used as a recovered material, the owner or operator of the site shall obtain a Solid Waste Handling Permit from the EPD in accordance with 391-3-4.

(4) **Permits Required.** The requirements in this Rule shall be implemented through a permit:

(a) All facilities in Georgia which generate sewage sludge from the treatment of domestic (or industrial) sewage shall obtain either an NPDES permit as described in [391-3-6-.06](#), a land application system (LAS) permit as described in [391-3-6-.11](#), or a local or State pretreatment permit as described in [391-3-6-.08](#) through -.10, regardless of their method of handling sewage sludge.

(b) Facilities in Georgia which handle sewage sludge by one or more of the following requirements, as applicable:

1. If a facility intends to utilize land application or intends to sell or give sludge away as a means of sludge handling, the facility shall submit a Sludge Management Plan to the EPD for approval. The Sludge Management Plan shall, at a minimum, comply with the requirements contained in [391-3-6-.17](#) as well as any additional requirements as determined by the EPD. Upon approval by the EPD, the plan will become part of the facility's NPDES or LAS permit.

2. If bulk sewage sludge from more than one permittee will be land applied to the same site or sites, or if both bulk sewage sludge from a permittee and an industrial sludge will be land applied on the same site or sites, the owner or operator of the site shall obtain an LAS permit in accordance with [391-3-6-.11](#).

(c) If the sewage sludge is generated outside of the State of Georgia but will be transported to a site in Georgia for land application, the owner or operator of the site shall obtain an LAS permit in accordance with [391-3-6-.11](#).

(d) Any person who prepares sewage sludge shall ensure that the applicable requirements in this part are met when the sewage sludge is land applied, fired in a sewage sludge incinerator, or disposed of by any means other than landfilling in an approved municipal solid waste landfill.

(e) Any person who uses or disposes of sewage sludge through any practice for which requirements are established in this Rule shall comply with these requirements.

(5) Pollutant Limits.

(a) Bulk sewage sludge and sewage sludge sold or given away in a bag or other container shall comply with the pollutant ceiling concentration limits in Table 1 as well as the following requirements:

1. Bulk sewage sludge applied to agricultural land, forests, public contact sites, or reclamation sites shall comply with either the pollutant concentration limits in Table 3 or, in the event that the pollutant concentration limits in Table 3 cannot be met, with the cumulative pollutant loading rates in Table 2.

2. Bulk sewage sludge applied to lawns and home gardens shall comply with the pollutant concentration limits in Table 3.

3. Sewage sludge sold or given way in bags and containers as defined in [391-3-6-.17\(2\)\(y\)](#) shall with the pollutant concentration limits in Table 3 or the annual sewage sludge application rates which are based on the annual pollutant loading rates in Table 4. Annual sewage sludge application rates shall be calculated in accordance with EPD requirements.

Table 1 -- Ceiling Concentration Limits

Pollutant	Ceiling Concentration (mg/kg)*
Arsenic	75
Cadmium	85
Copper	4300
Lead	840
Mercury	57
Molybdenum	75
Nickel	420
Selenium	100
Zinc	7500

* Dry weight basis

Table 2 -- Cumulative Pollutant Loading Rates

Pollutant	Cumulative Pollutant Loading Rate (lbs/acre)
Arsenic	37
Cadmium	35
Copper	1338
Lead	268
Mercury	15
Nickel	375
Selenium	89
Zinc	2498

Table 3 -- Pollutant Concentration

Pollutant	Monthly Average Concentrations (mg/kg)*
Arsenic	41
Cadmium	39
Copper	1500
Lead	300
Mercury	17
Nickel	420
Selenium	100
Zinc	2800

* Dry weight basis

Table 4 -- Annual Pollutant Loading Rates

Pollutant	Annual Pollutant Loading Rate (lbs/acre/year)
Arsenic	1.8
Cadmium	1.7
Copper	67
Lead	13
Mercury	0.76
Nickel	19
Selenium	4.5
Zinc	125

(6) Operational Standards -- Pathogens and Vector Attraction Reduction.

(a) The Class A pathogen requirements contained in [391-3-6-.17\(7\)\(a\)](#) shall be met when bulk sewage sludge is applied to a lawn or home garden or when sewage sludge is sold or given away in a bag or other container for application to the land.

(b) The Class A pathogen requirements contained in [391-3-6-.17\(7\)\(a\)](#) or the Class B pathogen requirements contained in [391-3-6-.16\(7\)\(b\)](#) and the site restrictions described in [391-3-6-.17\(7\)\(c\)](#) shall be met when bulk sewage sludge is applied to agricultural land, forests, public contact sites, or reclamation sites.

(c) Sewage sludge that is applied to the land shall meet one of the vector attraction reduction requirements contained in [391-3-6-.17\(8\)\(a\) through \(h\)](#) except that bulk sewage sludge that is applied to agricultural land, forests, public contact sites, or reclamation sites may instead meet the vector attraction reduction requirements contained in [391-3-6-.17\(8\)\(i\) or \(j\)](#).

(7) Pathogen Requirements. This paragraph contains the requirements for a sewage sludge to be classified as either Class A or Class B with respect to pathogens as well as specific site restrictions for land application of a Class B sewage sludge.

(a) Class A Sewage Sludge. To be classified as Class A with respect to pathogens the sewage sludge shall meet the requirements in [391-3-6-.17\(7\)\(a\)1.](#) as well as the requirements of one of the six alternatives described in [391-3-6-.17\(7\)\(a\)2. through \(a\)7.](#) The Class A pathogen requirements shall be met either before or at the same time the vector attraction reduction requirements are met, with the exception of the vector attraction reduction requirements in [391-3-6-.17\(8\)\(f\) through \(h\).](#)

1. Either the density of fecal coliform in the sewage sludge shall be less than 1000 Most Probable Number per gram of total solids (dry weight basis), or the density of Salmonella sp. bacteria in the sewage sludge shall be less than three Most Probable Number per four grams of total solids (dry weight basis) at the time the sewage sludge is land applied or is prepared for sale or given away in a bag or other container for application of the land.

2. Alternative 1. The temperature of the sewage sludge shall be maintained at a specific value for a period of time.

(i) When the percent solids of the sewage sludge is seven percent or higher, the temperature of the sewage sludge shall be 50 degrees Celsius or higher; the time period shall be 20 minutes or longer; and the temperature and time period shall be determined using equation (3), except when small particles of sewage sludge are heated by either warmed gases or an immiscible liquid.

$$(3) D = \frac{131,700,000}{10^{0.1400t}}$$

Where,

D = time in days.

t = temperature in degrees Celsius.

(ii) When the percent solids of the sewage sludge is seven percent or higher and small particles of sewage sludge are heated by either warmer gases or an immiscible liquid, the temperature of the sewage sludge shall be 50 degrees Celsius or higher, the time period shall be 15 seconds or longer, and the temperature and time period shall be determined using equation (3).

(iii) When the percent solids of the sewage sludge is less than seven percent and the time period is at least 15 seconds, but less than 30 minutes, the temperature and time period shall be determined using equation (3).

(iv) When the percent solids of the sewage sludge is less than seven percent; the temperature of the sewage sludge is 50 degrees Celsius or higher; and the time period is 30 minutes or longer, the temperature and time period shall be determined using equation (4).

$$(4) D = \frac{50,070,000}{10^{0.1400t}}$$

Where,

D = time in days.

t = temperature in degrees Celsius.

3. Alternative 2. The sewage sludge pH shall be raised to above 12 standard units and shall remain above 12 standard units for 72 hours. At the end of the 72 hour period, the sewage sludge shall be air dried to achieve greater than 50 percent solids. The temperature of the sewage sludge shall be maintained above 52 degrees Celsius for at least 12 hours while the sewage sludge pH is above 12 standard units.

4. Alternative 3. The sewage sludge shall be analyzed before pathogen treatment to determine whether the sewage sludge contains enteric viruses.

(i) If the density of enteric viruses is less than one Plaque-forming Unit per four grams of total solids (dry weight basis), the sewage sludge shall be considered Class A until the next monitoring episode.

(ii) If the density of enteric viruses is equal to or greater than one Plaque-forming Unit per four grams of total solids (dry weight basis), the sewage sludge shall be analyzed for enteric viruses after pathogen treatment. The sewage sludge shall be considered Class A if the density of enteric viruses after pathogen treatment is less than one Plaque-forming Unit per four grams of total solids and the values or range of values for the pathogen treatment process operating parameters are documented. Once the enteric virus reduction is demonstrated for the pathogen treatment process, the sewage sludge shall be considered Class A as long as the pathogen treatment operating parameters are consistent with the documented values or ranges of values.

5. Alternative 4. The sewage sludge shall be analyzed before pathogen treatment to determine if the sewage sludge contains viable helminth ova.

(i) If the density of viable helminth ova is less than one per four grams of total solids (dry weight basis), the sewage sludge shall be considered Class A until the next monitoring episode.

(ii) If the density of viable helminth ova is equal to or greater than one per four grams of total solids (dry weight basis), the sewage sludge shall be analyzed for viable helminth ova after pathogen treatment. The sewage sludge shall be considered Class A if the density of viable helminth ova after pathogen treatment is less than one per four grams of total solids and the values or range of values for the pathogen treatment process operating parameters are documented. Once the viable helminth ova reduction is demonstrated for the pathogen treatment process, the sewage sludge shall be considered Class A as long as the pathogen treatment operating parameters are consistent with the documented values or ranges of values.

6. Alternative 5. The density of enteric viruses in the sewage sludge shall be less than one Plaque-forming Unit per four grams of total solids (dry weight basis) or the density viable helminth ova in the sewage sludge shall be less than one per four grams of total solids (dry weight basis) at the time the sewage sludge is either land applied, prepared for sale, or given away in a bag or other container for application to the land.

7. Alternative 6. The sewage sludge shall be treated in one of the Processes to Further Reduce Pathogens as described in [40 CFR 503](#), Appendix B or treated in a process determined by the EPD to be equivalent to a Process to Further Reduce Pathogens.

(b) Class B Sewage Sludge. To be classified as Class B with respect to pathogens the sewage sludge shall meet one of the following alternatives.

1. Alternative 1. Seven samples of the sewage sludge shall be collected at the time of land application. The geometric mean of the density of fecal coliform in the samples shall be less than either 2,000,000 Most Probable Number per gram of total solids or 2,000,000 Colony Forming Units per gram of total solids.

2. Alternative 2. Sewage sludge that is to be land applied shall be treated in one of the Processes to Significantly Reduce Pathogens as described in [40 CFR 503](#) Appendix B or treated in a process that is equivalent to a Process to Significantly Reduce Pathogens, as determined by the EPD.

(c) Restrictions for Land Application Sites Receiving Class B Sewage Sludge.

1. Food crops with harvested parts that touch the sewage sludge/soil mixture and are totally above the land surface shall not be harvested for 14 months after application of sewage sludge.

2. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of sewage sludge when the sewage sludge remains on the land surface for four months or longer before

incorporation, or for 38 months after application when the sewage sludge remains on the land surface for less than four months before incorporation.

3. All other crops, as well as feed crops, and fiber crops shall not be harvested for 30 days after application of sewage sludge.

4. Animals shall not be allowed to graze on the land for 30 days after application of sewage sludge.

5. Turf grown on land where sewage sludge is applied shall not be harvested for one year after application of the sewage sludge when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by the EPD.

6. Public access to land with a high potential for public exposure shall be restricted for one year after application of sewage sludge.

7. Public access to land with a low potential for public exposure shall be restricted for 30 days after application of sewage sludge.

8. Additional restrictions as may be determined by the EPD.

(8) **Vector Attraction Reduction.** Sewage sludge that is land applied, including sewage sludge sold or given away in a bag or other container for application to the land, shall meet one of the vector attraction reduction requirements contained in [391-3-6-.17\(8\)\(a\) through \(8\)\(h\)](#) except that bulk sewage sludge that is applied to agricultural land, forests, public contact sites, or reclamation sites may instead meet the vector attraction reduction requirements contained in [391-3-6-.17\(8\)\(i\) or \(8\)\(j\)](#).

(a) The mass of volatile solids in the sewage sludge shall be reduced by at least 38 percent.

(b) If the mass of volatile solids in an anaerobically digested sewage sludge cannot be reduced by at least 38 percent, vector attraction reduction can be demonstrated by anaerobically digesting a portion of the previously digested sewage sludge in the laboratory in a bench-scale unit for 40 additional days at a temperature between 30 and 37 degrees Celsius. The volatile solids shall be measured at the beginning and end of the forty day test period. Vector attraction reduction is achieved when the volatile solids in the sewage sludge are reduced by less than 17 percent over the test period.

(c) If the mass of the volatile solids in an aerobically digested sewage sludge cannot be reduced by at least 38 percent, vector attraction reduction can be demonstrated by aerobically digesting a portion of the previously digested sewage sludge that has a maximum of 2 percent solids in the laboratory in a bench-scale unit for thirty additional days at 20 degrees Celsius. The volatile solids shall be measured at the beginning and end of the thirty day test period. Vector attraction reduction is achieved when the volatile solids in the sewage sludge are reduced by less than 15 percent over the test period.

(d) The specific oxygen uptake rate (SOUR) for sewage sludge treated in an aerobic process shall be equal to or less than 1.5 milligrams of oxygen per hour per gram of total solids (dry weight basis) at 20 degrees Celsius.

(e) Sewage sludge shall be treated in an aerobic process for at least fourteen days. During that time, the temperature of the sewage sludge shall be maintained above 40 degrees Celsius with the average temperature above 45 degrees Celsius.

(f) The sewage sludge pH shall be raised to 12 standard units or higher by addition of alkaline material and shall remain at 12 standard units or higher for two hours and then 11.5 standard units or higher for an additional 22 hours without the addition of more alkaline material.

(g) If sewage sludge does not contain unstabilized solids generated in a primary wastewater treatment process, the percent solids shall be equal to or greater than 75 percent based on the moisture content and total solids before mixing with other materials.

(h) If sewage sludge contains unstabilized solids generated in a primary wastewater treatment process, the percent solids shall be equal to or greater than 90 percent based on the moisture content and total solids before mixing with other materials.

(i) Injection of Sewage Sludge.

1. Sewage sludge shall be injected below the surface of the land.
2. No significant amount of the sewage sludge shall be percent on the land surface within one hour after the sewage sludge is injected.
3. Class A sewage sludge shall be injected below the land surface within eight hours after being discharged from the pathogen treatment process.

(j) Incorporation of Sewage Sludge.

1. Sewage sludge shall be incorporated into the soil within six hours after land application.
2. Class A sewage sludge that is to be incorporated into the soil shall be applied to the land within eight hours after being discharged from the pathogen treatment process.

(9) General Requirements.

(a) No person shall land apply sewage sludge except in accordance with the requirements in this rule and the permit as well as any additional requirements as determined by the EPD.

(b) No person shall land apply bulk sewage sludge subject to the cumulative pollutant loading rates in [391-3-6-.17\(5\)](#) Table 2 to a site on which any of the cumulative pollutant loading rates in [391-3-6-.17\(5\)](#) Table 2 have been reached.

(c) No person shall land apply bulk sewage sludge to a site on which the nitrogen requirements have been met for the calendar year.

(d) The preparer shall provide the person who land applies bulk sewage sludge written notification of the analytical results obtained in accordance with [391-3-6-.17\(11\)](#) and [391-3-6-.17\(13\)](#).

(e) The person who land applies sewage sludge shall obtain information needed to comply with the requirements in this subpart.

1. Before bulk sewage sludge subject to the cumulative pollutant loading rates in [391-3-6-.17\(5\)](#) Table 2 is applied to the land, the applier shall contact the EPD to determine if bulk sewage sludge subject to cumulative pollutant loading rates has been previously applied to the site.

(i) If bulk sewage sludge has been applied to the site and the cumulative amount of each pollutant applied to the site is known, that amount shall subtracted from the cumulative pollutant loading rate for each pollutant in [391-3-6-.17\(5\)](#) Table 2 to determine the additional amount of each pollutant that can be applied to the site. For arsenic, mercury, and selenium, the cumulative amount of each pollutant applies to the site since July 20, 1993 shall be utilized for the calculations. For copper, lead, zinc, nickel, and cadmium the cumulative amount of each pollution applied to the site since the first bulk sewage sludge application shall be utilized for the calculations.

(ii) If bulk sewage sludge subject to the cumulative pollutant loading rates in [391-3-6-.17\(5\)](#) Table 2 has been applied to the site and the cumulative amounts of pollutants applied to the site are unknown, no additional amount of each pollutant shall be applied to the site.

2. Before bulk sewage sludge is land applied, the applier shall contact the EPD to determine whether bulk sewage sludge has been previously applied to the site. If bulk sewage sludge has been previously applied to the site, the amount of mineralized nitrogen from previous sewage sludge applications that is available for crop uptake, as well as the amount of nitrogen from other sources that is available for crop uptake, shall be taken into account in determining the agronomic loading rate.

(f) When a preparer provides bulk sewage sludge to an applier, the preparer shall provide the applier notice and necessary information to comply with the requirements in this subparagraph.

(g) When a preparer provides sewage sludge to another preparer, the person who provides the sewage sludge shall provide the person who receives the sewage sludge notice and necessary information to comply with the requirements in this subparagraph.

(h) The applier shall provide the owner or lease holder of the land application site notice and necessary information to comply with the requirements in this subparagraph.

(i) Any person who land applies bulk sewage sludge subject to the cumulative pollutant loading rates in [391-3-6-.17\(5\)](#) Table 2 shall provide written notice to the EPD before the initial application to a site, and the EPD shall retain the notice and provide access to it. The notice shall include:

1. The location, by either street address or latitude and longitude, of the land application site.

2. The name, address, telephone number, and permit number (if appropriate) of the person who will apply the bulk sewage sludge.

(10) Management Practices.

(a) Bulk sewage sludge shall not be applied to the land if it is likely to adversely affect a threatened or endangered species listed under section 4 of the Federal Endangered Species Act ([16 U.S.C. §§1531- 1544](#)) or its designated critical habitat.

(b) Bulk sewage sludge shall not be applied to an agriculture land, forest, a public contact site, or a reclamation site that is flooded, frozen, or snow covered so that the bulk sewage sludge enters a wetland or others waters of the State of Georgia except as provided in a permit issued pursuant to the Georgia Water Quality Control Act and [391-3-6-.06](#).

(c) Site restrictions, buffer areas, and any additional EPD requirements shall apply to the land application of bulk sewage sludge. Class B sewage sludge shall also be subject to the site restrictions in [391-3-6-.17\(17\)\(c\)](#). Reduction of buffer areas on sites where exceptional quality sludge is land applied will be considered by the EPD upon written request. However, in no case shall bulk sewage sludge be applied to areas located 35 feet or less from waters of the State of Georgia.

(d) Bulk sewage sludge shall not land applied at greater than agronomic rates except on reclamation sites. Agronomic rates shall be calculated using the sludge application rate determination procedures as determined by the EPD. The application rate for sewage sludge on reclamation sites shall be determined on a case-by-case basis.

(e) Sewage sludge that is sold or given away in a bag or other container for land application shall have a label affixed to the bag or other container or an information sheet shall be provided to the person who receives the sewage sludge. The label or information sheet shall contain the following information.

1. The name and address of the person who prepared the sewage sludge.

2. A statement that application of the sewage sludge to the land is prohibited except in accordance with the instructions on the label or information sheet.

3. The annual sludge application rate that does not cause any of the annual pollutant loading rates in [391-3-6-.17\(5\)](#) Table 4 to be exceeded.

(f) Under no conditions may sewage sludge be stockpiled at a land application site.

(11) **Monitoring.**

(a) The pollutants listed in [391-3-6-.17\(5\)](#), the pathogen density requirements listed in [391-3-6-.17\(7\)](#) and the vector attraction reduction requirements listed in [391-3-6-.17\(8\)\(a\) through \(8\)\(h\)](#), and any additional parameters contained in the permit, shall be monitored at the frequency listed in Table 5.

Table 5 -- Monitoring Frequency

Amount of Sewage Sludge (dry tons/year)*	Frequency
0 - 300	once/year
300 - 1600	once/quarter
1600 - 16000	once/two months
16000 or greater	once/month

*The "amount of sewage sludge" refers to either the amount of bulk sewage sludge (dry weight) applied to the land or the amount of sewage sludge (dry weight) received by a preparer that sells or otherwise distributes sewage sludge in a bag or other container for application to the land.

(b) After the sewage sludge has been monitored at the frequency in Table 5 for two years, the EPD may reduce the monitoring frequency for the pollutants listed in [391-3-6-.17\(5\)](#). In no case shall the monitoring frequency be less than once per year.

(12) **Analytical Methods.** Representative sewage sludge samples shall be analyzed in accordance with the methods contained in [40 CFR 503.8](#). Test methods used to determine toxicity, such as the Toxicity Characteristic Leachate Procedure, may be used to determine whether sewage sludge is hazardous, but shall not be used for the purpose of determining compliance with any of the inorganic pollutant requirements contained in this rule.

(13) **Recordkeeping.**

(a) Persons who prepare bulk sewage sludge for land application or who sell or give away sewage sludge in a bag or other container, shall develop the following information and retain it for five years:

1. The concentration of each pollutant listed in [391-3-6-.17\(5\)](#), and any additional parameters required by the permit.

2. One of the following certification statements.

(i) Certification statement of persons preparing bulk sewage sludge for land application: "I certify, under penalty of law, that the Class (insert "A" or "B") pathogen requirement in [391-3-6-.17\(7\)](#) and the vector attraction reduction requirements in [391-3-6-.17\(8\)](#) has been met. This determination has been made under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the pathogen requirements and the vector attraction reduction requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

(ii) Certification statement for persons preparing sewage sludge that is sold or given away in a bag or other container: "I certify, under penalty of law, that the management practice in [391-3-6-.17\(10\)\(e\)](#); the Class A pathogen requirement in [391-3-6-.17\(7\)\(a\)](#), and the vector attraction reduction requirement in (insert one of the vector attraction reduction requirements in [391-3-6-.17\(8\)\(a\) through \(h\)](#)) have been met. This determination has been made under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the management practice, pathogen

requirements, and vector attraction reduction requirements have been met. I am aware that there are significant penalties for false certification including the possibility of the fine and imprisonment."

3. A description of how either Class A or Class B pathogen requirements are met.

4. A description of how the vector attraction reduction requirement is met.

5. The annual sludge application rate that does not cause the annual pollutant loading rates in [391-3-6-.17\(5\)](#) Table 4 to be exceeded shall also be retained by the preparer when the sewage sludge is sold or given away in a bag or other container.

6. All other information required as described in the permit.

(b) The person who land applies bulk sewage sludge shall develop the following information. The information in [391-3-6-.17\(13\)\(b\)1. through 5.](#) shall be retained indefinitely. The information in [391-3-6-.17\(13\)\(b\)6. through 10.](#) shall be retained for five years.

1. The location, by either street address or latitude and longitude, of each site on which the sewage sludge is applied.

2. The number of acres on which sewage sludge is applied for each site.

3. The date and time of each application of sewage sludge for each site.

4. For bulk sewage sludge subject to the cumulative pollutant loading rates in [391-3-6-.17\(5\)](#) Table 2, the cumulative amount of each pollutant listed in [391-3-6-.17\(5\)](#) in pounds per acre for each site.

5. The amount of sewage sludge, in dry tons, applied to each site.

6. The following certification statement: "I certify, under penalty of law, that the management practices in [391-3-6-.17\(10\)](#), the site restrictions in (insert [391-3-6-.17\(7\)\(c\)](#) only if the sewage sludge is classified as Class B), the vector attraction requirements in (insert [391-3-6-.17\(8\)\(i\)](#) or [391-3-6-.17\(8\)\(j\)](#), if one of those requirements is met), and additional requirements set forth by the EPD, have been met for each site on which bulk sewage sludge is applied. This determination has been made under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the management practices and site restrictions (and the vector attraction reduction requirements if applicable) have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

7. A description of how the management practices in [391-3-6-.17\(10\)](#) and any additional management requirements set forth by the EPD, or if applicable, contained in the permit, are met for each land application site.

8. A description of how the vector attraction reduction requirements in either [391-3-6-.17\(8\)\(i\)](#) or [391-3-6-.17\(8\)\(j\)](#) are met, if applicable, for each land application site.

9. A description of how the site restrictions are met for each land application site.

10. On sites where the sewage sludge is subject to the cumulative pollutant loading rates in [391-3-6-.17\(5\)](#) Table 2, the following certification statement and description shall be developed:

(i) "I certify, under penalty of law, that the requirements to obtain information in [391-3-6-.17\(9\)\(e\)](#) have been met for each land application site. This determination has been made under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the requirements to obtain information have been met. I am aware that there are significant penalties for false certification including fine and imprisonment."

(ii) A description of how the requirements to obtain information in [391-3-6-.17\(9\)\(e\)](#) are met.

(14) Reporting.

(a) Each facility or person that is permitted under this Rule shall submit to the EPD an annual report containing the information required in [391-3-6-.17\(13\)](#) pertaining to the most recent calendar year. The report shall be submitted to the EPD no later than February 19 of the following year.

(b) Any facility permitted under this Rule that generates sewage sludge shall submit to the EPD a monthly report of the volume and concentration, or weight in dry pounds, of solids removed from the facility during that month. This report may be included with the monthly Discharge Monitoring Report described in [391-3-6-.06\(11\)](#) but in any case must be submitted to the EPD no later than the 15th day of the following month.

(c) The federal NPDES Electronic Reporting rule, 40 CFR Part 127 and associated amendments, became effective on December 21, 2015. The monthly and annual reporting requirements noted above may include the electronic submission of such items, as applicable and approved by EPD.

(15) Compliance Period. Compliance with the standards for land application of sewage sludge shall be achieved in accordance with the dates contained in [40 CFR 503.2](#).

(16) Addition of More Stringent Requirements. On a case-by-case basis, the EPD may impose additional or more stringent requirements when necessary to protect public health and the environment.

(17) Right to Monitor and Assess Fees.

(a) The local governing authority in which a land application site is located may assess the generator of the sewage sludge and the owner of the land application site reasonable fees for environmental monitoring of the site and may hire persons to monitor the site. The assessed fee shall be limited to charges incurred for monitoring those parameters contained in the approved sludge management plan and the permit. Payment of the assessed fee shall be made prior to the application of sewage sludge. Failure to pay such fees, if assessed, shall be grounds for the local governing authority to seek an injunction to stop the land application of sewage sludge.

(18) Application for a Permit.

(a) Any facility with a Georgia NPDES permit that generate sewage sludge for land application, either as bulk sewage sludge or for sale or given away in a bag or other container, or for disposal by any means other than disposal in an approved municipal landfill, shall submit the following information with a NPDES permit application at least 180 days prior to the expiration date of the existing permit.

1. The information required in [391-3-6-.06\(5\)](#).

(b) Any facility with an NPDES permit that proposes to land apply bulk sewage sludge or that currently land applies sewage sludge but does not have an approved sludge management plan, shall submit the following additional information:

1. Description of the proposed land application site(s):

(i) Location map(s) with the site(s) clearly denoted.

(ii) Topographic map(s) with the following features identified and labelled:

I. Site boundaries (including buffer areas);

II. onsite access roads;

III. portions of the 100-year flood plain;

IV. location of any soil borings;

V. location of houses;

VI. location of wells;

VII. surface water, including ditches and intermittent streams.

(iii) Soil survey map(s) with application site(s) clearly denoted.

(iv) An aerial photograph of the site(s), if available.

2. Soil series descriptions for each series represented, as described in the U.S. Department of Agriculture and University of Georgia, College of Agriculture soil survey(s) for the county(ies) in which each site is located.

3. Soil analysis performed within the last six months, conducted in accordance with the requirements set forth by the EPD.

4. Analysis of the sewage sludge performed within the last six months to include the parameters listed in [391-3-6-.17](#) as well as any additional parameters required by the EPD.

5. The name of the facility generating the sewage sludge.

6. The amount of sewage sludge to be applied per year. If some of the sewage sludge will be dewatered and some will be liquid, state the amount of each type.

7. Whether the sewage sludge is to be dewatered, liquid, or both and the percent solids.

8. The proposed method for meeting the pathogen reduction requirements in [391-3-6-.17\(7\)](#) and vector attraction reduction requirements in [391-3-6-.17\(8\)](#).

9. The site use, crops to be grown on site and whether site will be used for grazing.

10. The proposed method of application to the land and a description of operational procedures.

11. A letter of agreement between the permittee and the owner of the site, if the owner is not the permittee.

12. The proposed method for transporting the sludge to the application site.

13. Any other information that the EPD may require.

(c) Any facility with a LAS permit that generates sewage sludge for land application and has an approved sludge management plan, or generates sewage sludge for disposal by any means other than disposal in an approved municipal landfill shall submit the following information with a LAS permit application at least 180 days prior to the expiration date of the existing permit:

1. The information required in [391-3-6-.11\(5\)](#).

(d) Any facility with a LAS permit proposing to land apply sewage sludge, or that currently land applies sewage sludge but does not have an approved sludge management plan, shall submit the information listed in [391-3-6-.17\(18\)\(b\)1. through \(b\)13.](#)

(e) Any person owning or operating a land application site or sites where bulk sewage sludge from more than one permittee is land applied, or where both bulk sewage sludge from a permittee and an industrial sludge are applied shall submit the following information with a land application system permit application:

1. The information in [391-3-6-.11\(5\)](#).

2. The information in [391-6-.17\(18\)\(b\)1. through \(b\)13.](#)

(f) Any person owning or operating a land application site on which bulk sewage sludge, generated outside the State of Georgia, is currently land applied, or is proposed to be land applied, shall submit the following information with a land application system permit application:

1. The information in [391-2-6-.11\(5\).](#)

2. The information in [391-3-6-.17\(18\)\(b\)1. through \(b\)13.](#)

(19) Notice and Public Participation.

(a) Notice must be provided for any planned significant changes to the permittee's sewage sludge use or disposal practices or sites.

(b) Notice will be made in accordance with the provisions of Rule [391-3-6-.26](#). The public notice for permits with an approved Sludge Management Plan will also include publication in one or more newspapers of general circulation in the area affected by the discharge.

(20) Terms and Conditions of Permits. All permits, issued under Rule [391-3-6-.17](#) shall contain the terms and conditions required to comply with one or more of the following: [391-3-6-.06](#) and [391-3-6-.11](#).

(21) Schedules for Compliance. Notwithstanding any requirements contained in Paragraph [391-3-6-.17\(20\)](#), should a schedule for compliance with any requirement of [391-3-6-.17](#) exceed one year, the milestone dates in the schedule shall not be more than six months apart.

(22) Modification, Revocation, Reissuance, and Termination of Permits. Modification, revocation, reissuance, or termination of any permit issued pursuant to this Rule shall comply with one or more of the Rules listed in [391-3-6-.17\(20\)](#) above.

(23) Duration, Continuation and Transferability. Any permit issued under this Rule will comply with the requirements of one or more of the following: [391-3-6-.06\(15\)](#), [391-3-6-.11\(11\)](#).

(24) Enforcement. Any person who violates any provision of the Act, any rule promulgated and adopted pursuant thereto, or any term, condition, schedule or other requirements contained in a permit issued pursuant to the Act shall be subject to enforcement proceedings pursuant to the Act.

Cite as Ga. Comp. R. & Regs. R. 391-3-6-.17

AUTHORITY: O.C.G.A. § [12-5-20](#) *et seq.*

HISTORY: Original Rule entitled "Sewage Sludge (Biosolids) Requirements" adopted. F. May 9, 1994; eff. May 29, 1994.

Amended: F. Aug. 30, 1995; eff. Sept. 19, 1995.

Repealed: ER. [391-3-6-0.32-.17](#), of the same title, adopted. F. May 1, 1996; eff. April 25, 1996, the date of adoption, to remain in effect for a period of 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this ER is adopted, as specified by the Agency.

Amended: Permanent Rule of the same title adopted. F. Jul. 10, 1996; eff. July 30, 1996.

Amended: F. Oct. 13, 2017; eff. Nov. 2, 2017.

Amended: F. May 13, 2020; eff. June 2, 2020.

Amended: F. Feb. 28, 2023; eff. Mar. 20, 2023.

Department 480. RULES OF GEORGIA STATE BOARD OF PHARMACY

Chapter 480-9. MULTIPLE DRUGS IN SINGLE-DOSE CONTAINERS

480-9-.03 Conditions

The conditions for allowing Multi-drug Single-dosing containers shall be as follows:

- (a) The number of drugs placed in one package cannot exceed the capacity of the container in order to prevent damage to the individual dosage forms;
- (b) The total quantity of drugs dispensed may not be more than a ninety-six (96) day supply;
- (c) The labels must be of sufficient size to properly and clearly label each container of a ninety-six (96) days or less drug supply with all information required by state and federal law and rules;
- (d) The integrity of each individual multi-drug single-dosing container shall be maintained until the last drug dose is administered to or taken by the patient;
- (e) Once a multi-drug single-dosing container has been properly labeled and dispensed to a patient, and this same container is returned to the pharmacy, the drugs packaged in such container are considered adulterated and may not be returned to the pharmacy stock. Drugs may be redispensed only under the following conditions:
 - 1. Drugs repackaged for and redispensed only to the same patient to which the drugs were originally dispensed or;
 - 2. Whenever a patient has an allergic reaction to any drug contained in a multi-drug single-dosing container and this drug is discontinued from the patient's treatment, a pharmacy cannot repackage and redispense any drug(s) which were packaged with the discontinued drug in the single-dosing container, because any such drug is then considered to be adulterated as defined under O.C.G.A. [26-3](#).
 - 3. Unopened unit-dose drugs packaged only by the original drug manufacturer dispensed to and returned only by a Long Term Care facility patient for Medicaid credit;
 - 4. A multi-drug single-dosing container must be tamper evident in such a manner to prevent the container from being either reclosed or designed to show evidence of having been opened;
- (f) Whenever a drug(s) in such a container previously dispensed to a patient has/have been discontinued, the remaining container(s) must be returned to the dispensing pharmacy for the removal of the discontinued drug(s) from the container for destruction. Except as provided for in paragraph [480-9-.03\(5\)\(a\)1](#), once the discontinued drug(s) has/have been removed, the pharmacy may repackage the drug(s) to be continued and once again only dispense them to the patient to whom they were originally dispensed. Under no circumstances may any of the remaining or discontinued drug(s) be returned to the drug stock of the pharmacy or dispensed to any patient other than the patient to whom the drugs were originally dispensed, as specified in [480-9-.03\(5\), \(6\) and \(7\)](#).
- (g) At the time of administration, nothing in this rule is meant to prevent a nurse or a patient specified caregiver from removing a discontinued drug(s) from a container to be wasted as directed by a pharmacist or from retaining up to a 72-hour supply of the continued drug(s) in the original container in order to maintain a patient on his or her continuing drug administration schedule;
- (h) Any pharmacist or pharmacy using multi-drug single-dosing container must implement policies and procedures which will exclude any drug(s) which have the following characteristics from being utilized in such packaging:

1. The USP-DI monograph or official labeling requires dispensing in the original container;
2. The drugs are incompatible with packaging components or each other;
3. The drugs require special packaging.

Cite as Ga. Comp. R. & Regs. R. 480-9-.03

AUTHORITY: O.C.G.A. §§ [26-3-8](#), [26-3-16](#), [26-4-27](#), [26-4-80](#), [16-13-73](#), [16-13-15](#).

HISTORY: Original Rule entitled "Conditions" adopted. F. June 28, 2001; eff. July 18, 2001.

Amended: F. Feb. 8, 2023; eff. Feb. 28, 2023.

Department 480. RULES OF GEORGIA STATE BOARD OF PHARMACY

Chapter 480-13. HOSPITAL PHARMACY REGULATIONS

480-13-.06 Drug Distribution Control

(1) General. A drug distribution system is the entirety of that mechanism by which a prescription drug order is executed, from the time the practitioner transmits the order either orally or in writing to an authorized health professional to the time the ordered drug is administered to the patient or delivered to the patient for self-administration.

(2) Responsibility. The Director of Pharmacy shall be responsible for the safe and efficient distribution, control, and accountability for drugs, including IV solutions and irrigation solutions. The other professional staff of the hospital shall cooperate with the Director of Pharmacy in meeting this responsibility and in ordering, administering, and accounting for the pharmaceutical materials to achieve this purpose. The Director of Pharmacy shall establish written procedures for the distribution of parenteral medications to achieve this goal. Accordingly, the Director of Pharmacy shall be responsible for, at a minimum, the following:

(a) The compounding, admixture, and quality control of large volume parenterals is the responsibility of a pharmacist and shall be prepared under a Laminar Flow Hood or utilizing such other equipment to protect the integrity of the product, within the pharmacy department. Individuals who prepare or administer large volume parenterals must have special training to do so. These functions of IV admixture compounding shall be done primarily by the pharmacy department with exceptions allowed for specialty-care areas such as Intensive Care Units, Cardiac Catheterization Laboratories Intensive Care Units, etc., during emergency situations, or during unattended hours of the pharmacy department. When any part of the above functions (preparing, sterilizing, and labeling parenteral medications and solutions) is performed within the hospital but not under direct pharmacist supervision, the Director of Pharmacy shall be responsible for providing written guidelines and for approving the procedures to assure that all pharmaceutical requirements are met;

(b) All drugs must be identified up to the point of administration;

(c) It shall be the responsibility of the pharmacist on duty to sign the invoice(s), including signature, legible Georgia pharmacist license number, and date, for all controlled substances upon receipt and verification;

(d) The pharmacy must receive a direct copy, electronic or mechanical copy of a practitioner's order before the first dose of medication is dispensed except as defined by hospital stat order policy;

(e) Utilization of a pharmacy-generated patient profile. The patient profile shall be the official record of medications dispensed to the patient. The patient profile or the ability to generate such profile electronically shall be under the control of the Director of Pharmacy for a period of two (2) years. The patient profile shall contain at a minimum:

1. Given and last name of the patient;

2. Age;

3. Sex;

4. Provisional diagnosis;

5. Room number;

6. Drug product dispensed, date dispensed, strength, dosage form, quantity and directions, and identification of dispensing pharmacist;

7. Identification or differentiation of controlled substances;
 8. Intravenous therapy;
 9. Selected medical data;
 10. Drug history interview (when possible); and
 11. Sensitivities and allergies to drugs and foods;
- (f) Manufacture of drugs, if applicable;
- (g) Establishment of specifications or use of compendia specifications for procurement of drugs, chemicals, devices and biologicals, subject to approval of the appropriate committee of the hospital;
- (h) Participation in the development of a drug formulary for the hospital;
- (i) filling and labeling all containers from which drugs are to be administered, after visual screening to determine that same are neither adulterated nor misbranded;
- (j) Maintaining and making available a sufficient inventory of antidotes and other emergency drugs. Current antidote information, telephone numbers of regional poison control center(s) and other emergency assistance organizations, and other material and information as may be deemed necessary shall be maintained;
- (k) Records of all transactions of the hospital pharmacy as may be required by law, and as may be necessary to maintain accurate control over the accountability for all pharmaceutical drugs, devices and materials. Nothing in this section shall prohibit the use of computer hard copy, where such copy meets all other requirements of the law;
- (l) Participation in those aspects of the hospital patient care evaluation program which relate to pharmaceutical drug, device and material utilization and effectiveness; and
- (m) Efficient messenger and delivery service to connect the pharmacy with appropriate parts of the facility throughout the normal workday.
- (3) Labeling.
- (a) For use inside the hospital, all drugs dispensed by a hospital pharmacy, including those for standard ward inventory, shall be dispensed in appropriate containers and adequately labeled so as to identify at a minimum, brand name or generic name, strength, lot number, and expiration date.
- (b) For use outside the hospital, all drugs dispensed by a hospital pharmacy to patients about to be discharged or on leave of absence shall be labeled with the following information:
1. Name, address, and telephone number of the hospital pharmacy;
 2. Date and identifying serial number;
 3. Patient's given and last name;
 4. Name of drug, (brand or generic) and strength;
 5. Directions for use by patient;
 6. Name of prescribing practitioner;

7. Required precautionary information regarding controlled substances; and

8. Such other and further accessory cautionary information as may be required or desirable for proper use by and safety of the patient.

(c) Drugs added to parenteral solutions. Wherever any drugs are added to parenteral solutions, whether within or outside the direct and personal supervision of a licensed pharmacist, such admixture shall be labeled with a distinctive supplementary label indicating the name and amount of the drug added, date and time of addition, expiration date and time if applicable, and the identity of the person so adding.

(4) Discontinued drugs. The Director of Pharmacy shall develop and implement policies and procedures to insure that outdated drugs and containers with worn, illegible, or missing labels are returned to the pharmacy for proper disposition.

(a) Full doses of controlled substances prepared for administration and not given must be destroyed by a licensed pharmacist or a licensed nurse and one witness. Any portions of controlled substances discontinued and taken from a medication delivery device shall be destroyed by a licensed pharmacist or a licensed nurse and one witness. The two persons witnessing the destruction must sign the destruction record at the time of destruction. The destruction record shall be returned to the pharmacy and must be signed by the pharmacist who is ultimately responsible for the accuracy of the information contained therein.

(b) In accordance with the policies and procedures developed by the Director of Pharmacy, discontinued non-controlled substances dispensed to hospital patients shall be returned to the pharmacy and evaluated by the licensed pharmacist to assure the integrity of the medication. If the integrity can be assured, the medication may be returned to the hospital's drug distributions system for re-issue. When the integrity cannot be assured, the medication must be separated immediately from the regular drug inventory and destroyed or transferred to a reverse distributor with a current license issued by the Board. The following method of destruction of non-controlled substances is approved by the Board for medications dispensed to hospital patients or patients residing in nursing homes or long term care units which are part of a hospital facility;

1. Placed in a secure storage area at the facility separated from other medications. The drugs may be destroyed at the facility by the pharmacist and another licensed healthcare practitioner designated by the facility. However, before the destruction can take place, it must be verified that an inventory has been taken and recorded. The facility must maintain a written record of the destruction and the inventory for a two year period. This record shall include at a minimum the date, time, and personnel involved with the destruction and the method of destruction; or

2. If the drugs are to be transferred to a reverse distributor with a current license issued by the Board, a record of the following must be maintained by the hospital pharmacy for a minimum of two years:

(i) An inventory of the drugs to be transferred including the names of the drugs; the dosage form(s) of the drugs and the quantity of the drugs; the inventory shall be verified by a pharmacy representative and a representative of the reverse distributor;

(ii) The date and time the drugs were taken from the pharmacy;

(iii) The name, Board permit number, address and telephone number of the destruction firm removing the drugs;

(iv) The name and signature of the responsible person representing the reverse distributor who is physically removing the drug(s);

(v) The name and signature of the pharmacist representing the pharmacy transferring the drug(s) to the reverse distributor.

(c) The following methods of destruction of controlled substances are approved by the Board of Pharmacy:

1. A securely attached wooden or metal cabinet within a locked limited-access area shall be used to store the drugs until the drugs are destroyed. When controlled drugs are discontinued or the patient expires, the medication shall be pulled from the active stock immediately and inventoried and verified by a pharmacist along with another licensed healthcare professional. The inventory must be recorded into a permanent record and the drugs shall then be placed in the aforementioned cabinet. This medication shall remain within the locked cabinet until such time as it is removed for destruction.

2. The pharmacist shall establish a form, which shall include the following data:

(i) Date of discontinuance or inventory date;

(ii) Name of patient;

(iii) Name of pharmacy;

(iv) Identifying serial numbers;

(v) Name and strength of the drug; and

(vi) Quantity of the drugs in container(s) at the time of inventory.

3. A licensed pharmacist or licensed nurse and one witness must destroy the drugs.

4. Inventory of the drugs included in the final destruction must be taken with one copy retained by the facility. The inventory shall be certified by the two witnesses present at the destruction in the following format:

"We, whose signatures appear below, certify that these controlled substances have been reconciled, accounted for, and destroyed at _____ (location) on _____ (date) at _____ o'clock."

Name of drug

Strength of drug

Dosage form

Quantity of drug

(Signature and Title)

(Signature and Title)

(Signature and Title)

5. The Board and/or the GDNA may prohibit any pharmacist or hospital pharmacy from utilizing this method.

(d) A method of off-site destruction allowable by the Board is as follows:

1. The drugs to be destroyed shall be immediately removed from the active stock and stored in a separate and secure location in the pharmacy until the drugs are transferred. When the drugs are transferred to a reverse distributor licensed by the Board, an inventory must be recorded and include the following information: the names of the drugs,

the dosage forms of the drugs and the quantities of the drugs taken and witnessed by an authorized representative of the hospital pharmacy and the responsible person representing the reverse distributor.

2. A receipt including the date and time the drugs were taken from the pharmacy; the name, Board permit number, address and telephone number of the reverse distributor removing the drugs; the inventory of the drugs; the name, signature and title of the responsible person representing the reverse distributor; and the name, signature and title of the pharmacy representative transferring the drugs. This receipt/record must be maintained by the hospital pharmacy for a minimum of two years.

(5) Prescription drug orders. Drugs may be dispensed from the hospital pharmacy only upon written orders, direct or mechanical copies thereof, of authorized practitioners.

(a) Authorization. The appropriate committee of the hospital shall, from time to time as appropriate, designate those practitioners who are authorized to issue prescription drug orders to the pharmacy.

(b) Abbreviations. Orders employing abbreviations and chemical symbols shall be utilized and filled only if such abbreviations and symbols appear on a published list of accepted abbreviations developed by the appropriate committee of the hospital.

(c) Requirements - Prescription drug orders for drugs, devices or materials for use by in-patients. Prescription drugs orders for use by in-patients shall, at a minimum, contain:

1. Patient name and room number;
2. Drug name, strength, directions for use; and
3. Date and practitioner's signature.

(d) Requirements - Prescription drug orders for drugs, devices or materials for use by outpatients. Prescription drug orders for drugs, devices or materials for use by outpatients shall, at a minimum, contain all of the information required by Rule [480-13-.06\(5\)\(c\)](#), and in addition include:

1. Quantity to be dispensed;
2. Practitioner's address and Drug Enforcement Administration identification code, if applicable, and
3. Patient's address, if applicable.

(6) Accountability of controlled drugs.

(a) Proof of use of controlled drugs on standard ward inventory. Proof of use of controlled substances and such other drugs as may be specified by the appropriate committee of the hospital, shall be submitted to the pharmacy, on forms provided by the pharmacy. Proof of use forms shall specify at a minimum:

1. Name of drug, strength, and dosage form;
2. Dose administered;
3. Name of authorized practitioner. This shall include, at a minimum, the initial and last name;
4. Given and last name of the patient;
5. Date and time of administration to the patient;
6. Signature of the individual administering, which shall include at a minimum, the initial, last name, and title;

7. Documentation of the destruction of any and all unused portions by two signature verifications;
 8. Proof of receipt of the medications that bears identifying serial numbers; and
 9. Date the medication was issued and the date that the proof of use form was returned to the pharmacy.
- (b) Anesthesia departments that obtain controlled drugs from the hospital pharmacy must show accountability of the controlled drugs by proof of use as defined above.
- (c) Use of computer generated hard copy is permitted where such copy meets all other requirements of the law.
- (d) Any hospital pharmacy licensed by the Georgia State Board of Pharmacy and in which controlled substances are administered to patients, may make on-premises destruction of small quantities of controlled substances prepared for parenteral and oral administration provided:
1. The controlled substance is either a whole dose or a partial dose of a single-dosage unit; and
 2. The single-dosage unit from which the ordered dose was prepared is the nearest possible size to the dose ordered.
- (e) Perpetual inventory of Schedule II substances shall be required and accountability of said drugs shall be by a proof of use form.
- (7) Recall. The Director of Pharmacy shall develop and implement a policy and procedure to assure that all drugs within the hospital included on a recall are returned to the pharmacy for proper disposition.
- (8) Suspected adverse drug reactions. All suspected adverse drug reactions shall be reported immediately to the ordering authorized practitioner, the pharmacy, and to the appropriate committee of the hospital. An appropriate entry on the patient's medical record shall also be made.
- (9) Records and reports. The Director of Pharmacy shall maintain access to and submit, as appropriate, such records and reports as are required to insure the patient's health, safety and welfare. Such records shall be readily available and subject to inspections by the Board of Pharmacy, the GDNA or its employees. These shall include, at a minimum, the following:
- (a) Patient profile;
 - (b) Proof of use;
 - (c) Reports of suspected adverse drug reactions;
 - (d) Inventories of night cabinets and emergency kits/crash carts;
 - (e) Inventories of the pharmacy;
 - (f) Biennial controlled substances inventories;
 - (g) Alcohol and flammables reports; and
 - (h) Such other records and reports as may be required by state Law and the Rules and Regulations of the Board of Pharmacy.
- (10) Standard ward inventory (floor stock). The pharmacy department may distribute drugs within a hospital for the purpose of establishing and/or maintaining a standard ward inventory. Such drugs may be distributed only upon a signed requisition from a nurse or other authorized representative of said hospital or by an inventory replacement system. These drugs may be administered only pursuant to a practitioner's order. This practitioner's order will be forwarded to the pharmacy and these medications will be recorded on the pharmacy patient profile. A record of

administration of drugs administered to patients in ancillary areas such as but not limited to the operating room, emergency room, anesthesiology, and x-ray shall be forwarded to the pharmacy and these medications shall be recorded on the patient profile. A survey of usage trends of each standard ward inventory shall be prepared monthly. Such records shall be retained for a period of two years.

(11) Emergency room dispensing. An authorized practitioner may, when drugs or controlled substances are not otherwise available from a licensed pharmacy, dispense an emergency amount of medication, but only sufficient quantities until such time as medication can be obtained from a pharmacy licensed as a retail pharmacy. Nurses or other unauthorized personnel may not dispense medication from the emergency room. The total act of dispensing shall be performed by an authorized practitioner in accordance with Pharmacy Laws, Rules and Regulations. Such medications shall be labeled as required in Section [480-13-.06\(3\)\(b\)](#).

Cite as Ga. Comp. R. & Regs. R. 480-13-.06

AUTHORITY: O.C.G.A. §§ [26-4-27](#), [26-4-28](#), [26-4-110](#).

HISTORY: Original Rule entitled "Drug Distribution and Control" adopted. F. Jan. 24, 1977; eff. Feb. 13, 1977.

Repealed: New Rule of same title adopted. F. May 5, 1980; eff. May 25, 1980.

Amended: F. Feb. 4, 1987; eff. Feb. 24, 1987.

Amended: F. Nov. 7, 1994; eff. Nov. 27, 1994.

Repealed: New Rule of same title adopted. F. July 24, 2002; eff. August 13, 2002.

Amended: F. Dec. 14, 2012; eff. Jan. 3, 2013.

Amended: F. Feb. 8, 2023; eff. Feb. 28, 2023.

Department 480. RULES OF GEORGIA STATE BOARD OF PHARMACY

Chapter 480-15. PHARMACY TECHNICIANS AND OTHER PHARMACY PERSONNEL

480-15-.03 Use of Registered Pharmacy Technicians and Other Pharmacy Personnel

(a) In dispensing drugs, no individual other than a licensed pharmacist, intern or extern working under direct supervision of a licensed pharmacist shall perform or conduct those duties or functions which require professional judgment. It shall be the responsibility of the supervising pharmacist to ensure that no other employee of the pharmacy, excluding pharmacy interns or externs, performs or conducts those duties or functions which require professional judgment.

(b) For all prescription drug orders, it shall be the responsibility of the Pharmacist on duty at a facility to ensure that only a pharmacist or a pharmacy intern and/or extern under the direct supervision of a pharmacist provides professional consultation and counseling with patients or other licensed health care professionals and that only a pharmacist or a pharmacy intern or an extern under the direct supervision of a pharmacist accepts telephoned oral prescription drug orders or provides or receives information in any manner relative to prescriptions or prescription drugs.

(c) Registered pharmacy technicians and other pharmacy personnel, i.e., clerks, cashiers, observers, etc., in the prescription department shall be easily identifiable by use of a name badge or other similar means which prominently displays their name and the job function in which the personnel are engaging at that time. Any pharmacy personnel or other person present in the pharmacy department must be under the direct supervision of a licensed pharmacist.

(d) In the dispensing of all prescription drug orders:

1. The pharmacist shall be responsible for all activities of any registered pharmacy technician in the preparation of the drug for delivery to the patient.
2. The pharmacist shall be present and personally supervising the activities of any registered pharmacy technician at all times.
3. When electronic systems are employed within the pharmacy, registered pharmacy technicians may enter information into the system and prepare labels; provided, however, that it shall be the responsibility of the pharmacist to verify the accuracy of the information entered and the label produced in conjunction with the prescription drug order.
4. When a prescription drug order is presented for filling or refilling, it shall be the responsibility of the pharmacist to review all appropriate information and make the determination as to whether to fill the prescription drug order, and
5. Any other function deemed by the Board to require professional judgment.

(e) The pharmacist to registered pharmacy technician ratio shall not exceed one pharmacist providing direct supervision of four registered pharmacy technicians in accordance with the certification requirements below.

1. Any time during which a pharmacist is directly supervising one or two technicians, no certification is required.
2. Any time during which a pharmacist is directly supervising three technicians, at least one must be certified as outlined below in subsections i-iii.

3. Any time during which a pharmacist is directly supervising four technicians, at least two must be certified as outlined below in subsections i-iii.

(i) Have successfully passed a certification program approved by the Board of Pharmacy;

(ii) Have successfully passed an employer's training and assessment program which has been approved by the Board of Pharmacy; or

(iii) Have been certified by the Pharmacy Technician Certification Board.

(f) In addition to the utilization of four (4) registered pharmacy technicians as outlined in subsection (e), a pharmacist may be assisted by and directly supervise at the same time one (1) pharmacy intern, one (1) pharmacy extern, and one (1) pharmacy observer.

(g) The board may consider and approve an application to increase the ratio in a pharmacy located in a licensed hospital. Such application must be made in writing and may be submitted to the Board by the pharmacist in charge of a specific hospital pharmacy in this state.

(h) No completed prescription drug order shall be given to the patient requesting the same unless the contents and label thereof have been verified by a pharmacist.

(i) The Board of Pharmacy may revoke or suspend the registration of a pharmacy technician for any of the grounds set forth in O.C.G.A. Sections [43-1-19](#) or [26-4-60](#). The revocation or suspension of the registration of a pharmacy technician is not a contested case under the Georgia Administrative Procedures Act, O.C.G.A.T. 50, Ch.13, and the technician is not entitled to a hearing, but the technician may be entitled to an appearance before the Board.

Cite as Ga. Comp. R. & Regs. R. 480-15-.03

AUTHORITY: O.C.G.A. §§ [26-4-27](#), [26-4-28](#), [26-4-60](#), [26-4-80](#), [26-4-82](#), [26-4-83](#), [26-4-84](#), [26-4-85](#), [26-4-88](#), [26-4-110](#), [26-4-111](#), [43-1-19](#).

HISTORY: Original Rule entitled "Substitution" adopted. F. Oct. 6, 1970; eff. Oct. 26, 1970.

Repealed: New Rule entitled "Duties or Functions Prohibited from Being Performed by a Pharmacy Technician" adopted. F. Nov. 14, 2007; eff. Dec. 4, 2007.

Repealed: New Rule entitled "Use of Registered Pharmacy Technicians and Other Pharmacy Personnel" adopted. F. Feb. 21, 2011; eff. Mar. 13, 2011.

Amended: F. May 17, 2016; eff. June 6, 2016.

Amended: F. Feb. 8, 2023; eff. Feb. 28, 2023.

Department 480. RULES OF GEORGIA STATE BOARD OF PHARMACY

Chapter 480-22. REQUIREMENTS OF A PRESCRIPTION UNDER ORDER

480-22-.07 Requirements of Schedule III, IV and V (C-III, IV, V) Controlled Substance Prescription Drug Orders

(1) A pharmacist or pharmacy intern/extern may dispense Schedule III, IV and V Controlled Substances (C-III, IV, V), as defined by O.C.G.A. §§ [16-13-27](#), [16-13-28](#), and [16-13-29](#), pursuant to:

- (a) A written prescription drug order bearing the signature of a practitioner as permitted by this rule;
 - (b) A facsimile of a written, signed prescription drug order transmitted directly to the pharmacy with the requirements contained in O.C.G.A. § [26-4-80](#), by the practitioner or the practitioner's agent;
 - (c) An oral prescription drug order made by an individual practitioner and promptly reduced to writing by the pharmacist or pharmacy intern/extern to a hard copy; and
 - (d) A written prescription drug order transmitted via electronic means other than a facsimile, if it meets the requirements and limitations for electronically transmitted prescription drug orders set forth in O.C.G.A. § [26-4-80](#), and Rules as set forth by the Board.
- (2) Permanent records of electronic prescriptions do not have to be reduced to hard copy provided the following requirements are met:
- (a) Electronic prescription data must be maintained in the original format received for a minimum of two years; and
 - (b) Reliable backup copies of the information are readily retrievable and stored in a secure and fireproof (minimum 1hr UL approved) container, stored in a secured offsite location or backed up to a documented offsite secure storage device within 48 hours following each work day.
- (3) A pharmacy must file or maintain the original hard copy prescription drug order. If the prescription drug order was electronically transmitted, the pharmacy must maintain the original electronic prescription drug order. All prescription drug orders shall contain all of the information required by this chapter.
- (4) Upon dispensing a C-III, IV, or V controlled substance, the dispensing pharmacist shall ensure that his or her initials, the dispensing date, and the prescription serial number appear on the face of or the rear of each such prescription. Nothing shall prohibit the use of a computer-generated label to fulfill the requirements of this paragraph and/or the requirements of this Rule.
- (a) All such information shall be placed on the prescription drug order in such a manner that it does not cover or veil any information required by this chapter or any other rule or law to appear on such prescription.
- (5) Prescription drug orders for schedule C-III, IV, or V controlled substances shall be maintained either in a separate prescription drug order file for such C-III, IV, or V drug orders only or in such a form that they are readily retrievable from the other prescription drug orders of the pharmacy.
- (a) A prescription drug order will be deemed readily retrievable if, at the time it is initially filled, the face of the prescription drug order is stamped in red ink in the lower right corner with the letter "C" no less than 1 inch high and filed in the usual consecutively numbered prescription drug order file for dangerous drugs; or

(b) A pharmacy which utilizes a computerized record keeping system for prescription drug orders which permits identification of prescription drug orders by serial number and retrieval of documents by prescriber's name, patient's name, drug dispensed, and date filled, then there is no requirement to mark hard copy prescriptions with a red "C".

Cite as Ga. Comp. R. & Regs. R. 480-22-.07

AUTHORITY: O.C.G.A. §§ [16-13-34](#), [16-13-39](#), [16-13-41](#), [26-4-27](#), [26-4-80](#), [26-4-83](#).

HISTORY: Original Rule entitled "Requirements of Schedule III, IV and V (C-III, IV, V) Controlled Substance Prescription Drug Orders" adopted. F. July 24, 2002; eff. August 13, 2002.

Amended: F. Dec. 14, 2012; eff. Jan. 3, 2013.

Note: Correction of non-substantive typographical error in History, Rule title corrected to "Requirements of Schedule III, IV and V (C-III, IV, V) Controlled Substance Prescription Drug Orders" (i.e., Order to Orders), as originally promulgated and adopted. Effective February 28, 2023.

Amended: F. Feb. 8, 2023; eff. Feb. 28, 2023.

Department 480. RULES OF GEORGIA STATE BOARD OF PHARMACY

Chapter 480-31. PATIENT COUNSELING

480-31-.01 Patient Counseling

Purpose: The purpose of the regulations issued in this part is to comply with the requirements of the Omnibus Budget Reconciliation Act of 1990 and to enhance the public health and welfare by providing that pharmacists shall offer consultation to patients regarding their medications and various conditions which could affect or be affected by the use of those medications.

(a) Patient Records.

1. A patient record system shall be maintained by all pharmacies for patients for whom Prescription Drug Orders are dispensed. For purposes of the regulations under this part, "Prescription Drug Order" is defined to mean the lawful order of a Practitioner for a Drug or Device for a specific patient. The patient record system shall provide for the immediate retrieval of information necessary for the Dispensing Pharmacist to identify previously dispensed drugs at the time a prescription drug order is presented for dispensing. The Pharmacist or his designee shall make a reasonable effort to obtain, record, and maintain the following information:

(i) full name of the patient for whom the Drug is intended.

(ii) address and telephone number of the patient;

(iii) date of birth; and

(iv) patient's gender.

2. The Pharmacist shall make a reasonable effort to obtain from the patient or the patient's agent and shall record any known allergies, drug reactions, idiosyncrasies, and chronic conditions or disease states of the patient and the identity of any other Drugs, including over-the-counter Drugs, or devices currently being used by the patient which may relate to Prospective Drug Review unless the patient or the patient's agent refuses such information. The Pharmacist shall make a reasonable effort to obtain, record, and maintain the following information:

(i) A list of all Prescription Drug Orders obtained by the patient at the Pharmacy where the Prescription Drug Order is being filled within the preceding two years, showing prescription number, name and strength of the Drug, the quantity and date dispensed, the name of the Practitioner; and

(ii) comments from the Pharmacist relevant to the individual's drug therapy, including any other information peculiar to the specific patient or Drug.

3. A patient record shall be maintained for a period of not less than two years from the date of the last entry in the profile record. This record may be a hard copy or a computerized form.

(b) Prospective Drug Review.

1. A pharmacist shall review the patient record and each Prescription presented for Dispensing for purposes of promoting therapeutic appropriateness by identifying:

(i) over-utilization or under-utilization;

(ii) therapeutic duplications;

- (iii) drug-disease contraindications;
- (iv) Drug-Drug interactions;
- (v) incorrect Drug dosage or duration of Drug treatment;
- (vi) Drug-allergy interactions;
- (vii) clinical abuse/misuse.

2. Upon recognizing any of the above, the Pharmacist shall take appropriate steps to avoid or resolve the problem which shall, if necessary, include consultation with the Practitioner.

(c) Patient Counseling.

1. Upon receipt of a Prescription Drug Order and following a review of the patient's record, the dispensing Pharmacist shall personally offer to discuss matters which will enhance or optimize drug therapy with each patient or caregiver of such patient. If the prescription is being delivered, then the personal offer to counsel may be made verbally or in written format. A written offer must provide a telephone number and business hours during which a pharmacist can be reached. Such discussion shall be in person, whenever practicable, or by telephone and shall include appropriate elements of patient counseling, based on the professional judgment of the pharmacist. Such elements may include but are not limited to the following:

- (i) the name and description of the Drug;
- (ii) the dosage form, dose, route of Administration, and duration of drug therapy;
- (iii) intended use of the Drug and expected action;
- (iv) special directions and precautions for preparation, Administration, and use by the patient;
- (v) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
- (vi) techniques for self-monitoring drug therapy;
- (vii) proper storage;
- (viii) prescription refill information;
- (ix) action to be taken in the event of a missed dose; and
- (x) Pharmacist comments relevant to the individual's Drug therapy, including any other information peculiar to the specific patient or Drug.

2. Additional forms of patient information shall be used to supplement Patient Counseling when appropriate.

3. Patient Counseling, as described above and defined in the Act, shall not be required for:

- (i) in-patients of a hospital or institution where other licensed health care professionals are authorized to administer the drug(s).
- (ii) inmates of correctional institutions where pharmacy services are provided by the Georgia Department of Corrections or by county or municipal political subdivisions either directly or by a subcontractor of the above; or

(iii) patients receiving drugs from the Georgia Department of Human Resources Division of Public Health; provided however, that pharmacists who provide medications to patients in accordance with Section [43-34-26.1](#) of the Official Code of Georgia Annotated shall include in all dispensing procedures a written process whereby the patient or the caregiver of such patient is provided with the information contained in Chapter 480-31 of the Rules of the Georgia State Board of Pharmacy.

(iv) refills of prescription drug orders for which, in the professional judgment of the Pharmacist, appropriate counseling has taken place or has been declined. The need for counseling on refills resides in the professional judgment of the dispensing Pharmacist.

4. A Pharmacist shall not be required to counsel a patient or caregiver when the patient or caregiver refuses such consultation.

5. These rules will become effective January 1, 1993.

(d) Nothing in these rules shall be interpreted so as to prohibit the pharmacist from being remunerated for said professional services.

Cite as Ga. Comp. R. & Regs. R. 480-31-.01

AUTHORITY: O.C.G.A. §§ [26-4-27](#), [26-4-28](#), [26-4-37](#), [26-4-80](#), [26-4-85](#).

HISTORY: Original Rule entitled "Patient Counseling" adopted. F. Nov. 24, 1992; eff. Jan. 1, 1993, as specified by the Agency.

Amended: F. Nov. 6, 1995; eff. Nov. 26, 1995.

Amended: F. Jan. 23, 2009; eff. Feb. 12, 2009.

Amended: F. Feb. 8, 2023; eff. Feb. 28, 2023.

Department 480. RULES OF GEORGIA STATE BOARD OF PHARMACY

Chapter 480-34. CONTROLLED SUBSTANCES

480-34-.15 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 480-34-.15

AUTHORITY: O.C.G.A. §§ [16-13-22](#), [16-13-29](#), [26-4-5](#), [26-4-27](#), [26-4-28](#).

HISTORY: Original Rule entitled "Additional Compounds under Schedule V" filed as Emergency Rule [480-34-0.35-.12](#) on Nov. 5, 2018; effective Nov. 5, 2018, to remain in effect for a period of 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Board.

Adopted: Permanent Rule of the same title. F. May 9, 2019, eff. May 29, 2019.

Repealed: F. Feb. 8, 2023; eff. Feb. 28, 2023.

Department 505. PROFESSIONAL STANDARDS COMMISSION

Chapter 505-2. CERTIFICATION

505-2-.193 Computer Science Micro-Endorsement

(1) Purpose.

(a) The Computer Science Micro-Endorsement is designated for teachers who are currently enrolled in and completing the Computer Science Program or Computer Science Endorsement Program that desire to begin teaching computer science introductory courses prior to completion of the full endorsement program.

(2) Professional and Induction Requirements.

(a) Issuance.

1. Hold a level four (4) or higher renewable Professional or Five (5)-Year Induction teaching certificate.
2. Verify completion of coursework from a GaPSC-approved Computer Science Program or Computer Science Endorsement Program provider that covers standards 1 and 6 outlined in GaPSC Rules [505-3-.41](#) COMPUTER SCIENCE PROGRAM or [505-3-.86](#) COMPUTER SCIENCE ENDORSEMENT PROGRAM.
3. Meet Standards of Conduct.
4. Apply for certification following procedures outlined in GaPSC Rule [505-2-.27](#) CERTIFICATION APPLICATION, MyPSC AND TEST ELIGIBILITY PROCEDURES.

(b) Renewal.

1. Meet requirements outlined in the GaPSC Rule [505-2-.36](#) RENEWAL REQUIREMENTS.
2. Meet Standards of Conduct.
3. Apply for certification following procedures outlined in GaPSC Rule [505-2-.27](#) CERTIFICATION APPLICATION, MyPSC AND TEST ELIGIBILITY PROCEDURES.

(3) Three-Year Non-Renewable and Three-Year Induction Requirements.

(a) Issuance.

1. Hold a level four (4) or higher renewable Professional or Five (5)-Year Induction teaching certificate.
2. Meet Standards of Conduct.
3. Have the certificate requested by the employing Georgia local unit of administration following procedures outlined in GaPSC Rule [505-2-.27](#) CERTIFICATION APPLICATION, MyPSC AND TEST ELIGIBILITY PROCEDURES.

(b) Conversion.

1. Verify completion of coursework from a GaPSC-approved Computer Science Program or Computer Science Endorsement Program provider that covers standards 1 and 6 outlined in GaPSC Rules [505-3-.41](#) COMPUTER SCIENCE PROGRAM or [505-3-.86](#) COMPUTER SCIENCE ENDORSEMENT PROGRAM.

2. Meet Standards of Conduct.

3. Apply for certification following procedures outlined in GaPSC Rule [505-2-.27](#) CERTIFICATION APPLICATION, MyPSC AND TEST ELIGIBILITY PROCEDURES.

(4) **In-Field Statement (See GaPSC Rule [505-2-.40](#) IN-FIELD ASSIGNMENT).** An individual with the Computer Science Micro-Endorsement is in-field to teach identified courses in Certification/Curriculum Assignment Policies (CAPS) on the GaPSC web site at www.gapsc.com.

Cite as Ga. Comp. R. & Regs. R. 505-2-.193

AUTHORITY: O.C.G.A. § [20-2-200](#).

HISTORY: Original Rule entitled "Computer Science Micro-Endorsement" adopted. F. June 22, 2022; eff. July 1, 2022, as specified by the Agency.

Repealed: New Rule with same title adopted. F. Dec. 9, 2022; eff. Jan. 1, 2023, as specified by the Agency.

Note: Correction of non-substantive typographical error in paragraph numbering, "(5) *In-Field Statement* ..." corrected to "(4) *In-Field Statement* ...", as requested by the Agency. Effective Feb. 20, 2023.

Department 509. GEORGIA BOARD OF PRIVATE DETECTIVE AND SECURITY AGENCIES

Chapter 509-4. SAFETY AND CONDUCT OF LICENSEES AND REGISTRANTS

509-4-.05 Weapons Discharge Report

Any time a registrant who is a holder of a weapon permit issued by this Board discharges a firearm while on duty, other than on a supervised range, the licensed company for whom the registrant is employed shall immediately report to the Board the circumstances surrounding the discharge of the weapon by the registrant. The report shall be made within ten (10) business days of the date of discharge and shall be made on forms provided by the Board.

Cite as Ga. Comp. R. & Regs. R. 509-4-.05

AUTHORITY: O.C.G.A. § [43-38-4\(a\)\(3\), \(4\), \(7\)](#).

HISTORY: Original Rule entitled "Weapons Discharge Report" was filed on January 23, 1985; effective February 12, 1985.

Amended: F. Feb. 10, 2023; eff. Mar. 2, 2023.