(Catalog of Federal Domestic Assistance Program No. 59.011, Small Business Investment Companies)

Dated: September 11, 1980.

Peter F. McNeish,

Acting Associate Administrator for Investment.

[FR Doc. 80-29029 Filed 9-18-80; 8:45 a.m.]

BILLING CODE 8025-01-M

[License No. 05/05-5084]

Chicago Community Ventures, Inc.; Filing of an Application for Approval of a Conflict-of-Interest Transaction

Notice is hereby given that Chicago Community Ventures, Inc. (CCVI), 19 South LaSalle Street, Suite 1114, Chicago, Illinois 60603, a Federal Licensee under the Small Business Investment Act of 1958, as amended (the Act), has filed an application pursuant to § 107.1004 of the Regulations governing small business investment companies (13 CFR 107.1004 (1980)) for an exemption from the provisions of the conflict of interest regulation.

This exemption, if granted, will permit CCVI to provide financing in the amount of $112,500 to Urban Marketing, Inc. (UMI), 725 South Wells Street, Chicago, Illinois.

Mr. Frederick C. Ford, a director of UMI, is a director of CCVI.

Pursuant to Paragraph (f) of the definition of "Associate of a Licensee" in § 107.3 of the SBA Regulations, UMI is considered to be an Associate of CCVI. As such, the transaction will require an exemption from the provisions of § 107.1004(b)(1) of the Regulations.

Notice is hereby given that any person may, no later than October 6, 1980, submit to the Small Business Administration, in writing, relevant comments on the proposed transaction. Any such communications should be addressed to the Acting Associate Administrator for Investment, Small Business Administration, 1441 "L" Street, N.W., Washington, D.C. 20416.

A copy of this Notice shall be published in a newspaper of general circulation in Chicago, Illinois.

(Catalog of Federal Domestic Assistance Program No. 59.011, Small Business Investment Companies)

Dated: September 11, 1980.

Peter F. McNeish,

Acting Associate Administrator for Investment.

[FR Doc. 80-29028 Filed 9-18-80; 8:45 am]

BILLING CODE 8025-01-M

[License No. 01/01-0297]

Hampshire Capital Corp.; Issuance of License To Operate as a Small Business Investment Company

On August 24, 1979, a notice was published in the **Federal Register** (44 FR 49816) stating that Hampshire Capital Corporation, 48 Congress Street, Portsmouth, New Hampshire had filed an Application with the Small Business Administration, pursuant to Section 107.102 of the Regulations governing small business investment companies (13 CFR 107.102 (1979)), for a license to operate as a small business investment company.

Interested parties were given until the close of business on September 8, 1979, to submit written comments on the Application to the SBA.

Notice is hereby given that no written comments were received, and having considered the Application and all other pertinent information, the SBA approved the issuance of License No. 01/01-0297 on September 2, 1980, to Hampshire Capital Corporation, pursuant to Section 301(c) of the Small Business Investment Act of 1958, as amended.

(Catalog of Federal Domestic Assistance Program No. 59.011 Small Business Investment Companies)

Dated: September 12, 1980.

Peter F. McNeish

Acting Associate Administrator for Investment

[FR Doc. 80-29068 Filed 9-18-80; 8:45 am]

BILLING CODE 8025-01-M

DEPARTMENT OF THE TREASURY

Fiscal Service

[Dept. Circ. 570, 1980 Rev., Supp. No. 6]

Surety Companies Acceptable on Federal Bonds

A certificate of authority as an acceptable surety on Federal bonds is hereby issued to the following company under Sections 6 to 13 of Title 6 of the United States Code. An underwriting limitation of $60,000 has been established for the company.

Name of Company:

Oceanic Insurance and Surety Company

Business Address:

5105 Tollview Drive
Rolling Meadows, Illinois 60008

State of Incorporation:

New Mexico

Certificates of authority expire on June 30 each year, unless renewed prior to that date or sooner revoked. The certificates are subject to subsequent annual renewal so long as the companies remain qualified (31 CFR, Part 223). A list of qualified companies is published annually as of July 1 in Department Circular 570, with details as to underwriting limitations, areas in which licensed to transact surety business and other information. Federal bond-approving officers should annotate their reference copies of Treasury Circular 570, 1980 Revision, at page 44510 to reflect this addition. Copies of the circular, when issued, may be obtained from the Audit Staff, Bureau of Government Financial Operations, Department of the Treasury, Washington, D.C. 20226.

Dated: September 11, 1980.

W. E. Douglas,

Commissioner, Bureau of Government Financial Operations.

[FR Doc. 80-28954 Filed 9-18-80; 8:45 am]

BILLING CODE 4810-35-M

Office of the Secretary

United States and Australia to Resume Discussions on New Income Tax Treaty

The Treasury Department today announced that representatives of the United States and Australia will meet in Canberra in November to resume discussions on a new income tax treaty to replace the present treaty which has been in effect since 1953.

Negotiations on a new treaty began in 1970 and continued in 1971. It was not possible at that time to resolve all of the issues, and negotiations lapsed. On the basis of several informal discussions in the last few years, full agreement now appears promising.

The new treaty will be patterned after the U.S. and OECD Model Conventions of 1977. It will deal with the taxation of business income, investment income, and personal service income and with administration of the treaty.

The Treasury invites persons wishing to submit comments or suggestions on any aspect of the proposed treaty or on U.S.-Australian tax relations generally to write, by October 31, 1980, to H. David Rosenbloom, International Tax Counsel, Department of the Treasury, Room 3064, Washington, D.C. 20220.

Dated September 15, 1980.

Donald C. Lubick,

Assistant Secretary (Tax Policy).

[FR Doc. 80-28981 Filed 9-19-80; 8:45 am]

BILLING CODE 4810-25-M

VETERANS ADMINISTRATION

Veterans Administration Medical Center; Ambulatory Care Addition; Finding of No Significant Impact

The Veterans Administration (VA) has assessed the potential environmental impacts that may occur as a result of the construction of an ambulatory Care Addition at the Veterans Administration Medical Center (VAMC) Omaha, Nebraska.

The Ambulatory Care Addition project proposes the construction of a two level (basement and first floor) structural addition involving approximately 71,000 gross square feet. The addition will be constructed on the north (front) side of the west end of building no. 1. This project also includes the interior renovation of approximately 20,000 gross square feet of existing space on the first floor of building no. 1.

The mitigation of the project impacts on the environment include: implementation of erosion and sedimentation controls; onsite noise abatement measures; construction traffic controls; and air quality controls. Short term impacts of dust and fumes associated with the construction of the project will be minimized.

Findings conclude the proposed actions will not cause a significant effect on the physical and human environment and, therefore, does not require the preparation of an Environmental Impact Statement. This Environmental Assessment has been performed in accordance with the requirements of the National Environmental Policy Act Regulations, §§ 1501.3 and 1508.9, Title 40, Code of Federal Regulations. A "Finding of No Significant Impact" has been reached based on the information presented in this assessment.

The assessment is being placed for public examination at the Veterans Administration, Washington, D.C. Persons wishing to examine a copy of the document may do so at the following office: Mr. Willard Sitler, P. E., Director, Office of Environmental Affairs (003A), Room 1027A, Veterans Administration, 810 Vermont Avenue, N.W., Washington, D.C. 20420, (202–389–2526). Questions or requests for single copies of the Environmental Assessment may be addressed to the above office.

Dated: September 11, 1980.

By direction of the Administrator.

Maury S. Cralle, Jr.,

Associate Deputy Administrator.

[FR Doc. 80–28946 Filed 9–18–80; 8:45 am]

BILLING CODE 8320–01–M

Veterans Administration Medical Center; 120-Bed Nursing Home Care Unit; Finding of No. Significant Impact

The Veterans Administration (VA) has assessed the potential environmental impacts that may occur as a result of the construction of a new 120-Bed Nursing Home Care Unit (NHCU) at the Veterans Administration Medical Center (VAMC), Ann Arbor, Michigan.

The project proposes construction of a 120-Bed NHCU with a connecting bridge to the southeast corner of building no. 1 (main hospital). The nursing home will be a two-story structure of approximately 31,793 net square feet. The project will also include any changes in onsite traffic patterns as are necessitated by the new construction.

Development of the project will have minimal impacts on the human and natural environment. There will be some temporary noise, dust, fumes, and visual impacts during construction. Parking and vehicle circulation at the station will be altered.

Mitigation of project impacts include site grading, use of piles and retaining walls, soil erosion and sedimentation control, onsite noise abatement measures and control of construction dust and fumes. Alternations to the main entrance drive and construction of a new service drive will be included in the project.

Findings conclude that the proposed action will not cause significant effect on the physical and human environment and, therefore, does not require the preparation of an Environmental Impact Statement. This Environmental Assessment has been performed in accordance with the requirements of the National Environmental Policy Act Regulations, §§ 1501.3 and 1508.9, Title 40, Code of Federal Regulations. A "Finding of No Significant Impact" has been reached based on the information presented in this assessment.

The assessment is being placed for public examination at the Veterans Administration, Washington, D.C. Persons wishing to examine a copy of the document may do so at the following office: Mr. Willard Sitler, P.E., Director, Office of Environmental Affairs (003A), Room 1027A, Veterans Adminstration, 810 Vermont Avenue, N.W., Washington, D.C. 20420, (202–389–2526). Questions or requests for single copies of the Environmental assessment may be addressed to the above office.

Dated: September 11, 1980.

By direction of the Administrator.

Maury S. Cralle, Jr.,

Associate Deputy Administrator.

[FR Doc. 80–28947 Filed 9–18–80; 8:45 am]

BILLING CODE 8320–01–M

Sunshine Act Meetings

Federal Register
Vol. 45, No. 184
Friday, September 19, 1980

This section of the FEDERAL REGISTER contains notices of meetings published under the "Government in the Sunshine Act" (Pub. L. 94-409) 5 U.S.C. 552b(e)(3).

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1

FEDERAL ENERGY REGULATORY COMMISSION.

"FEDERAL REGISTER" CITATION OF PREVIOUS ANNOUNCEMENT: 45 FR 60537, September 12, 1980.

PREVIOUSLY ANNOUNCED TIME AND DATE OF MEETING: 10 a.m., September 17, 1980.

CHANGE IN MEETING: The following item has been added:

Item Number, Docket Number, and Company

CAP-5: Project 2832, New York Irrigation District, Nampa-Meridian Irrigation District, Boise-Kuna Irrigation District, Wilder Irrigation District and Big Bend Irrigation District.

Kenneth F. Plumb,

Secretary.

[S-1734-80 Filed 9-17-80; 11:24 am]

BILLING CODE 6450-85-M

2

FEDERAL ENERGY REGULATORY COMMISSION.

Notice of Meeting.

September 17, 1980.

AGENCY HOLDING MEETING: Federal Energy Regulatory Commission.

TIME AND DATE: 10 a.m., September 24, 1980.

PLACE: Room 9306, 825 North Capitol Street, NE., Washington, D.C. 20426.

STATUS: Open.

MATTERS TO BE CONSIDERED: Agenda.

Note.—Items listed on the agenda may be deleted without further notice.

CONTACT PERSON FOR MORE INFORMATION: Kenneth F. Plumb, Secretary; telephone (202) 357-8400.

This is a list of matters to be considered by the Commission. It does not include a listing of all papers relevant to the items on the agenda; however all public documents may be examined in the division of public information.

Power Agenda—463d Meeting, September 24, 1980, Regulator Meeting (10 a.m.)

CAP-1. Project No. 3177, Sacramento Municipal Utility District.
CAP-2. Docket Nos. ER78-337, ER78-338 (phase II) and ER77-464, Public Service Co. of New Mexico.
CAP-3. Docket No. ER80-112, Upper Peninsula Power Co.
CAP-4. Docket No. ER80-65, Southern Co. Services, Inc.
CAP-5. Docket No. EL80-32, City of Cuba City, Wisconsin V. Wisconsin Power & Light Co.
CAP-6. Docket No. EL78-26, Anza Electric Cooperative, Inc.
CAP-7. Docket No. ES80-66, Gulf States Utilities Co.
CAP-8. Docket No. ES80-70, El Paso Electric Co.

Miscellaneous Agenda—463d Meeting, September 24, 1980, Regular Meeting

CAM-1. Docket No. RM80-8, Bona Fide offers; right of first refusal.
CAM-2. Docket No. GP80- , State of Kansas, section 108 NGPA determination, Braden-Deem, Inc., Robbins Unit No. 1, State Docket No. NGPA-K-78-0409, JD79-14135.
CAM-3. Docket No. RA80-26, Kansas-Nebraska Natural Gas Co., Inc.

Gas Agenda—463d Meeting, September 24, 1980, Regular Meeting

CAG-1. Docket No. TA81-1-17, Texas Eastern Transmission Corp.
CAG-2. Docket No. TA81-1-31 (PGA81-1a, PGA81-1, IPR81-1 and LFUT81-1), Arkansas Louisiana Gas Co.
CAG-3. Docket No. TA81-1-32 (PGA81-1 and IPR81-1), Colorado Interstate Gas Co.
CAG-4. Docket No. TA81-1-33 (PGA81-1, IPR81-1, AP81-1, TT81-1 and LFUT81-1), El Paso Natural Gas Co.
CAG-5. Docket No. TA81-1-35 (PGA81-1), Peoples Natural Gas Co.
CAG-6. Docket Nos. RP80-134 and RP79-10, Great Lakes Gas Transmission Co.
CAG-7. Docket No. RP80-77, United Gas Pipe Line Co.
CAG-8. Docket No. RP78-68, United Gas Pipe Line Co.
CAG-9. Docket No. RP80-11, Natural Gas Pipeline Co. of America.
CAG-10. Docket No. RP80-75, Southern Natural Gas Co.
CAG-11. Docket No. RP73-113, RP75-13, RP75-113, RP76-137, RP77-62, RP80-97 and RP74-43, Tennessee Gas Pipeline Co.
CAG-12. Docket No. CP80-236, Transcontinental Gas Pipe Line Corp.
CAG-13. Docket No. CP79-70, Transcontinental Gas Pipe Line Corp. and United Gas Pipe Line Co.; Docket No. CP80-217, Transcontinental Gas Pipe Line Corp.; Docket No. CP80-218, Transcontinental Gas Pipe Line Corp. and United Gas Pipe Line Co.
CAG-14. Docket No. CP79-150, Northwest Pipeline Corp.
CAG-15. Docket No. CP79-444, Tennessee Gas Pipeline Co. and Columbia Gas Transmission Co.
CAG-16. Docket No. CP80-428, Shenandoah Gas Co.
CAG-17. Docket No. CP80-376, Columbia Gas Transmission Corp.
CAG-18. Docket No. CP79-269, Columbia Gulf Transmission Co. and Northern Natural Gas Co., Division of Internorth, Inc.
CAG-19. Docket No. CP80-358, Panhandle Eastern Pipe Line Co. and Trunkline Gas Co.
CAG-20. Docket No. CP80-404, Panhandle Eastern Pipe Line Co. and Trunkline Gas Co.

Power Agenda—463d Meeting, September 24, 1980, Regular Meeting

I. Licensed Project Matters

P-1. Docket No. EL79-17, Swan Lumber Co.

II. Electric Rate Matters

ER-1. Docket No. ER80-574, Nantahala Power & Light Co.
ER-2. Docket No. ER80-567, Wisconsin Electric Power Co.
ER-3. Docket No. ER78-517, Connecticut Light & Power Co.
ER-4. Docket No. ER78-19, et al. (phase II), Flordia Power & Light Co.

Miscellaneous Agenda—463d Meeting, September 24, 1980, Regular Meeting

M-1. Docket No. RM79-54 Small Power production and cogeneration facilities—qualifying status.
M-2. Reserved.
M-3. Reserved.
M-4. Docket No. RM80-50, High-cost natural gas: Production enhancement procedures.
M-5. Docket No. RM80-33, final rules for part 270, subpart B, sections 270.201, 270.202 and 270.204.
M-6. Docket No. RM80-6, final rule governing pricing of pipeline production under the Natural Gas Act; Docket No. RM80-7, final rule governing the maximum lawful price for pipeline, distributor or affiliate production.
M-7. Docket No. RM80-75, interpretive rule amending § 282.202(a)(1) of the Commission's regulations under the Natural Gas Policy Act of 1978.
M-8. Docket No. RM79-34, transportation certificates for natural gas for the displacement of fuel oil.
M-9. Docket No. GP80- , USGS New Mexico section 108 NGPA determination; DEPCO, Inc., Hancock Well No. 6; USGS Docket No. NM 27320-79, FERC No. JD80-415.
M-10. Docket No. RA80-93, Petroleum Delivery Service, Inc.

Gas Agenda—463rd Meeting, September 24, 1980, Regular Meeting

I. Pipeline Rate Matters

RP–1. Docket No. TA80–2–31 (PGA80–2), Arkansas Lousisana Gas Co.
RP–2. Docket No. RP78–20, Columbia Gas Transmission Corp.
RP–3. Docket No. RP80–108, Gas Research Institute.

II. Producer Matters

CI–1. Docket Nos. CI77–298 and IN79–3, Tenneco Inc., et al., Docket Nos. G–3973, G–7360, G–11936, G–11943 and G–11946, Mobil Oil Corp.

III. Pipeline Certificate Matters

CP–1. Docket No. CP74–94 (phase I and phase II), United Gas Pipe line Co. v. Billy J. McCombs, R. James Stillings, d.b.a. Gatill Co. David A. Onsgard, Basin Petroleum Corp. Louis H. Haring, Jr., National Exploration Co., E.I. Du Pont de Nemours & Co., Bill Forney, Sr., and Bill Forney, Inc.
CP–2. Docket No. CP75–228, Transcontinental Gas Pipe Line Corp.
CP–3. Docket Nos. CP78–123, et al., Northwest Alaskan Pipeline Co.; Docket No. CP78–124, Northern Border Pipeline Co.; Docket No. CP79–60, Pacific Gas Transmission Co.

Kenneth F. Plumb,

Secretary.

[S–1738–80 Filed 9–17–80; 3:35 pm]

BILLING CODE 6450–85–M

3

FEDERAL MARITIME COMMISSION.

TIME AND DATE: 2:30 p.m., September 18, 1980.

PLACE: Hearing Room One, 1100 L Street NW., Washington, D.C. 20573.

STATUS: Open.

MATTER TO BE CONSIDERED: Standards of approval for section 15 agreements.

CONTACT PERSON FOR MORE INFORMATION: Joseph C. Polking, Assistant Secretary (202) 523–5725.

[S–1735–80 Filed 9–17–80; 12:31 pm]

BILLING CODE 6730–01–M

4

FEDERAL RESERVE SYSTEM.

Board of Governors.

TIME AND DATE: 10 a.m., Wednesday, September 24, 1980.

PLACE: Board Building, C Street entrance between 20th and 21st Streets, N.W., Washington, D.C. 20551.

STATUS: Open.

MATTERS TO BE CONSIDERED: (1) Proposed guidelines for determination of what constitutes a banker's bank under provisions of the Monetary Control Act.

Note.—This meeting will be recorded for the benefit of those unable to attend. Cassettes will be available for listening in the Board's Freedom of Information Office, and copies may be ordered for $6 per cassette by calling (202) 452–3684 or by writing to: Freedom of Information Office, Board of Governors of the Federal Reserve System, Washington, D.C. 20551.

CONTACT PERSON FOR MORE INFORMATION: Mr. Joseph R. Coyne, Assistant to the Board (202) 452–3204.

Dated: September 17, 1980.

Griffith L. Garwood,

Deputy Secretary of the Board.

[S–1733–80 Filed 9–17–80; 9:47 am]

BILLING CODE 6210–01–M

5

NUCLEAR REGULATORY COMMISSION.

DATE: Friday, September 19, 1980 (additional item).

PLACE: Commissioners conference room, 1717 H Street NW., Washington, D.C.

STATUS: Open.

MATTERS TO BE CONSIDERED: Noon:

Affirmation Session (approx 10 minutes, public meeting) (additional item).

g. Amendments of Part 20 on Disposal of Certain H–3 & C–14 Wastes.

The Morning and afternoon meetings previously announced remain as scheduled.

ADDITIONAL INFORMATION: By vote of 3–0 (Commissioner Gilinsky not present) on September 11, the Commission determined pursuant to 5 U.S.C. 552b(e)(1) and § 9.107(a) of the Commission's Rules that Commission business required that the affirmation of Delegation of Commission Review Authority in LaCrosse, held that day, be held on less than one week's notice to the public.

CONTACT PERSON FOR MORE INFORMATION: Walter Magee (202) 634–1410.

AUTOMATIC TELEPHONE ANSWERING SERVICE FOR SCHEDULED UPDATE: (202) 634–1498.

Those planning to attend a meeting should reverifty the status on the day of the meeting.

Roger M. Tweed,

Office of the Secretary.

September 12, 1980.

[S–1736–80 Filed 9–17–80; 3:30 pm]

BILLING CODE 7590–01–M

6

SECURITIES AND EXCHANGE COMMISSION.

"FEDERAL REGISTER" CITATION OF PREVIOUS ANNOUNCEMENT: 45 FR 61078, SEPTEMBER 15, 1980.

STATUS: Closed meeting.

PLACE: Room 825, 500 North Capitol Street, Washington, D.C.

DATE PREVIOUSLY ANNOUNCED: Thursday, September 11, 1980.

CHANGES IN THE MEETING: Additional items.

The following additional items will be considered at a closed meeting scheduled for Thursday, September 18, 1980, following the 10:00 a.m. open meeting:

Formal order of investigation.
Consideration of *amicus* participation.
Freedom of Information Act appeal.

Commissioners Loomis, Evans, and Friedman determined that Commission business required the above changes and that no earlier notice thereof was possible.

At times changed in commission priorities require alterations in the scheduling of meeting items. For further information and to ascertain what, if any, matters have been added, deleted or postponed, please contact: Paul Lowenstein at (202) 272–2092.

September 17, 1980.

[S–1737–80 Filed 9–17–80; 3:34 pm]

BILLING CODE 8010–01–M

federal register

Friday
September 19, 1980

Part II

Department of Labor

Employment Standards Administration

Minimum Wages for Federal and Federally Assisted Construction; General Wage Determination Decisions

DEPARTMENT OF LABOR

Employment Standards Administration, Wage and Hour Division

Minimum Wages for Federal and Federally Assisted Construction; General Wage Determination Decisions

General wage determination decisions of the Secretary of Labor specify, in accordance with applicable law and on the basis of information available to the Department of Labor from its study of local wage conditions and from other sources, the basic hourly wage rates and fringe benefit payments which are determined to be prevailing for the described classes of laborers and mechanics employed on construction projects of the character and in the localities specified therein.

The determinations in these decisions of such prevailing rates and fringe benefits have been made by authority of the Secretary of Labor pursuant to the provisions of the Davis-Bacon Act of March 3, 1931, as amended (46 Stat. 1494, as amended, 40 U.S.C. 276a) and of other Federal statutes referred to in 29 CFR 1.1 (including the statutes listed at 36 FR 306 following Secretary of Labor's order No. 24–70) containing provisions for the payment of wages which are dependent upon determination by the Secretary of Labor under the Davis-Bacon Act; and pursuant to the provisions of part 1 of subtitle A of title 29 of Code of Federal Regulations, Procedure for Predetermination of Wage Rates (37 FR 21138) and of Secretary of Labor's Orders 12–71 and 15–71 (36 FR 8755, 8756). The prevailing rates and fringe benefits determined in these decisions shall, in accordance with the provisions of the foregoing statutes, constitute the minimum wages payable on Federal and federally assisted construction projects to laborers and mechanics of the specified classes engaged on contract work of the character and in the localities described therein.

Good cause is hereby found for not utilizing notice and public procedure thereon prior to the issuance of these determinations as prescribed in 5 U.S.C. 553 and not providing for delay in effective date as prescribed in that section, because the necessity to issue construction industry wage determination frequently and in large volume causes procedures to be impractical and contrary to the public interest.

General wage determination decisions are effective from their date of publication in the **Federal Register** without limitation as to time and are to be used in accordance with the provisions of 29 CFR Parts 1 and 5. Accordingly, the applicable decision together with any modifications issued subsequent to its publication date shall be made a part of every contract for performance of the described work within the geographic area indicated as required by an applicable Federal prevailing wage law and 29 CFR, Part 5. The wage rates contained therein shall be the minimum paid under such contract by contractors and subcontractors on the work.

Modifications and Supersedeas Decisions to General Wage Determination Decisions

Modifications and supersedeas decisions to general wage determination decisions are based upon information obtained concerning changes in prevailing hourly wage rates and fringe benefit payments since the decisions were issued.

The determinations of prevailing rates and fringe benefits made in the modifications and supersedeas decisions have been made by authority of the Secretary of Labor pursuant to the provisions of the Davis-Bacon Act of March 3, 1931, as amended (46 Stat. 1494, as amended, 40 U.S.C. 276a) and of other Federal statutes referred to in 29 CFR 1.1 (including the statutes listed at 36 FR 306 following Secretary of Labor's Order No. 24–70) containing provisions for the payment of wages which are dependent upon determination by the Secretary of Labor under the Davis-Bacon Act; and pursuant to the provisions of part 1 of subtitle A of title 29 of Code of Federal Regulations, Procedure for Predetermination of Wage Rates (37 FR 21138) and of Secretary of Labor's orders 13–71 and 15–71 (36 FR 8755, 8756). The prevailing rates and fringe benefits determined in foregoing general wage determination decisions, as hereby modified, and/or superseded shall, in accordance with the provisions of the foregoing statutes, constitute the minimum wages payable on Federal and federally assisted construction projects to laborers and mechanics of the specified classes engaged in contract work of the character and in the localities described therein.

Modifications and supersedeas decisions are effective from their date of publication in the **Federal Register** without limitation as to time and are to be used in accordance with the provisions of 29 CFR Parts 1 and 5.

Any person, organization, or governmental agency having an interest in the wages determined as prevailing is encouraged to submit wage rate information for consideration by the Department. Further information and self-explanatory forms for the purpose of submitting this data may be obtained by writing to the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division, Office of Government Contract Wage Standards, Division of Government Contract Wage Determinations, Washington, D.C. 20210. The cause for not utilizing the rulemaking procedures prescribed in 5 U.S.C. 553 has been set forth in the original General Determination Decision.

New General Wage Determination Decisions

None.

Modifications to General Wage Determination Decisions

The numbers of the decisions being modified and their dates of publication in the **Federal Register** are listed with each State.

Iowa:	
IA80–4041	Aug. 1, 1980.
IA80–4042	Aug. 1, 1980.
IA80–4043	Aug. 8, 1980.
IA80–4044	Aug. 8, 1980.
IA80–4045	Aug. 8, 1980.
IA80–4046	Aug. 8, 1980.
IA80–4047	Aug. 22, 1980.
IA80–4048	Aug. 29, 1980.
IA80–4050	Aug. 8, 1980.
Kansas:	
KA80–4054	July 18, 1980.
KA80–4055	July 18, 1980.
KA80–4056	July 18, 1980.
Kentucky:	
KY80–1090	Aug. 22, 1980.
Minnesota:	
MN80–2036	June 27, 1980.
New Mexico:	
NM79–4104	Nov. 2, 1979.
New York:	
NY79–3030	Aug. 31, 1979.
NY79–3036	Dec. 21, 1979.
NY80–3009	Feb. 29, 1980.
Ohio:	
OH80–2028	Aug. 1, 1980.
OH80–2044	July 7, 1980.
OH80–2048	July 11, 1980.
OH80–2052	July 7, 1980.
Pennsylvania:	
PA78–3054	Aug. 11, 1978.
Texas:	
TX79–4035	Sept. 28, 1979.
TX79–4041	Sept. 28, 1979.
TX80–4001	Jan. 4, 1980.
TX80–4004	Jan. 4, 1980.
TX80–4006	Jan. 4, 1980.
TX80–4028	Apr. 25, 1980.
TX80–4031	June 6, 1980.
TX80–4032	June 6, 1980.
TX80–4033	May 16, 1980.
TX80–4036	June 20, 1980.
TX80–4037	May 16, 1980.

Supersedeas Decisions to General Wage Determination Decisions

The numbers of the decisions being superseded and their dates of publication in the **Federal Register** are listed with each State. Supersedeas decision numbers are in parentheses following the numbers of the decisions being superseded.

California:
CA80-5131 (CA80-5117) ..... May 23, 1980.
Indiana:
IN77-2010 (IN80-2085) ..... Feb. 11, 1977.
IN77-2007 (IN80-2085) ..... Feb. 11, 1977.
IN77-2098 (IN80-2085) ..... May 27, 1977.
Iowa:
IA78-4108 (IA80-4049) ..... Nov. 24, 1978.
Kansas:
KS79-4099 (KS80-4071) ..... Dec. 14, 1979.
Mississippi:
MS76-1074 (MS80-1104) ..... July 16, 1976.
Missouri:
MO79-4099 (MO80-4071) ..... Dec. 14, 1979.
New York:
NY79-3011 (NY80-3057) ..... May 18, 1979.
Utah:
UT79-5135 (UT80-5128) ..... Nov. 2, 1979.
Wisconsin:
WI78-2149 (WI80-2083) ..... Nov. 13, 1978.
Wyoming:
WY80-5119 (WY80-5129) ..... June 13, 1980.

Cancellation of General Wage Determination Decisions

This is to advise all interested parties that the Department of Labor intends to withdraw 14 days from the date of this notice the following general wage determinations:

IN77-2097—Madison County, Indiana, dated May 27, 1977 in 42 FR 27553—Residential Construction.

MN77-2065—Crow Wing County, Minnesota, dated April 22, 1977 in 42 FR 21026—Heavy and Highway Construction.

Signed at Washington, D.C. this 12th day of September 1980.

Dorothy P. Come,

Assistant Administrator, Wage and Hour Division.

BILLING CODE 4510-27-M

MODIFICATION PAGE 1

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Decision #IA80-4041-Mod. #1 (45 FR 51408-August 1, 1980) Building Black Hawk Co., Ia.					
CHANGE:					
Boilermakers	$13.87	1.375	1.10		.05
Elevator Constructors	13.10	1.195	.95	a	.035
Elevator Constructors' Helpers	70%JR	1.195	.95	a	.035
Ironworkers	13.50	.58	.75		.06
Laborers					
Group 1	9.52	.65	.45		.05
Group 2	9.67	.65	.45		.05
Group 3	9.87	.65	.45		.05
Decision #IA80-4042-Mod. #1 (45 FR 51409-August 1, 1980) Building Cerro Gordo Co., Ia.					
CHANGE:					
Boilermakers	13.87	1.375	1.10		.05
Bricklayers	11.87		.95		.02
Carpenters:					
Carpenters	10.91	.65	.50		
Millwrights; Piledrivermen	11.16	.65	.50		
Sheet Metal Workers	12.43	1.00	.72		.14
Soft Floor Layers	10.91	.65	.50		
Decision #IA80-4043-Mod. #1 (45 FR 53042-August 8,1980) Building Clinton Co., Iowa					
CHANGE:					
Boilermakers	13.87	1.375	1.10		.05
Carpenters:					
Carpenters	11.88	.65	1.00		.06
Piledrivermen	12.38	.65	1.00		.06
Cement Masons	10.75		.75		
Plumbers & Steamfitters	13.55	.71	1.14		.15
Roofers	14.30	.70	.80		

MODIFICATION PAGE 2

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Decision #IA80-4044-Mod. #1 (45 FR 53044-August 8, 1980) Building Des Moines Co., Ia.					
CHANGE:					
Boilermakers	$13.87	1.375	1.10		.05
Decision #IA80-4045-Mod. #1 (45 FR 53046-August 8, 1980) Building Dubuque Co., Iowa					
CHANGE:					
Boilermakers	13.87	1.375	1.10		.05
Bricklayers & Stonemasons	10.84		.95		.02
Electricians	13.55	.75	3% +.50		3/4%
Elevator Constructors	13.10	1.195	.95	a	.035
Elevator Constructors' Helpers	70%JR	1.195	.95	a	.035
Ironworkers:					
Southeast portion	13.87	.75	.375		.07
Remainder of County	13.50	.58	.75		.06
Marble Setters	10.59		.95		.02
Terrazzo Workers	10.59		.95		.02
Tile Setters	10.59		.95		.02
Decision #IA80-4046-Mod. #2 (45 FR 53047-August 8,1980) Building Johnson Co., Iowa					
CHANGE:					
Boilermakers	13.87	1.375	1.10		.05
Elevator Constructors	13.10	1.195	.95	a	.035
Elevator Constructors' Helpers	70%JR	1.195	.95	a	.035
Ironworkers	13.50	.58	.75		.06
Painters:					
Brush & rollers	12.82				.03
Paperhangers	13.07				.03
Sandblasting	13.82				.03
Spray	13.47				.03
Plasterers	13.77				
Plumbers & Steamfitters	14.35	.60	.70		.13
Tile Setters	12.98		.55		

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Decision #IA80-4047-Mod. #1 (45 FR 56273-August 22,1980) Building Linn Co., Iowa					
CHANGE:					
Elevator Constructors	$13.10	1.195	.95	a	.035
Elevator Constructors' Helpers	70%JR	1.195	.95	a	.035
Painters:					
Brush & rollers	12.82				.03
Paperhangers	13.07				.03
Sandblasting	13.82				.03
Spraying	13.47				.03
Decision #IA80-4048-Mod. #1 (45 FR 57917-August 29,1980) Building Polk Co., Iowa					
CHANGE:					
Bricklayers & Stonemasons	12.76	.90	1.25		.02
Marble Setters	14.20				
Sheet Metal Workers	13.21	1.00	1.20		.14
Terrazzo Workers	14.20				
Tile Setters	14.20				
Decision #IA80-4050-Mod. #1 (45 FR 53049-August 8, 1980) Building Scott Co., Iowa					
CHANGE:					
Boilermakers	13.87	1.375	1.10		.05
Bricklayers & Stonemasons	13.56	.65	1.30		.06
Carpenters:	13.31	.65	1.15		.08
Elevator Constructors	13.64	1.195	.95	a	.035
Painters:					
Brush, roller, sign	12.37	.60	1.25		.22
Spray, sandblasting, tapers, struc. steel	12.87	.60	1.25		.22
Piledrivermen	13.81	.65	1.15		.08
Plasterers	15.40				
Plumbers & Steamfitters	13.55	.71	1.14		.15
Roofers	14.30	.70	.80		
Soft Floor Layers	13.31	.65	1.15		.08

Decision No. KS80-4054, Mod. #2 (45 FR 48409, July 18, 1980) Shawneee County, KANSAS Building Construction

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
CHANGE:					
Electricians:					
Electricians	$14.50	.75	3%+.70		.10
Cable Splicers	15.95	.75	3%+.70		.10
Plumbers: pipefitters	13.93	.80	1.000		.04
Sheet metal workers	11.91	3%+.75	1.50		.07
POWER EQUIPMENT OPERATORS Building Construction					
Master Mechanic	14.45	.75	1.00		.10
Cranes with lifting ring	13.45	.75	1.00		.10
Cranes and shovels - 100 ft. of boom or over including jib or 30 tons or over or 2 yds. capacity, three (3) drum hoist	12.70	.75	1.00		.10
Cranes and shovels - booms over 200 ft. and over four (4) drum hoist, Frankie-type pile driving machines and tower cranes and derricks	12.95	.75	1.00		.10
Group I	12.45	.75	1.00		.10
Group II	12.05	.75	1.00		.10
Group III					
Class A	10.25	.75	1.00		.10
Class B	10.50	.75	1.00		.10
Group IV					
Class A	9.70	.75	1.00		.10
Class B	9.95	.75	1.00		.10
POWER EQUIPMENT OPERATORS Site Preparation and Grading					
Group 1	$10.70	.75	1.00		.10
Group 2	10.45	.75	1.00		.10
Group 3	10.20	.75	1.00		.10
Group 4	9.85	.75	1.00		.10
Group 5	9.95	.75	1.00		.10
Group 6	10.95	.75	1.00		.10

MODIFICATION PAGE 5

DECISION KS80-4055 MOD. #2
(45 FR 48411, July 18, 1980)
Shawnee County, KANSAS
Residential Construction

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
CHANGE:					
Painters	$ 7.92	.60			.03
Plumbers, pipefitters	13.93	.80	1.00		.04
Sheet metal workers	11.91	.75+3%	1.89		.07
POWER EQUIPMENT OPERATORS:					
Building Construction					
Master Mechanic	14.45	.75	1.00		.10
Cranes with lifting ring	13.45	.75	1.00		.10
Cranes and shovels-100 ft. of boom or over including jib or 30 tons or over or 2yds. capacity, there (3) drum hoist	12.70	.75	1.00		.10
Cranes and shovels - booms over 200 ft. and over four (4) drum hoist, Frankie-type piledriving machines and tower cranes and derricks	12.95	.75	1.00		.10
Group I	12.45	.75	1.00		.10
Group II	12.05	.75	1.00		.10
Group III					
Class A	10.25	.75	1.00		.10
Class B	10.50	.75	1.00		.10
Group IV					
Class A	9.70	.75	1.00		.10
Class B	9.95	.75	1.00		.10
POWER EQUIPMENT OPERATORS					
Site Preparation & Grading					
Group 1	$10.70	.75	1.00		.10
Group 2	10.45	.75	1.00		.10
Group 3	10.20	.75	1.00		.10
Group 4	9.85	.75	1.00		.10
Group 5	9.95	.75	1.00		.10
Group 6	10.95	.75	1.00		.10

MODIFICATION PAGE 6

DECISION KS80-4056, Mod. #1
(45 FR 48414, July 18, 1980)
Sedgwick County, Kansas
Building Construction

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
CHANGE:					
Boilermakers	$13.87	1.375	1.10		.05
Power Equipment Operators					
Building Construction					
Master Mechanic	13.95	.75	1.00		.10
Cranes with lifting ring	12.95	.75	1.00		.10
Cranes with Shovels- 100 ft. of boom or over including jib or over 30 tons or over or 2 yds. capacity, three (3) drum hoist	12.20	.75	1.00		.10
Cranes with shovels- 200 ft. or over four (4) drum hoist, Frankie type pile driving machines and tower cranes and trucks	12.45	.75	1.00		.10
Group I	11.95	.75	1.00		.10
Group II	11.55	.75	1.00		.10
Group III					
Class A	9.90	.75	1.00		.10
Class B	10.15	.75	1.00		.10
Group IV					
Class A	9.35	.75	1.00		.10
Class B	9.60	.75	1.00		.10
POWER EQUIPMENT OPERATORS					
Site Preparation and Grading					
Group 1	$10.70	.75	1.00		.10
Group 2	10.45	.75	1.00		.10
Group 3	10.20	.75	1.00		.10
Group 4	9.85	.75	1.00		.10
Group 5	9.95	.75	1.00		.10
Group 6	10.95	.75	1.00		.10

Decision #KY80-1090-Mod. #1 (45FR-56280-56283-August 22, 1980) Hardin, Jefferson and Meade counties, Kentucky	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Change:					
CARPENTERS	11.60	.70	.65		.05
LATHERS	11.60	.70	.6		.05
LINE CONSTRUCTION:					
Linemen, line truck operators & hole diggers	15.10	.75	3%+1.25		½ of 1%
Groundmen	9.36	.75	3%+1.25		½ of 1%
SOFT FLOOR LAYERS	11.60	.70	.65		.05
POWER EQUIPMENT OPERATORS					
CLASS A	12.60	.50	.80		.05
CLASS B	9.86	.50	.80		.05
CLASS C	9.09	.50	.80		.05
LABORERS					
GROUP 1	8.35	.40	.70		
GROUP 2	9.05	.40	.70		
GROUP 3	9.25	.40	.70		
GROUP 4	9.40	.40	.70		
GROUP 5	9.55	.40	.70		
GROUP 6	10.25	.40	.70		

Decision No. KY80-1090(Cont'd)

LABORERS CLASSIFICATIONS

GROUP I

Flagman, Traffic

GROUP II

Laborers, General (tool room checkers when required; concrete forms stripping and wrecking in accordance with the October 3, 1949 Memorandum of Understanding between the carpenters and Laborers; Carpenter Tenders; Cement Finisher Tenders; Placing of concrete; wrecking on building by laborers; hand digging and hand backfilling of ditches where the signaroty Employer controls the work assignments; hand clearing or rights of way and building sites; curing of concrete and application of hardener; handling of chemically treated lumber; installing of wood sheeting and shoring; signal Laborers concrete bucket and masonry work; cleaning and moving of general purpose materials in accordance with the October 3, 1949 Memorandum of Understnding between the Carpenters and Laborers; and general clean-up of all scrap and debris).

Mobile Sweeper

GROUP III

Power Driven Georgia Buggy, Chain Saw, Vibrator Operator, Mesh Handler, Power Tools, (Air Diesel, Electric, Gasoline) Wagon Drill, Pipe Layer, Wall Man, Treatment of Exposed Concrete (Chip, Bush Hammer, and Rub) Concrete Saw, Gasoline Tamper Machine, Walk Behind Trenching Machine, Burner Man, Joint Maker, Asphalt Raker

GROUP IV

Air Track Driller, Mason Tender, Side Rail Setter (metal), Stackman, Fork Lift) Operators-Masonry and Plastering Contractors Only

GROUP V

Powderman, Introflax Burning Rod, Gunnite Nozzle Man Operator, Sewer, Tunnel Laborers (Free Air), Sand Hog or Mucker (Free Air)

GROUP VI

Holeman Drilled Piers, Augured Caissons, Sand Miner (Tunnel Free Air), Caisson Workers

MODIFICATION PAGE 9

DECISION NO. MN80-2036 - MOD. #1 (45 FR 43581 - June 27, 1980)	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Aitkin, Anoka, Benton, Blue Earth, Carlton, Carver, Chisago, Cook, Dakota, Dodge, Fairbault, Fillmore, Freeborn, Goodhue, Hennepin, Houston, Itasca, Kanabec, Koochiching, Lake, LeSueur, Mille Lacs, Morrison, Mower, Nichollet, Olmsted, Ramsey, Rice, Scott, Sherburne, Sibley, Stearns, Steel, St. Louis, Wabasha, Waseca, Washington, Winona, Wright Counties, Minnesota					
OMIT:					
The Following Counties: Aitkin, Itasca, Kanabec, Koochiching, Mille Lacs, and Morrison Counties					
Omit From Class 1 of All Laborers Schedules: Classifications of Landscape Gardner, Sodlayer, and Nurseryman.					
ADD:					
Laborers: Landscape and Sodlayers	$ 6.35	.50	.15		
CHANGE:					
IRONWORKERS: Counties of Carlton, Cook, Lake, St. Louis Counties	12.30	.50	.90	1.00	.02

MODIFICATION PAGE 10

DECISION NO. MN80-2036 - MOD. #1 (Cont'd)	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
LINEMEN:					
Counties of Carlton, Cook, Lake, that portion of Goodhue Township South of a line West from the S.W. of T-55 R-23; St. Louis Co.; that portion South of Ault, Ellsburg, Lavell, T-55 R-14, T-55 R-15, T-55 R-18, & T-55 R-21 Townships	$12.95	.45	6%	11%	.5%
Remainder of St. Louis Co.	14.38	.45	6%	11%	.5%
LABORERS: County of St. Louis North of T-55					
CLASS I	10.23	.50	.15	.25	
CLASS II	10.33	.50	.15	.25	
CLASS III	10.48	.50	.15	.25	
CLASS IV	10.53	.50	.15	.25	
CLASS V	10.58	.50	.15	.25	
CLASS VI	10.63	.50	.15	.25	
CLASS VII	10.73	.50	.15	.25	
CLASS VIII	10.83	.50	.15	.25	
LABORERS: Counties of Blue Earth, Dodge, Fairbault, Fillmore, Freeborn, Goodhue, Houston, LeSueur, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, & Winona					
CLASS I	9.90	.50	.15		
CLASS II	10.00	.50	.15		
CLASS III	10.05	.50	.15		
CLASS IV	10.15	.50	.15		
CLASS V	10.30	.50	.15		
CLASS VI	10.35	.50	.15		
CLASS VII	10.40	.50	.15		

DECISION NO. MN80-2036 - MOD. #1 (Cont'd)	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
LABORERS: Counties of Benton, and Stearns					
CLASS I	9.35	.55	.50	.40	
CLASS II	9.40	.55	.50	.40	
CLASS III	9.45	.55	.50	.40	
CLASS IV	9.50	.55	.50	.40	
CLASS V	9.60	.55	.50	.40	
CLASS VI	9.70	.55	.50	.40	
CLASS VII	9.75	.55	.50	.40	
CLASS VIII	9.80	.55	.50	.40	
LABORERS: Sibley County					
CLASS I	8.70	.50	.15		
CLASS II	8.80	.50	.15		
CLASS III	8.85	.50	.15		
CLASS IV	8.95	.50	.15		
CLASS V	9.05	.50	.15		
CLASS VI	9.10	.50	.15		
CLASS VII	9.15	.50	.15		
CLASS VIII	9.20	.50	.15		

DECISION NO. MN80- 2036 - MOD. #1 (Cont'd)	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
LABORERS: Counties of Carlton, Cook, Lake, & St. Louis - South of T-55					
CLASS I	$ 9.68	.50	.45	.50	
CLASS II	9.78	.50	.45	.50	
CLASS III	9.93	.50	.45	.50	
CLASS IV	9.98	.50	.45	.50	
CLASS V	10.03	.50	.45	.50	
CLASS VI	10.08	.50	.45	.50	
CLASS VII	10.18	.50	.45	.50	
CLASS VIII	10.28	.50	.45	.50	
ADD:					
POWER EQUIPMENT OPERATORS:					
ZONE 2:					
Cass County South of the Northern Right of Way of U.S. Highway 2 and East of the Western Right of Way of U.S. Highway 371; That Part of Crow Wing Co. East of Western Right of Way of U.S. Highway 371					

MODIFICATION PAGE 13

DECISION NO. NM79-4104 - Mod. #5

44 FR 63456 - November 2, 1979
Statewide, New Mexico

CHANGE DESCTIPTION OF WORK TO READ "Street, highway, utility and light engineering construction shall include the construction, alteration, repair and demolition of roads, streets, highways, alleys, sidewalks, curbs, gutters, guard rails, fences, parkways, parking areas, airports (other than buildings thereon), bridle paths, athlitic fields; highway bridges, median channels and grade separations involving highways; parks; golf courses, viaducts; uncovered reservoirs and uncovered sewage and water treatment facilities; canals, ditches and channels (including linings other than concrete linings); earth dams under one million (1,000,000) cubic yards; well drilling, telephone and electrical transmission lines and site preparations which are part of street, highway, utility and light engineering projects; and shall include construction, alteration, repair, and demolition of utilities such as sanitary sewers, storm sewers, water lines, gas lines, including appurtenances thereto such as lift stations, inlets, manholes, sewer lagoons, septic tanks and service outlets (stub-outs), providing such utility construction is outside the property line or more than five (5) feet from a building or heavy engineering structure, including the Navajo Indian Reservation.

MODIFICATION PAGE 14

DECISION NO. NY79-3030 - Mod. #2
(44 FR 51481 August 31, 1979)
Steuben County, New York

Change:	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Edvcation and/or Appr. Tr.
Asbestos Workers	13.92	1.40	1.05		.01
Boilermakers	13.70	1.275	1.775		.03
Bricklayers, Cement Masons, Marble Masons, Plasters, Tile and Terrazzo Workers	11.65		1.00		
Cement Masons, Heavy & Highway	12.00		.50		
Electricians	13.80	1.00	3%+1.00		.05
Glaizers	9.97	.45	.65		.03
Ironworkers					
Twps. of Allantic and South Dansville:					
Structural, Ornamental, Reinforcing, Machinery Movers, Riggers, Rodmen, Fence Erectors and Stone Derrickmen	13.05	1.00	1.05		.10
Sheeter	13.30	1.00	1.05		.10
Sheeter, Bucker-up	13.175	1.00	1.05		.10
Remainder of County					
Structural, Ornamental, Reinforcing, Machinery Movers, Riggers, Rodmen, Fence Erectors and Stone Derrickmen	12.55	.85	1.05		.05
Sheeter	12.80	.85	1.05		.05
Sheeter, Bucker-up	12.67	.85	1.05		.05
Laborers, Building					
Common Laborers	8.32	.50	.30		
Painters					
Remainder of County					
Brush	12.205	1.375	.40		.11
Swing Stage, Sandblasting, Spray, Scaffold Work, Bosun Chair & Epoxy or Similar	12.455	1.375	.40		.11
35' from road level	13.87	1.375	.40		.11
Plumbers and Steamfitters:					
Twps. of Avaca, Canisteo, Cohocton, Dansville, Femont, West Union, Greenwood, Hartsville, Hornellville, Howard, Wheeler, Jasper, Prattsburg, Pultney, Troupsburg, Wayland, Woodhall, Cameron, Rathbone and Tuscarora	14.38	2.485	1.22		.20
Roofers	11.00	.99	1.19		

DECISION NO. NY79-3030 - (Cont'd):

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Sheet Metal Workers	12.42	3%+.60	.80		.11
Sprinkler Fitters	14.52	.85	1.20		.08
Laborers,Heavy & Highway Contruction					
Class A	9.79	.65	.50	a	
Class B	9.99	.65	.50	a	
Class C	10.19	.65	.50	a	
Class D	10.39	.65	.50	a	
LINE CONSTRUCTION:					
Electrical Overhead & Underground Distribution Work					
Journeyman Lineman & Technician	11.35	1.40	3%+1.00	a	
Cable Splicer	15.07	1.40	3%+1.00	a	
Groundman Digging Machine Operator, Groundman Dynamite Man	10.215	1.40	3%+1.00	a	
Groundman Mobile Equipment Operator, Mechanic First Class, Ground Truck Driver	9.08	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer)	9.6475	1.40	3%+1.00	a	
Driver Mechanic, Groundman - Experienced	8.5121	1.40	3%+1.00	a	
All Overhead Transmission Line Work and Lighting for Athletic Fields					
Journeyman Lineman & Technician	13.00	1.40	3%+1.00	a	
Groundman Digging Machine Operator, Groundman Dynamite Man	11.70	1.40	3%+1.00	a	
Groundman Mobile Equipment Operator, Mechanic First Class					
Groundman Truck Driver	10.40	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer Unit)	11.05	1.40	3%+1.00	a	
Driver Mechanic, Groundman - Experienced	9.75	1.40	3%+1.00	a	

DECISION NO. NY79-3030 -(Cont'd)

LINE CONSTRUCTION (Cont'd)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Sub-Station, Switching Structures (when not part of the line), Electrical, Telephone or CATV Commercial Work, Street Lighting & Signal Systems					
Journeyman Lineman & Technician	13.70	1.40	3%+1.00	a	
Cable Splicer	15.07	1.40	3%+1.00	a	
Groundman Digging Machine Operator, Groundman Dynamite Man	12.33	1.40	3%+1.00	a	
Groundman Mobile Equipment Operator, Mechanic First Class, Groundman Truck Driver	10.96	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer Unit)	11.645	1.40	3%+1.00	a	
Driver Mechanic, Groundman-Experienced	10.275	1.40	3%+1.00	a	
All Pipe type Cable Installations Maintenance Jobs or Projects					
Journeyman Lineman	13.70	1.40	3%+1.00	a	
Certified Lineman Welder	14.385	1.40	3%+1.00	a	
Cable Splicer	15.07	1.40	3%+1.00	a	
Groundman Equipment Operator	13.70	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer Unit)	11.645	1.40	3%+1.00	a	
Groundman Truck Drivers	10.96	1.40	3%+1.00	a	
Groundman	10.275	1.40	3%+1.00	a	

FOOTNOTE:

a. Paid Holidays: New Year's Day, Washington's Birthday, Good Friday, Decoration Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, and Election Day for the President of the United States and Election Day for the Governor of New York State, provided the employee works the day before or the day after a holiday

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29 CFR, 5.5(a)(1)(ii)).

DECISION NO. NY79-3036 - Mod #3
(44 FR 56402 - December 21, 1979)
Oneida County, New York

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Change:					
Asbestos Workers	13.83	.90	.93		.06
Boilermakers	13.50	1.175	10%		.03
Bricklayers, Cement Masons, Pointers, Caulkers, Cleaners, Plasterers and Stonemasons (Building)	11.85	.70	1.04		
Cement Masons (Heavy & Highway)	11.00	.60	.90		
Carpenters (Building)					
Carpenters & Soft Floor Layers	10.97	.70	.65	a	.03
Piledrivermen & Millwrights	11.22	.70	.65	a	.03
Electricians					
Verona and Vienna Twps. West of State Highway 13:					
Electricians	14.00	.87	3%+1.10		.07
Cable Splicers	15.00	.87	3%+1.10		.07
Remainder of County:					
Electricians	13.05	.80	3%+.60		.07
Cable Splicers	14.25	.80	3%+.60		.07
Glaziers:					
Twps. of Florence, Camden, Vienna, Annsville, Verona, Vernon, Augusta, Lee, Rome City, Ava, Western, Floyd, Boonville and Steuben	11.50	.80			.01
Ironworkers:					
Structural, Ornamental, Rodman, Machinery Mover & Rigger, Fence Erector, Reinforcing, Stone Derrickman & Welders	12.17	1.11	1.02		.04
Sheeter	12.42	1.11	1.02		.04
Sheeter Bucker-up	12.295	1.11	1.02		.04
Laborers, Building					
Twps. of Forestport, Remsen, Trention, Marcy, Deerfield, Whitestown, New Hartford, Kirkland, Marshall, Paris, Sangerfield, Bridgewater and the city of Utica					
Laborers	9.02	.90	.95	d	
Pipelayers, Mortar Mixers (hand or machine), Motor buggy Op. (walk behind), power high lift	9.17	.90	.95	d	
Blasters, Form Setters and Motor Buggy Rider Type	9.52	.90	.95	d	
Wagon Drill Operator	9.42	.90	.95	d	

DECISION NO. NY79-3036 - (Cont'd):

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Laborers, Building					
Remainder of County					
Laborers, Common	9.905	.65	.75	e	
All rock drilling equipment Operators	10.350	.65	.75	e	
Blasters	10.505	.65	.75	e	
Vibrator Op., Chain Saw Op., Air or Electric Tool Op., Gas Buggy Op., Acetylene Torch Op. on demolition work, Pipelayers, Scaffold Builders, Mortar Mixer, Pavement Breaker Op.	10.105	.65	.75	e	
Marble Setters, Terrazzo Workers and Tile Setters	10.44	.70	1.04		
Painters					
Remainder of County					
Brush	11.31				
Spary	11.91				
Sandblasting	13.44				
Paper and Vinyl Hangers, Epoxy, Steel, Taping, Swing Stage, Bosun Chair and Monkey Suit	11.56				
Roofers	13.15	1.00	2.00		
Sprinkler Fitters	14.52	.85	1.20		.08
LINE CONSTRUCTION:					
Electrical Overhead & Underground Distribution Work					
Journeyman Lineman & Technician	11.35	1.40	3%+1.00	a	
Cable Splicer	15.07	1.40	3%+1.00	a	
Groundman Digging Machine Operator, Groundman Dynamite Man	10.215	1.40	3%+1.00	a	
Groundman Mobile Equipment Operator, Mechanic First Class, Ground Truck Driver	9.08	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer)	9.6475	1.40	3%+1.00	a	
Driver Mechanic, Groundman - Experienced	8.5121	1.40	3%+1.00	a	
All Overhead Transmission Line Work and Lighting for Athletic Fields					
Journeyman Lineman & Technician	13.00	1.40	3%+1.00	a	

DECISION NO. NY79-3036 - Cont'd)

LINE CONSTRUCTION (Cont'd):	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Groundman Digging Machine Operator, Groundman Dynamite Man	11.70	1.40	3%+1.00	a	
Groundman Mobile Equ pment Operator, Mechanic First Class, Groundman Truck Driver	10.40	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer Unit)	11.05	1.40	3%+1.00	a	
Driver Mechanic, Groundman - Experienced	9.75	1.40	3%+1.00	a	
Sub-Station, Switching Structures (when not part of the line), Electrical, Telephone or CATV Commercial Work, Street Lighting & Signal Systems					
Journeyman Lineman & Technician	13.70	1.40	3%+1.00	a	
Cable Splicer	15.07	1.40	3%+1.00	a	
Groundman Digging Machine Operator, Groundman Dynamite Man	12.33	1.40	3%+1.00	a	
Groundman Mobile Equipment Operator, Mechinic First Class, Groundman Truck Driver	10.96	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer Unit)	11.645	1.40	3%+1.00	a	
Driver Mechanic, Groundman - Experienced	10.275	1.40	3%+1.00	a	
All Pipe type Cable Installations Maintenance Jobs or Projects					
Journeyman Lineman	13.70	1.40	3%+1.00	a	
Certified Lineman Welder	14.385	1.40	3%+1.00	a	
Cable Splicer	15.07	1.40	3%+1.00	a	
Groundman Equipment Operator	13.70	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer Unit)	11.645	1.40	3%+1.00	a	
Groundman Truck Drivers	10.96	1.40	3%+1.00	a	
Groundman	10.275	1.40	3%+1.00	a	

FOOTNOTE:

a. Paid Holidays: New Year's Day, Washington's Birthday, Good Friday, Decoration Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, and Election Day for the President of the United States and Election Day for the Governor of New York State, provided the employee works the day before or the day after a holiday

DECISION NO. NY80-3009 - Mod. #2
(45 FR 13604 - February 29, 1980)
Cattaraugus, Chautaugua, & Erie Counties, New York

Change:	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Asbestos Workers	12.85	1.32	1.40		.07
Boilermakers	13.70	1.275	1.775		.03
Bricklayers, Area 1:					
Bricklayers, Stone Masons, Pointers, Caulkers, & Cleaners	13.83	.80	1.90		
Marble Masons	13.545	.80	1.90		
Terrazzo Workers & Tile Setters	13.45	.80	1.90		
Bricklayers, Area 2:					
Bricklayers, Cement Masons (Building), Plasterers, Stone Masons, Tile and Terrazzo Workers	12.00	.80	1.30		.08
Carpenters, Areas 1 and 4:					
Carpenters, Millwrights, Piledrivermen Dockbuilders and Soft Floor Layers	12.73	1.80	1.85		
Carpenters, Area 2:					
Carpenters, Building	11.20	.80	1.35	b	.02
Millwrights & Piledrivermen	11.45	.80	1.35	b	.02
Carpenters, Heavy & Highway	10.53	.80	1.35	b	.025
Carpenters, Area 3:					
Carpenters, Building	10.80	1.69	1.65		.025
Millwrights	10.90	1.69	1.65		.025
Carpenters & Piledrivers (Heavy & Highway)	9.34	1.69	1.65		.025
Cement Masons, Erie County:					
Cement Masons	14.18		2.00		
Machine Operator	14.35		2.00		
Swing Scaffold	14.45		2.00		
Machine Operator on Swing Scaffold	14.60		2.00		
Cement Masons, Heavy & Highway Cattaragus (excluding the twp. of Perrysburg and the Village of Gonawanda), Chautaugua	10.32	.80	1.30		.08
Electricians Chautaugua, Cattaraugus (twp. of Allegany, Carrolton, Cold Spring, Conewango, Dayton, Elko, Great Valley, Hinsdale, Humphrey, Iskhua, Leon, Little Valley, Napoli, Olean, Portville, Red House, Randolph, Salamanca, South Valley)	13.17	.95	3%+1.20		½%

MODIFICATION PAGE 21

DECISION NO. NY80-3009 -(Cont'd):

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Electricians					
Erie, Cattaraugus (Remainder of County)					
Electricians	14.54	1.10	3%+2.10		.05
Cable Splicers	15.04	1.10	3%+2.10		.05
Glaziers	12.04	1.70	1.00		.30
Ironworkers					
Chautaugua (Twps. of Stockton, Gerry, Poland, Carrol, Busti, Ellicott, Harmony, Ellery, Clymer, Sherman, Chautaugua, French Creek, Mina, Ripley, Westfield, North Harmony, Kiantone and that portion of Portland west of a line from the southeast township corner extending through the village of Brockton to Lake Erie					
Structural, Ornamental, Reinforcing, Machinery Movers, Rodmen, Riggers, Fence Erectors, and Stone Derrickmen	15.40	1.86	1.01		.15
Sheeter	16.15	1.86	1.01		.15
Erie (Northern half of Grand Island)					
Structural, Ornamental, Reinforcing, Fence Erectors, Rodmen, Machinery Movers, Riggers, Stone Derrickmen	12.96	1.07	1.02		
Sheeter	14.27	1.07	1.02		
Marble, Tile & Terrazzo Workers' Finishers	11.66	1.65	.40		
Painters:					
Cattaraugus (Twps. of Perrysburg, Persia, Otto, Dayton, East Otto, Ashford, Yorkshire & Machias), Chautaugua (Twps. of Dunkirk, Portland, Pomfret, Sheridan, Arkwright, Hanover, and Villanova), and Erie (excluding north of White Haven Rd. on Grand Island)					
Basic Rate	12.205	1.375	.40		.11

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DECISION NO. NY80-3009 - (Cont'd):

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Painters, Cont'd:					
Epoxy or Similar, Spray, Sandblasting, Bosun Chair, Swing and Scaffold, Taping, Hangers	12.455	1.375	.40		.11
Bridges 35' in depth or 35' from road level	13.87	1.375	.40		.11
Skeleton Steel, Radio-TV Towers, Flagpoles, Water Towers, Stacks	12.705	1.375	.40		.11
Erie County (North of White Haven Road on Grand Island):					
Brush	11.09	1.27	1.65		.01
Spray, Steel, Steeplejacks, Stage Chair, & Sandblasting	11.84	1.27	1.65		.01
Bridges, Crossing the Niagara River	12.755	1.27	1.65		.01
Plumbers					
Erie, Cattaraugus (Twps. of Perrysburg, Dayton, Persia, Otto, Leon, & Albion), Chautaugua (twps. of Hanover, Sheridan, Dunkirk, Pomfret, Arkwright, Villanova, Portland, Stockton, Charlotte, Ripley, Westfield, and Cherry Creek)	13.81	1.03	1.63		.08
Plumbers & Steamfitters					
Cattaragus (Remainder of County)	13.30	.60	1.29	.25	
Chautaugua (Remainder of County)	13.15	.77	.55	.289	
Roofers					
Cattaraugus & Chautaugua	10.95	.65	.45		.15
Erie					
Composition, Damp Waterproofers, Sprayers, Asphalt Mastic, Wood block Floor Workers, Steep Roofers and Siders	12.86	.99	1.50		.02
Slate, Precast Tile Roofers, Tile Asbestos	13.01	.99	1.50		.02
Sprinkler Fitters					
Cattaraugus & Chautaugua	14.52	.85	1.20		.08

MODIFICATION PAGE 23

DECISION NO. NY80-3009 -(Cont'd):

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Laborers, Building					
Cattaraugus (excluding Twp. of Perrysburg and the village of Gonawanda) and Chautaugua					
Common Laborers & Flagmen	9.20	.80	1.00	b	
Blasterers, Nozzlemen (gunite, seeding, sandblasting), Curb and Form Setters (steel stone and granite)	9.45	.80	1.00	b	
Work 40' and over	9.35	.80	1.00	b	
LINE CONSTRUCTION:					
Electrical Overhead & Underground Distribution Work					
Journeyman Lineman & Technician	11.35	1.40	3%+1.00	a	
Cable Splicer	15.07	1.40	3%+1.00	a	
Groundman Mobile Equipment Operator, Mechanic First Class, Ground Truck Driver	9.08	1.40	3%+1.00	a	
Groundman Digging Machine Operator, Groundman Dynamite Man	10.215	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer)	9.6475	1.40	3%+1.00	a	
Driver Mechanic, Groundman - Experienced	8.5121	1.40	3%+1.00	a	
All Overhead Transmission Line Work and Lighting for Athletic Fields					
Journeyman Lineman & Technician	13.00	1.40	3%+1.00	a	
Groundman Digging Machine Operator, Groundman Dynamite Man	11.70	1.40	3%+1.00	a	
Groundman Mobile Equipment Operator, Mechanic First Class, Groundman Truck Driver	10.40	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer Unit)	11.05	1.40	3%+1.00	a	
Driver Mechanic, Groundman - Experienced	9.75	1.40	3%+1.00	a	

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DECISION NO. NY80-3009 (Cont'd):

LINE CONSTRUCTION (Cont'd):	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Sub-Station, Switching Structures (when not part of the line), Electrical, Telephone or CATV Commercial Work, Street Lighting & Signal Systems					
Journeyman Lineman & Technician	13.70	1.40	3%+1.00	a	
Cable Splicer	15.07	1.40	3%+1.00	a	
Groundman Digging Machine Operator, Groundman Dynamite Man	12.33	1.40	3%+1.00	a	
Groundman Mobile Equipment Operator, Mechanic First Class, Groundman Truck Driver	10.96	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer Unit)	11.645	1.40	3%+1.00	a	
Driver Mechanic, Groundman - Experienced	10.275	1.40	3%+1.00	a	
All Pipe type Cable Installations, Maintenance Jobs or Projects					
Journeyman Lineman	13.70	1.40	3%+1.00	a	
Certified Lineman Welder	14.385	1.40	3%+1.00	a	
Cable Splicer	15.07	1.40	3%+1.00	a	
Groundman Equipment Operator	13.70	1.40	3%+1.00	a	
Groundman Truck Driver (Tractor Trailer Unit)	11.645	1.40	3%+1.00	a	
Groundman Truck Drivers	10.96	1.40	3%+1.00	a	
Groundman	10.275	1.40	3%+1.00	a	

FOOTNOTE:

a. Paid Holidays: New Year's Day, Washington's Birthday, Good Friday, Decoration Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, and Election Day for the President of the United States and Election Day for the Governor of New York State, provided the employee works the day before ar the day after a holiday

DECISION NO. OH80-2028 - Mod. #2
(45 FR 51416 - August 1, 1980)
Ashtabula, Cuyahoga, Lake, Lorain, Portage, Stark, & Summit Counties, Ohio

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
CHANGE:					
Electricians:					
Lake Co.:					
Commercial Construction	$15.23	.85	3%+.70		.2%
Lorain (Except Columbia Twp.):					
Commercial Construction	14.95	.75	3%+1.00		.1%
Glaziers:					
Ashtabula, Cuyahoga, Lake & Lorain Cos.	15.53	.60	1.25		.01
Ironworkers:					
Ashtabula (NE ¼ of Co.) Co.	14.00	1.86	1.01		.15
Line Construction:					
Lorain (Rem. of Co.) Co.:					
Cable Splicers; Equipment Ops. & Linemen	14.95	.75	3%+1.00		½%
Groundmen	9.72	.75	3%+1.00		½%
Marble Setters; Terrazzo Workers; & Tile Setters:					
Portage & Summit Cos.	13.47	.91	.70		
Marble Setters' Finishers:					
Portage & Summit Cos.	12.97	.91	.70		
Laborers:					
Stark Co.:					
Building & Construction; Tool Cribman; Carpenters' Tenders; Finishers Tenders; Concrete Handler; Utility Construction Laborer; Guard Rail Erector	10.86	.70	.90		.10
Bottom Men; Scaffold Builder; Tunnel Laborers; Pipe Layers; Air & Power Driven Tools; Burner on Demolition; Swinging Scaffold; Mucker; Caisson Worker; Cofferdam Worker; Powder Men & Dynamite Blaster; Creosote Workers; Mortar Mixers; Form Setter; Mason Tenders; Hod Carrier; Laser Beam Setup Men	11.06	.70	.90		.10
Gunnite Operator	11.46	.70	.90		.10

DECISION NO. OH80-2028 (Cont'd)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Power Equipment Operators:					
Ashtabula, Cuyahoga, Lake, & Lorain Cos.:					
Group A	15.07	1.11	1.25		.11
Group B	14.92	1.11	1.25		.11
Group C	14.57	1.11	1.25		.11
Group D	13.79	1.11	1.25		.11
Group E	13.47	1.11	1.25		.11
Group F	11.29	1.11	1.25		.11
Portage, Stark, & Summit Cos.:					
Group A	14.79	1.11	1.25		.11
Group B	14.63	1.11	1.25		.11
Group C	14.28	1.11	1.25		.11
Group D	13.47	1.11	1.25		.11
Group E	13.14	1.11	1.25		.11
Group F	10.93	1.11	1.25		.11

DECISION NO. OH80-2044 - Mod. #2
(45 FR 45806 - July 7, 1980)
Adams, Allen, Ashland, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Hamilton, Hancock, Hardin, Henry, Highland, Holmes, Huron, Knox, Lawrence, Licking, Logan, Madison, Marion, Medina, Meigs, Mercer, Miami, Montgomery, Morrow, Muskingum, Ottawa, Paulding, Perry, Pickaway, Pike, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Tuscarawas, Union, Van Wert, Warren, Wayne, Williams, Wood, & Wyandot Counties, Ohio

DECISION NO. OH80-2044 (Cont'd)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
CHANGE:					
Bricklayers; Caulkers; Cleaners; Pointers; & Stonemasons:					
Brown, Butler, Clermont, Hamilton, Preble (Dixon, Israel, Lanier, Somers & Gratis Twps.) & Warren Cos.	$14.945	.80	.45		.02
Cement Masons:					
Fulton, Hancock, Henry, Putnam, & Wood (Exclu. Perry & Bloom Twps.) Cos.	13.05	.70	1.10		.02
Electricians:					
Ashland, Crawford, Huron (Twps. of Richmond, New Haven, Ripley & Greenwich), Knox (Twps. of Liberty, Clinton, Union, Howard, Monroe, Middlesburg, Morris, Wayne, Berlin, Pike, Brown, & Jefferson), Marion, Morrow, Richland, & Wyandot (Twps. of Sycamore, Crane, Eden, Pitt & Antrim) Cos.	13.83	.60	3%+.62		.1%
Brown, Clermont, & Hamilton Cos.:					
Up to & incl 18 mi. radius from Hamilton Co. Court House, Cincinnati	15.30	.70	3%+.80		½%
Over 18 mi. radius up to & incl. 21 mi. radius from Hamilton Co. Court House, Cincinnati	15.60	.70	3%+.80		½%
Over 21 mi. radius up to & incl. 25 mi. radius from Hamilton Co. Court House, Cincinnati	15.70	.70	3%+.80		½%
Over 25 mi. radius from Hamilton Co. Court House, Cincinnati	15.85	.70	3%+.80		½%
Butler, & Warren (Twps. of Deerfield, Hamilton, Harlan, Massie, Salem, Turtle Creek, Union, & Washington) Cos.	15.35	.55	3%+1.00		½%

DECISION NO. OH80-2044 (Cont'd)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Coshocton, Knox (Twps. of Jackson, Clay, Morgan, Miller, Milford, Hilliard, Butler, Harrison, Pleasant, & College), Licking, Muskingum, Perry, & Tuscarawas (Twps. of Auburn, York, Jefferson, Clay, Rush, Oxford, Washington, Salem, Perry & Bucks) Cos.	$13.10	.50	3%+1.02		.03
Geauga (Rem. of Co.) Co.	15.23	.85	3%+.70		.2%
Medina (Litchfield, Liverpool Twps.) Co.	14.95	.75	3%+1.00		.1%
Glaziers:					
Erie (Exclu. NW Tip of Co. to Rte. #4), Geauga, Huron (N½), & Medina Cos.	15.53	.60	1.25		.01
Lathers:					
Clermont, Hamilton, Highland (except NE Tip), & Warren (S. ½ of Co.) Cos.	13.87		1.10		.075
Marble Setters; Terrazzo Workers; & Tile Setters:					
Brown, Butler, Clermont, Hamilton, Preble (Dixon, Israel, Lanier, Somers, & Gratis Twps.) & Warren Cos.:					
Marble Setters	14.385	.80	.45		
Terrazzo Workers; Tile Setters	14.335	.80	.45		
Medina (Twps. of Wadsworth, Guilford, Westfield, Lafayette, & Sharon), & Wayne (Twps. of Milton & Chippewa) Cos.	13.47	.91	.70		
Marble Setters' Finishers; Terrazzo Workers' Finishers; & Tile Setters' Finishers:					
Adams, Brown, Butler, Clermont, Gallia, Hamilton, Highland, Lawrence, Meigs, Scioto & Warren Cos.:					
Marble Setters' Finishers	13.35				

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DECISION NO. OH80-2044 (Cont'd)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Marble Sanders; Polishers; Sawyers; & Waxers	$13.515				
Terrazzo Workers' Finishers & Grinders	13.35				
Terrazzo Base Grinders (While operating base grinding machine)	13.77				
Tile Setters' Finishers	13.35				
Medina (Twps. of Wadsworth, Guilford, Westfield, Lafayette & Sharon), Wayne (Twps. of Milton & Chippewa) Cos.	12.97	.91	.70		
Millwrights:					
Brown, Butler, Clermont, Clinton, Hamilton & Warren Cos.	14.84	.60	1.10		.10
Painters:					
Erie, Hancock, Huron, Sandusky, Seneca, & Wyandot Cos.:					
Old Commercial:					
Brush; Rollers; & Wash & Clean Surfaces	11.20	.70	.80		h
Drywall & Paperhangers	11.45	.70	.80		h
Sandblasting; Spray	11.70	.70	.80		h
New Commercial:					
Brush; Rollers; & Wash & Clean Surfaces	12.30	.70	.80		h
Drywall & Paperhangers	12.55	.70	.80		h
Sandblasting; & Spray	12.80	.70	.80		h
Pipefitters; Plumbers; & Steamfitters:					
Carroll (Twps. of Ross, Monroe, Union, Lee, Orange, Perry, & Loudon), Coshocton, Holmes, Muskingum, & Tuscarawas Cos.	15.85	.87	.60		.08
Plasterers:					
Brown, Butler, Clermont, Hamilton, Highland & Warren Cos.	14.895		1.00		.02

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DECISION NO. OH80-2044 (Cont'd)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Soft Floor Layers:					
Defiance, Fulton, Hancock (Except city of Fostoria), Henry, Paulding, Williams, & Wood (Except city of Fostoria) Cos.	$13.18	1.06	1.25		.05
Laborers:					
Ashland, Crawford, Knox, Morrow, & Richland Cos.:					
Group A	10.76	.70	.90		.10
Group B	10.96	.70	.90		.10
Group C	11.36	.70	.90		.10
Carroll, Coshocton, Delaware, Hancock, Hardin, Holmes, Marion, Seneca, Tuscarawas, Wayne, & Wyandot Cos.:					
Group A	10.86	.70	.90		.10
Group B	11.06	.70	.90		.10
Group C	11.46	.70	.90		.10
Group A:					
Building & Construction Laborers; Carpenters' Tenders; Concrete Handler; Finisher Tenders; Guard Rail Erector; Tool Cribmen; & Utility Construction Laborer					
Group B:					
Air & Power Driven Tools; Bottom Men; Burner on Demolition; Caisson Worker; Cofferdam Worker; Creosote Workers; Form Setter; Hod Carrier; Laser Beam Setup Men; Mason Tender; Mortar Mixers; Muckers; Pipelayers; Plasterers' Tenders; Powder Men & Dynamite Blaster; Scaffold Building; Swinging Scaffold; & Tunnel Laborers					
Group C:					
Gunnite Operator					

DECISION NO. OH80-2044 (Cont'd)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Laborers:					
Brown, Clermont, Clinton & Hamilton Cos.:					
Group 1	$12.35	.80	.80		.10
Group 2	12.45	.80	.80		.10
Group 3	12.50	.80	.80		.10
Group 4	12.55	.80	.80		.10
Group 5	12.70	.80	.80		.10
Group 6	12.85	.80	.80		.10
Group 7	13.10	.80	.80		.10
Butler & Warren Cos.:					
Common Laborers	11.64	.70	.90		.10
Asphalt Rakers; Hand Air Tamper Chisel; Smoothers Hand Air Pump; Tampers; Vibrator Power Tamper Op.	11.74	.70	.90		.10
Mason Tenders; Mortar Mixers; & Scaffold Builders	11.97	.70	.90		.10
Concrete Pumps & Hose Men; Gunnite Operators; & Sandblasters	11.99	.70	.90		.10
Muskingum & Perry Cos.:					
Building & Construction Laborers; Carpenter Tenders; Planters (Landscape); Plumbers Tenders & Tree Trimmers	10.52	.70	.90		.10
Air & Machine Driven Tools Op.; Asphalt Plant Aggremeter Op.; Asphalt Plant Mixer Men; Brick Slingers; Car Pushers & Tunnel Laborers; Caulkers; Cement Handlers; Concrete Puddlers (Behind Mixers); Curb Cutters & Setters; Cutting with Burning Torches; Dumpmen (Batch Trucks); Hand Spikers Op.; Jackhammer Op.; Mason Tenders; Mortar Mixers;					

DECISION NO. OH80-2044 (Cont'd)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Muckers; Pipelayers; Plasterers' Tenders; Proportioning Plant Op.; Pump Men (Under 4"); Road Form Setters; Sewer Bottom Men; Sheeting & Shoring Men; Stone Mason Tenders; Vibrator Op.; & Yarners & Wrenchmen	$10.62	.70	.90		.10
Brick Droppers; Lock Tenders; & Powdermen or Blasters	10.77	.70	.90		.10
Line Construction:					
Ashland, Crawford, Huron (Twps. of Richmond, New Haven, Ripley & Greenwich), Knox (Twps. of Liberty, Clinton, Union, Howard, Monroe, Middlesburg, Morris, Wayne, Berlin, Pike, Brown & Jefferson), Marion, Morrow, Richland, & Wyandot (Twps. of Sycamore, Crane, Eden, Pitt, Antrim & Tymochtee) Cos.:					
Equipment Operators; Linemen	13.83	.60	3%+.62		½%
Line Truck Driver	8.30	.60	3%+.62		½%
Groundmen	8.99	.60	3%+.62		½%
Brown, Clermont, & Hamilton Cos.:					
Zone I:					
Linemen; Machine Ops.	15.30	.70	3%+.80		½%
Groundmen	11.475	.70	3%+.80		½%
Zone II:					
Linemen; Machine Ops.	15.60	.70	3%+.80		½%
Groundmen	11.70	.70	3%+.80		½%
Zone III:					
Linemen; Machine Ops.	15.70	.70	3%+.80		½%
Groundmen	11.775	.70	3%+.80		½%
Zone IV:					
Linemen; Machine Ops.	15.85	.70	3%+.80		½%
Groundmen	11.89	.70	3%+.80		½%

DECISION NO. OH80-2044 (Cont'd)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Butler, Warren (Deerfield, Hamilton, Harlan, Massie, Salem, Turtle Creek, Union & Washington Twps.) Cos.:					
Linemen	$15.35	.55	3%+1.00		½%
Cable Splicers	15.85	.55	3%+1.00		½%
Groundmen	10.75	.55	3%+1.00		½%
Medina (Litchfield & Liverpool Twps.) Cos.:					
Cable Splicer; Equipment Op.; & Linemen	14.95	.75	3%+1.00		½%
Truck Driver (Winch) Groundman; Groundman	9.72	.75	3%+1.00		½%
Power Equipment Operators:					
Zone I:					
Group A	14.79	1.11	1.25		.11
Group B	14.63	1.11	1.25		.11
Group C	14.28	1.11	1.25		.11
Group D	13.47	1.11	1.25		.11
Group E	13.14	1.11	1.25		.11
Group F	10.93	1.11	1.25		.11
Zone II:					
Group A	14.51	1.11	1.25		.11
Group B	14.35	1.11	1.25		.11
Group C	13.99	1.11	1.25		.11
Group D	13.21	1.11	1.25		.11
Group E	12.88	1.11	1.25		.11
Group F	10.68	1.11	1.25		.11
Zone III:					
Group A	15.07	1.11	1.25		.11
Group B	14.92	1.11	1.25		.11
Group C	14.57	1.11	1.25		.11
Group D	13.79	1.11	1.25		.11
Group E	13.47	1.11	1.25		.11
Group F	11.29	1.11	1.25		.11

DECISION NO. OH80-2048 - Mod. #2
(45 FR 47045 - July 11, 1980)
Lucas County, Ohio

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
CHANGE:					
Cement Masons	$13.05	.70	1.10		.02
Soft Floor Layers:					
Commercial	13.18	1.06	1.25		.05
Residential	11.45	1.06	1.25		.05
Power Equipment Operators:					
Group A	14.79	1.11	1.25		.11
Group B	14.63	1.11	1.25		.11
Group C	14.28	1.11	1.25		.11
Group D	13.47	1.11	1.25		.11
Group E	13.14	1.11	1.25		.11
Group F	10.93	1.11	1.25		.11

DECISION NO. OH80-2052 - Mod. #2
(45 FR 45834 - July 7, 1980)
Statewide, Ohio

CHANGE:					
Bricklayers & Stonemasons:					
Brown, Butler, Clermont, Hamilton, Preble (Twps. of Dixon, Gratis, Israel, Lanier, & Somers), & Warren Cos.	14.945	.80	.45		.02
Electricians:					
Ashland, Crawford, Huron (Twps. of Greenwich, New Haven, Richmond, & Ripley), Knox (N½ incl. Clinton, Howard, Liberty, Monroe & Union Twps.), Marion, Morrow, Richland, & Wyandot (Rem. of Co.) Cos.	13.83	.60	3%+.62		.1%
Brown, Clermont & Hamilton Cos.:					
Within 18 Mi. of Hamilton Co. Court House	15.30	.70	3%+.80		½%
From 18 to 21 Mi.	15.60	.70	3%+.80		½%
From 21 to 25 Mi.	15.70	.70	3%+.80		½%
Over 25 Mi.	15.85	.70	3%+.80		½%
Butler Co. & Warren Co., excl. Clear Creek, Franklin & Wayne Twps.	15.35	.55	3%+1.00		½%

DECISION NO. OH80-2052 (Cont'd)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Coshocton, Guernsey, Knox (Jackson, Clay, Morgan, Miller, Milford, Hilliard, Butler, Harrison, Pleasant, & College Twps.), Licking, Muskingum, Perry, Tuscarawas (S½ incl. Twps. of Auburn, Clay, Rush, York, Salem, Jefferson, Oxford, Washington, Perry, & Bucks) Cos.	$13.10	.50	3%+1.02		.03
Geauga (except Auburn, Bainbridge, Chester, Middlefield, Parkman, Russell, & Troy Twps.) & Lake Cos.	15.13	.85	3%+.70		.2%
Lorain Co. (Rem. of Co.) and Medina Co. (Twps. of Litchfield & Liverpool)	14.95	.75	3%+1.00		.1%
Painters:					
Erie, Hancock, Huron, Sandusky, Seneca & Wyandot Cos.:					
Brush	12.30	.70	.80		50.00p/yr
Structural Steel	12.75	.70	.80		50.00p/yr
Plumbers & Steamfitters:					
Carroll (Twps. of Ross, Monroe, Union, Lee, Orange, Perry & Loudon), Coshocton, Guernsey, Holmes, Morgan (South of State Rte #78 & from McConnelsville West on State Rte #37 to the Perry Co. line), Muskingum, Noble, & Tuscarawas Cos.	15.85	.87	.60		.08
Truck Drivers:					
Zone I:					
Class I	10.75	34.00a	30.00a	b&c	.05
Class II	10.90	34.00a	30.00a	b&c	.05
Class III	11.25	34.00a	30.00a	b&c	.05
Class IV	11.25	34.00a	30.00a	b&c	.05
Line Construction:					
Ashland, Crawford, Huron (Twps. of Richmond, New Haven, Ripley & Greenwich), Knox (Twps. of Liberty, Clinton, Union, Howard, Monroe, Middlesburg, Morris, Wayne, Berlin, Pike, Brown, & Jefferson), Marion,					

DECISION NO. OH80-2052 (Cont'd)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Morrow, Richland, & Wyandot (Twps. of Sycamore, Crane, Eden, Pitt, Antrim & Tymochtee) Cos.:					
Equipment Operators; Linemen	$13.83	.60	3%+.62		½%
Line Truck Driver	8.30	.60	3%+.62		½%
Groundmen	8.99	.60	3%+.62		½%
Brown, Clermont, & Hamilton Cos.:					
Zone I:					
Linemen; Machine Ops.	15.30	.70	3%+.80		½%
Groundmen	11.475	.70	3%+.80		½%
Zone II:					
Linemen; Machine Ops.	15.60	.70	3%+.80		½%
Groundmen	11.70	.70	3%+.80		½%
Zone III:					
Linemen; Machine Ops.	15.70	.70	3%+.80		½%
Groundmen	11.775	.70	3%+.80		½%
Zone IV:					
Linemen; Machine Ops.	15.85	.70	3%+.80		½%
Groundmen	11.89	.70	3%+.80		½%
Butler, Warren (Deerfield, Hamilton, Harlan, Massie, Salem, Turtle Creek, Union & Washington Twps.) Cos.:					
Linemen	15.35	.55	3%+1.00		½%
Cable Splicers	15.85	.55	3%+1.00		½%
Groundmen	10.75	.55	3%+1.00		½%
Lorain (Exclu. Columbia Twp.), & Medina (Litchfield & Liverpool Twps.) Cos.:					
Cable Splicers; Equipment Op.; & Linemen	14.95	.75	3%+1.00		½%
Truck Driver (winch) Groundman; Groundman	9.72	.75	3%+1.00		½%

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
DECISION NO. PA78-3054					
MOD. NO. 9					
(43 FR 35868 - August 11, 1978)					
Bucks, Chester, Delaware, Montgomery & Philadelphia Counties, Pennsylvania					
CHANGE:					
Carpenters	$11.72	2.63	1.40	a	.13
ADD:					
Philadelphia only:					
Electricians	13.88	.83	3%+.83		1 3/4%
Millwrights	11.77	2.63	1.40		.13
Ironworkers:					
Structural & Ornamental	13.77	1.34	1.36		.04
Rigger, Machinery Mover	13.20	1.34	1.36		
DECISION NO. TX79-4035 -					
MOD. #6					
(44 FR 56108 - September 28 1979)					
Gregg County, Texas					
CHANGE:					
Bricklayers	$12.10		.45		.05
DECISION NO. TX79-4041 -					
MOD. #5					
(44 FR 56108 - September 28, 1979)					
Taylor County, Texas					
CHANGE:					
Electricians:					
Electricians	11.75	.60	3%		1/4%
Cable splicers	12.00	.60	3%		1/4%
Line construction:					
Lineman	11.75	.60	3%		1/4%
Cable splicers	12.00	.60	3%		1/4%
Groundman	8.81	.60	3%		1/4%
Equipment operator	9.64	.60	3%		1/4%
Flat bed truck driver	7.29	.60	3%		1/4%

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
DECISION NO. TX80-4001 -					
MOD. #8					
(45 FR 1376 - January 4, 1980)					
Armstrong, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Potter, Randall, Roberts, Sherman, Swisher & Wheeler Cos., Texas					
CHANGE:					
Sheet metal workers	$12.38	.50	.60		.12
OMIT all rates & classifications for plumbers & pipefitters					
ADD:					
Plumbers & pipefitters	11.90	.50	.65	1.06	
DECISION NO. TX80-4004 -					
MOD. #8					
(45 FR 1383 - January 4, 1980)					
Wichita County, Texas					
CHANGE:					
Plasterers	11.75				.01
Plumbers & pipefitters:					
Zone 1	12.10	.50	.85		.05
Zone 2	12.60	.50	.85		.05
DECISION NO. TX80-4006 -					
MOD. #7					
(45 FR 1388 - January 4, 1980)					
Travis County, Texas					
CHANGE:					
Marble, tile & terrazzo workers	10.00	.60			.05
Plasterers	11.74	.60	.55		.01

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
DECISION NO. TX80-4028 - MOD. #6 (45 FR 28013 - April 25, 1980) Galveston & Harris Cos., Texas					
CHANGE: Electricians-Galveston Co.	$14.44	.75	3%+1.40		.08
DECISION NO. TX80-4031 - MOD. #4 (45 FR 38250 - June 6, 1980) Bell, Bosque, Coryell, Falls, Hill & McLennan Cos., Texas					
CHANGE: Building Construction: Plasterers	11.74	.60	.55		.01
DECISION NO. TX80-4032 - MOD. #4 (45 FR 38254 - June 6, 1980) Bexar County, Texas					
CHANGE: Electricians:					
Electricians	12.44	.60	5%		1%
Cable splicers	12.69	.60	5%		1%
Painters: Brush; paperhanger; taper & floater; hand roller	10.05		.30		.05
Brush on all structural steel; spray on any other surface other than steel	10.30		.30		.05

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
DECISION NO. TX80-4033 - MOD. #4 (45 FR 32544 - May 16, 1980) Bowie County, Texas					
CHANGE: Line construction:					
Linemen	$13.20		3%		1/2%
Cable splicers	13.60		3%		1/2%
Hole digger op., heavy equipment ops. (or pole cat equivalent); powderman	12.01		3%		1/2%
Line truck driver (winch op.)	10.82		3%		1/2%
Jackhammerman	9.90		3%		1/2%
Groundman	8.84		3%		1/2%
Truck driver (flat bed, ton & half & under)	9.37		3%		1/2%
Plumbers & pipefitters:					
Within a 25 mile radius of Texarkana	13.93	.60	.70		.05
Outside a 25 mile radius of Texarkana	14.33	.60	.70		.05
DECISION NO. TX80-4036 - MOD. #3 (45 FR 41836 - June 20, 1980) Ector & Midland Cos., Texas					
CHANGE:					
Electricians - Zone 1	12.00	.60	3%		1/10%
Zone 2	12.70	.60	3%		1/10%
Zone 3	13.00	.60	3%		1/10%
DECISION NO. TX80-4037 - MOD. #3 (45 FR 32545- May 16, 1980 Lubbock County, Texas					
CHANGE: Sheet metal workers	12.38	.50	.60		.12

SUPERSEDEAS DECISION

STATE: California

COUNTIES: Imperial, Inyo, Kern, Los Angeles, Mono, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara and Ventura

DECISION NUMBER: CA80-5131

DATE: Date of Publication

Supersedes Decision No. CA80-5117 dated May 23, 1980, in 45 FR 35110

DESCRIPTION OF WORK: Building Projects (does not include single family homes and apartments up to and including 4 stories), Heavy and Highway Projects and Dredging

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
ASBESTOS WORKERS	$18.74	$1.30	$1.45		.07
BOILERMAKERS	15.11	1.255	1.25	1.00	.04
BRICKLAYERS; Stonemasons:*					
Area 1	14.09	1.13	1.34		.12
Area 2	15.74	1.15	2.21		.10
Area 3	15.45	1.15	1.65		.07
Area 4	13.35	1.30	1.75		.05
Area 5	15.09	1.30	2.35		.10
Area 6	15.47	1.45	2.00		.05
BRICK TENDERS	11.23	1.25	2.90	.95	.12
CARPENTERS:					
Carpenters	13.67	1.63	2.21	1.00	.10
Saw Filers	13.75	1.63	2.21	1.00	.10
Table Power Saw Operators	13.77	1.63	2.21	1.00	.10
Shinglers; Piledrivermen, Bridge or Dock Caprenters; Derrick Bargemen; Rock Slinger	13.80	1.63	2.21	1.00	.10
Hardwood Floor Layers	13.87	1.63	2.21	1.00	.10
Pneumatic Nailers	13.92	1.63	2.21	1.00	.10
Millwrights	14.17	1.63	2.21	1.00	.10
CEMENT MASONS:*					
Cement Masons	13.61	1.30	1.85	1.25	.08
Cement Floating and Troweling Machine	13.86	1.30	1.85	1.25	.08
Area 1:					
Cement Masons	15.26	1.30	1.85	1.25	.08
Cement Floating and Troweling Machine Operators	15.51	1.30	1.85	1.25	.08
DIVERS:					
Diver, Wet*	32.60	1.63	2.21	1.00	.10
Diver, Stand-by*	16.30	1.63	2.21	1.00	.10
Diver, Tender*	15.30	1.63	2.21	1.00	.10
DRYWALL INSTALLERS	14.63	1.63	2.21	.95	.09
ELECTRICIANS:*					
Area 1:					
Electricians	15.98	.75	3%+1.71		.09
Cable Splicers	16.28	.75	3%+1.71		.09

*See AREA Descriptions - Page 4

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
ELECTRICIANS:* (Cont'd)					
Area 2:					
Electricians; Technicians	$16.00	$1.10	3%+1.95		.15
Cable Splicers	17.60	1.10	3%+1.95		.15
Area 3:					
Electricians	15.67	1.15	3%+2.70		.12
Cable Splicers	13.42	1.15	3%+2.70		.12
Traffic Signal and Street Lighting:					
Electricians	13.12	1.15	3%+1.95		.12
Utility Technician No. 1	9.84	1.15	3%+1.95		.12
Utiltiy Technician No. 2	9.18	1.15	3%+1.95		.12
Tunnel:					
Electricians	13.52	1.05	3%+1.70		.02
Cable Splicers	13.82	1.05	3%+1.70		.02
Sound Technicians:					
Sound Technicians (on new building construction)	12.67	.75	3%		
Sound Technicians (on modification of existing buildings)	10.74	.75	3%		
Area 4:					
Electricians	17.24	.81	3%+1.45		.02
Cable Splicers	17.14	.81	3%+1.45		.02
Area 5:					
Electricians	15.91	.85	3%+2.40		.04
Cable Splicers	16.41	.85	3%+2.40		.04
Area 6:					
Electricians	14.90	1.21	3%+2.90		.04
Cable Splicers	15.40	1.21	3%+2.90		.04
Tunnel:					
Electricians	16.39	1.21	3%+2.90		.04
Cable Splicers	16.69	1.21	3%+2.90		.04
Area 7:					
Electricians	16.98	1.23	3%+1.50		.03
Cable Splicers	18.68	1.23	3%+1.50		.03
Area 8:					
Electricians	17.00	1.10	3%+1.50		.03
Cable Splicers	18.50	1.10	3%+1.50		.03

*See AREA Descriptions - Page 4

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
ELECTRICIANS:* (Cont'd)					
Area 9:					
Electricians	$16.71	$1.20	3%+1.95		.02
Cable Splicers	18.38	1.20	3%+1.95		.02
Area 10:					
Electricians	19.50	1.10	3%+1.50		.03
Cable Splicers	21.00	1.10	3%+1.50		.03
Area 11:					
Electricians	19.00	1.10	3%+1.95		.15
Cable Splicers	20.90	1.10	3%+1.95		.15
ELEVATOR CONSTRUCTORS:*					
Area 1:					
Elevator Constructors	15.41	1.045	.82	a	.035
Area 2:					
Elevator Constructors	16.37	.895	.82	a	.035
GLAZIERS:*					
Area 1	10.90	.67	.90		
Area 2	18.50	1.10	3.00		.07
IRONWORKERS:					
Fence Erectors	13.11	1.39	2.57	2.00	.07
Reinforcing	14.00	1.39	2.57	2.00	.07
Ornamental; Structrual	14.00	1.39	2.57	2.00	.07
IRRIGATION and LAWN SPRINKLERS:*					
Area 1	11.12	10%	16%	13%	1½%
LATHERS:					
Area 1	12.58	1.15	1.85	.90	.05
Area 2	14.00	1.26	1.99		.03
Area 3	15.63	1.63	2.21	1.00	.10
Area 4	7.72	.87		3.20	
Area 5	11.67	.82	1.25	1.50	
Area 6	12.50	.85	1.00	.50	.03
Area 7	14.11	.90	1.41	1.03	.01
LINE CONSTRUCTION:*					
Area 1:					
Groundmen	11.44	.75	3%+1.45		
Linemen	14.30	.75	3%+1.45		
Cable Splicers	14.58	.75	3%+1.45		
Area 2:					
Groundmen	9.94	.90	3%+1.60		.15
Linemen	13.25	.90	3%+1.60		.15
Cable Splicers	14.58	.90	3%+1.60		.15

*See AREA Descriptions - following Page

AREA DESCRIPTIONS

BRICKLAYERS; Stonemasons:
Area 1: Imperial County
Area 2: Inyo, Kern, and Mono Counties
Area 3: Los Angeles, and Orange Counties
Area 4: Riverside and San Bernardino Counties
Area 5: Santa Barbara and San Luis Obispo Counties
Area 6: Ventura County

CEMENT MASONS:
Area 1: Point Arguello, Camp Roberts, Edwards Air Force Base, Naval Ordnance Test Center, Vandenberg AFB

DIVERS:*
Shall receive a minimum of 8 hours pay for any day or part thereof.

ELECTRICIANS:
Area 1: Imperial County
Area 2: Kern County (Remainder of County)
Area 3: Los Angeles County
Area 4: Orange County
Area 5: Riverside County
Area 6: Inyo, Mono, and San Bernardino Counties
area 7: San Luis Obispo County
Area 8: Santa Barbara County (except Vandenberg AFB)
Area 9: Ventura County
Area 10: Vandenberg Air Force Base
Area 11: Kern County (China Lake Naval Ordnance Test Station, Edwards AFB)

ELEVATOR CONSTRUCTORS:
Area 1: Imperial, Inyo, Kern (south of Tehachapi Range), Los Angeles, Mono, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara and Ventura Counties
Area 2: Kern County (north of Tehachapi Range)

GLAZIERS:
Area 1: Imperial County
Area 2: Santa Barbara, San Luis Obispo and Ventura Counties

LATHERS:
Area 1: Inyo, Kern, and Mono counties
Area 2: Los Angeles County (except City of Lancaster)
Area 3: Ventura County
Area 4: San Luis Obispo County
Area 5: Santa Barbara County
Area 6: Orange County
Area 7: Riverside County

LINE CONSTRUCTION:
Area 1: Imperial County
Area 2: Kern County (Remainder of County)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
LINE CONSTRUCTION:* (Cont'd)					
Area 3:					
Groundman, 1st year	$11.43	.81	3%+1.45		.02
Groundman, after 1st year	12.12	.81	3%+1.45		.02
Lineman, Heavy Equipment Operators	14.04	.81	3%+1.45		.02
Cable Splicers	14.69	.81	3%+1.45		.02
Area 4:					
Groundmen	9.86	1.25	3%+1.95		
Linemen	13.14	1.25	35+1.95		
Cable Splicers	13.44	1.25	3%+1.95		
Area 5:					
Groundmen	9.41	1.11	3%+2.00		.04
Linemen	12.71	1.11	3%+2.00		.04
Cable Splicers	13.44	1.11	3%+2.00		.04
Area 6:					
Groundmen	9.65	.85	3%+1.65		.04
Linemen; Line Equipment Operators	13.08	.85	3%+1.65		.04
Cable Splicers	13.38	.85	3%+1.65		.04
Area 7:					
Groundmen	12.14	1.00	3%+1.35		.03
Linemen; Line Equipment Operators	16.18	1.00	3%+1.35		.03
Cable Splicers	16.99	1.00	3%+1.35		.03
Area 8:					
Groundmen	12.93	1.00	3%+1.05		.02
Linemen	14.21	1.00	3%+1.05		.02
Cable Splicers	15.63	1.00	3%+1.05		.02
Area 9:					
Groundmen	12.75	1.10	3%+1.50		.03
Linemen	17.00	1.10	3%+1.50		.03
Cable Splicers	18.50	1.10	3%+1.50		.03
Area 10:					
Groundmen	15.25	1.10	3%+1.50		.03
Lineman	19.50	1.10	3%+1.50		.03
Cable Splicers	21.00	1.10	3%+1.50		.03
Area 11:					
Groundman	15.00	1.10	3%+1.95		.15
Lineman, Equipment Operators	19.00	1.10	3%+1.95		.15
Cable Splicers	20.90	1.10	3%+1.95		.15

*See AREA Descriptions - Page 7

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
MARBLE SETTERS:*					
Area 1	$12.42	$1.50	$1.62	$1.18	
Area 2	13.54	.81	1.17		.08
MARBLE, TERRAZZO & TILE FINISHERS:					
Area 1	9.44	.81	1.17		.08
PAINTERS:*					
Area 1:					
Brush; Paint Burners	14.26	1.23	1.43	.75	.07
Paperhangers	14.76	1.23	1.43	.75	.07
Sandblaster; Iron, Steel and bridge (swing stage)	15.26	1.23	1.43	.75	.07
Sheet Rock Tapers	15.26	1.23	1.43	.75	.07
Brush (Swing Stage); Spray	14.51	1.23	1.43	.75	.07
Steeplejack	15.91	1.23	1.43	.75	.07
Area 2:					
Brush	12.73	.86	.80	.60	.02
Structural Steel and bridge; Paint Burner	12.85	.86	.80	.60	.02
Tapers	14.06	.86	.80	.60	.02
Brush Swing Stage (13 stories or less); Paperhangers; Sandblasters; Spray Painters	13.13	.86	.80	.60	.02
Brush Swing Stage (over 13 stories)	13.10	.86	.80	.60	.02
Structural steel and bridge, Swing Stage (13 stories or less)	13.13	.86	.80	.60	.02
Structural Steel and bridge, Swing Stage (excess of 13 stories)	13.25	.86	.80	.60	.02
Spray Painter; Sandblaster, Swing Stage (excess of 13 stories)	13.35	.86	.80	.60	.02
Spray Painters; Sandblaster, Swing Stage (13 stories or less); Paste Machine; Special coating Spray	12.91	.71	.80	.60	.02
Steeplejack	13.65	.71	.80	.60	.02

*See AREA Descriptions - Following Page

AREA DESCRIPTIONS

LINE CONSTRUCTION: (Cont'd)
Area 3: Orange County
Area 4: Los Angeles County
Area 5: Inyo, Mono, and San Bernardino Counties
Area 6: Riverside County
Area 7: San Luis Obispo County
Area 8: Ventura County
Area 9: Santa Barbara County (except Vandenberg AFB)
Area 10: Vandenberg AFB
Area 11: Kern County (China Lake Naval Ordnance Test Station, Edward AFB)

MARBLE SETTERS:
Area 1: Inyo and Mono Counties
Area 2: Imperial County

MARBLE, TERRAZZO and TILE FINISHERS:
Area 1: Imperial County

PAINTERS:
Area 1: Imperial, Orange, Riverside, Los Angeles (Pomona Area), San Bernardino (excluding western portion)
Area 2: Inyo, Los Angeles (except Pomona Area), Mono, San Bernardino (west of a line north of Trono including China Lake Area, Johannesburg, Boron, south including the Wrightwood Area), Kern (east of the Los Angeles Aqueduct)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
PAINTERS:*, (Cont'd)					
Area 3:					
Brush	$10.63	.80	$1.00		.03
Brush or Roller (swing stage); Paperhangers; Taping Joint Sheet Rock	10.88	.80	1.00		.03
Spray; Sandblasters	11.13	.80	1.00		.03
Steeplejack	12.13	.80	1.00		.03
Area 4:					
Brush; Pot Tender	13.98	1.25	1.83		.03
Paperhangers; Paste Machine Operators; Iron and Steel	14.23	1.25	1.83		.03
Spray; Taper; Sandblasters	14.48	1.25	1.83		.03
Steeplejack	14.98	1.25	1.83		.03
Parking Lot Striping Work and/or Highway Markers:					
Area 1:					
Striper	11.82	.55	.40	b	
Traffic Delineating Device Applicator; Wheel Stop Installer; Traffic Surface; Sandblaster	10.72	.85	.50	b	
Slurry Seal Operation:					
Mixer	10.72	.85	.50	b	
Squeegee Man	9.14	.85	.50	b	
Applicator Operator	9.14	.85	.50	b	
Shuttleman	9.14	.85	.50	b	
Top Man	7.60	.85	.50	b	
Area 2:					
Traffic Delineating Device Applicator	10.72	.85	.50	b	
Wheel Stop Installer; Surface Sandblaster	10.72	.85	.50	b	
Striper	10.33	.85	.50	b	
Slurry Seal Operation:					
Mixer Operator	10.33	.85	.50	b	
Squeegee Man	9.14	.85	.50	b	
Applicator Operator	8.54	.85	.50	b	
Shuttleman	9.14	.85	.50	b	
Top Man	7.60	.85	.50	b	
PLASTERERS:					
Area 1	12.335	.93	1.85		.12
Area 2	18.95				
Area 3	12.00				
Area 4	15.10	1.00	1.30		
Area 5	14.51	1.30	3.00		.02
PLASTERERS TENDERS:					
Area 1	13.32	1.25	2.90	1.00	
Area 2	10.92	1.25	2.55	.95	
Area 3	11.775	1.25	2.55	1.10	
Area 4	13.08	1.25	2.55	1.15	
Area 5	14.08	1.25	1.83		.03
Area 6	13.58	1.25	2.60	1.10	

*SEE AREA DESCRIPTIONS - See Following Page

AREA DEFINITIONS

PAINTERS: (Cont'd)
Area 2: Inyo, Los Angeles (except Pomona Area), Mono, San Bernardino (west of a line north of Trono including China Lake Area, Johannesburg, Boron, south including the Wrightwood Area), Kern (East of the Los Angeles Aqueduct)
Area 3: Kern County (except the portion lying east of the Los Angeles Aqueduct)
Parking Lot Striping Work and/or Highway Markers; and Slurry Seal Operation:
Area 1: Inyo and Mono Counties
Area 2: Remaining Counties

PLASTERERS:
Area 1: Los Angeles and Orange Counties
Area 2: Riverside and San Bernardino Counties
Area 3: San Luis Obispo County
Area 4: Santa Barbara County
Area 5: Ventura County

PLASTERERS TENDERS:
Area 1: Imperial, Inyo, Mono, Riverside and San Bernardino Counties
Area 2: Kern County
Area 3: Los Angeles and Orange Counties
Area 4: San Luis Obispo County
Area 5: Santa Barbara County
Area 6: Ventura County

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
PLUMBERS; Steamfitters:*					
Area 1	$15.25	$1.53	2.44	$1.98	.11
Area 2	15.88	1.05	2.25	1.45	.17
Area 3	20.88	1.05	2.25	1.45	.17
REFRIGERATION & AIR CONDITIONING:*					
Area 1	10.70	.96	.85	1.00	.05
Area 2	13.82	2.00	2.00	1.52	.30
ROOFERS:*					
Area 1	12.79	.80	1.05	1.00	
Area 2	12.05	.80	.60		.02
Area 3	12.65	.80	1.00	1.25	
Area 4	13.31	.97	2.05		.065
Area 5	13.37	.645	1.49		
SHEET METAL WORKERS:*					
Area 1	14.96	1.04	2.24		.01
Area 2	14.51	1.14	1.80		.02
Area 3	15.16	1.14	2.52		.10
Area 4	14.16	1.14	2.64		.09
Area 5	13.90	1.14	1.91		.16
Area 6	14.93	1.14	2.52		
SOFT FLOOR LAYERS:*					
Area 1	11.52	.81	1.45		.10
Area 2	12.72	.75	1.20	.75	.08
Area 3	12.80	.85	.85	1.18	.07
SPRINKLER FITTERS:*					
Area 1	15.52	.75	1.05		.08
Area 2	16.83	.83	1.05		.09
TERRAZZO WORKERS:*					
Area 1	12.69	.81	1.17		.08
TILE SETTERS:*					
Area 1	12.69	.81	1.17		.08
Area 2	13.81	1.06	1.40		.10
Area 3	10.50	1.20	1.85		.07
Area 4	12.95	1.03	1.35		
TILE FINISHERS:*					
Area 1	9.96	1.39	1.30		.13

*See AREA DESCRIPTIONS - Following Page

AREA DESCRIPTIONS

PLUMBERS; Steamfitters:
Area 1: Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara and Ventura Counties
Area 2: Inyo, Kern, and Mono Counties
Area 3: Edwards AFB, Naval Weapons Center & China Lake Ordnance Test Ctr.

REFRIGERATION and AIR CONDITIONING:
Area 1: Riverside and San Bernardino Counties
Area 2: Los Angeles and Orange Counties

ROOFERS:
Area 1: Imperial County
Area 2: Inyo, Kern and Mono Counties
Area 3: Riverside and San Bernardino Counties
Area 4: Los Angeles, Orange and Ventura Counties
Area 5: San Luis Obispo and Santa Barbara Counties

SHEET METAL WORKERS:
Area 1: Imperial County
Area 2: Kern County and all of Inyo and Mono Counties, Los Angeles County (that portion north of a straight line drawn between Gorman and Big Pines)
Area 3: Los Angeles County (remaining portion)
Area 4: Orange County
Area 5: Riverside and San Bernardino Counties
Area 6: San Luis Obispo, Santa Barbara and Ventura Counties

SOFT FLOOR LAYERS:
Area 1: Imperial County
Area 2: Los Angeles, Orange, Riverside, Santa Barbara, San Luis Obispo, San Bernardino and Ventura Counties
Area 3: Kern County, including that portion lying east of the Los Angeles Aqueduct and that portion of Inyo County included within the Inyo-Kern Naval Reservation

SPRINKLER FITTERS:
Area 1: Imperial, Inyo, Kern, Mono, Orange (except Santa Ana), Riverside, San Bernardino (except Ontario, San Luis Obispo, Santa Barbara and Ventura (except Santa Paula, Point Mugu and Port Hueneme)
Area 2: Los Angeles (Los Angeles City and Area within 25 miles and Pomona), Orange (Santa Ana); San Bernardino (Ontario), and Ventura (Santa Paula, Point Mugu and Port Hueneme)

TERRAZZO WORKERS:
Area 1: Imperial County

AREA DESCRIPTIONS

TILE SETTERS:
Area 1: Imperial County
Area 2: Los Anglees, Orange and Ventura Counties
Area 3: San Luis Obispo and Santa Barbara Counties
Area 4: Riverside and San Bernardino Counties
Area 5: Inyo, Kern and Mono Counties

TILE FINISHERS:
Area 1: Los Angeles, Orange, and Ventura Counties

PAID HOLIDAYS:
A-New Year's Day; B-Memorial Day; C-Independence Day; D-Labor Day; E-Thanksgiving Day; F-Christmas Day

FOOTNOTES:
a. Employer contirbutes 8% of basic hourly rate for over 5 years' service and 6% of basic hourly rate for 6 months to 5 years' service as Vacation Pay Credit. Six Paid Holidays: A through F

b. Employer contributes $.23 per hour to Holiday Fund plus $.14 per hour to Vacation Fund for the first year of employment, 1 year but less than 5 years $.34 per hour to Vacation Fund, 5 years but less than 10 years $.44 per hour to Vacation Fund, over 10 years $.54 per hour to Vacation Fund

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
LABORERS:					
Group 1	$10.63	$1.25	$2.90	.95	.12
Group 2	10.78	1.25	2.90	.95	.12
Group 3	10998	1.25	2.90	.95	.12
Group 4	11.28	1.25	2.90	.95	.12
Group 5	11.48	1.25	2.90	.95	.12
(GUNNITE)					
Group 1	12.62	1.25	2.90	.95	.12
Group 2	11.97	1.25	2.90	.95	.12
Group 3	10.91	1.25	2.90	.95	.12
(TUNNEL)					
Group 1	12.54	1.25	2.90	.95	.12
Group 2	12.66	1.25	2.90	.95	.12
Group 3	12.82	1.25	2.90	.95	.12
Group 4	13.10	1.25	2.90	.95	.12
LABORERS: Point Arguello, Camp Roberts, Edwards AFB, Naval Ordnance Test Center, Vandeberg AFB-					
Group 1	12.63	1.25	2.90	.95	.12
Group 2	12.78	1.25	2.90	.95	.12
Group 3	12.98	1.25	2.90	.95	.12
Group 4	13.28	1.25	2.90	.95	.12
Group 5	13.48	1.25	2.90	.95	.12
LABORERS, Tunnel					
Group 1	14.54	1.25	2.90	.95	.12
Group 2	14.66	1.25	2.90	.95	.12
Group 3	14.82	1.25	2.90	.95	.12
Group 4	15.10	1.25	2.90	.95	.12

LABORERS

Group 1: Cleaning and Handling of Panels Forms; Concrete Screeding for rough strike-off; Concrete, water curing; Demolition Laborer, the cleaning of brick and lumber; Dry Packing of concrete, plugging, filling of Shee-bolt Holes; Fire Watcher, Limber, Brush Loaders, Pilers and Debris Handlers; Flagman; Gas, Oil and/or Water Pipeline Laborer; Laborer, general or construction; Laborer, general cleanup; Laborer, landscaping; Laborer, jetting, temporary water and air lines; Mateiral Hoiseman (walls, slabs, floors and decks); Rigging and Signaling; Scaler; Slip Form Raisers; Slurry Seal Crews (Mixer Operator, Applicator Operator, Squeegee Man, Shuttle Man, Top Man); Striper, concrete or other paved surfaces; Tarman and Mortar Man; Tool Crib or Tool House Laborer; Traffic Delineating Device Applicator; Window Cleaner; Wire Mesh, pulling all concrete pouring operations

Group 2: Asphalt Shoveler; Cement Dumper (on 1 yard or larger Mixer and handling bulk cement); Cesspool Digger and Installer, Chucktender; Chute Man, pouring concrete, the handling of the Chute from Ready Mix Trucks, such as walls, slabs, decks, floors, foundations, footings, curb, gutters and sideqlaks; Concrete Curer, Impervious Membrane and Form Oiler; CuttingTorch Operator (demolition); Fine Grader, highways and street paving, airport, runways, and similar type heavy construction; Gas, Oil and/or Water Pipeline Wrapper, Pot Tender and Form Man; Guineau Chaser; Headerboard Man, asphalt; Laborer, packing rod steel and pans; Power Broom Sweepers (small); Riprap Stonepaver, placing stone or wet sacked concrete; Roto Scraper and Tiller; Sandblaster (Pot Tender); Septic Tank Digger and Installer (Leadman); Tank Scaler and Cleaner; Tree Climber, Faller, Chain Saw Operator, Pittsburgh Chipper and similar type Brush Shredders; Underground Laborer, including Caisson Bellower

Group 3: Asphalt Raker, Luteman, Ironer and Asphalt Spreader Boxes (all types); Buggymobile Man; Concrete Core Cutter, Grinder or Sander; Concrete Cutting Torch; Concrete Saw Man, cutting, scouring old or new concrete; Driller, Jackhammer, 2½ ft. drill steel or longer; Dri Pak-it Machine; Gas, Oil and/or Water Pipeline Wrapper, 6" pipe and over, by any method, inside and out; Hydro Seeder and similar type; Impact Wrench, Mutli-plate; Kettlemen, Potmen and Men applying asphakt, lay-kold, creosote, lime caustic and similar type materials ("applying" means applying, dipping, brushing or handling of such materials for pipe wrapping and waterproofing); Operators of pneumatic, gas, electric tools, Vibrating Machines, Pavement Breakers, Air Balsting, Come-alongs, and similar mechanical tools not seperately classified herein; Pipelayer's Backup Man, coating, grouting, making of joints, sealing, caulking, diapering and including Rubber Gasket Joints, pointing and any and all other services; Rovk Slinger; Rotary Scarificer or Multiple Head Concrete Chipping Scafifier; Steel Headerboard Man and Guideline Setter; Tampers, Barko, Wacker and similar type; Trenching Machine, ahnd propelled

LABORERS (Cont'd)

Group 4: Cribber, Shorer, Lagging, Sheeting and Trench Bracing, Hand-guided Lagging Hammer; Head Rock Slinger; Laser Beam; Oversize Concrete Vibrator Operator, 70 lbs. and over; Pipelayer, including water, sewage, solid, gas or air; Prefabricated Manhole Installer; Sandblaster (Nozzleman), water blasting; Welding in connection with Laborers' work

Group 5: Blasters Powderman, all work of loading holes, placing and blasting of all powder and explosives of whatever type, regardless of method used for such loading and placing; Driller: All power drills, excluding Jackhammer, whether Core, Diamond, Wagon, Track, Multiple Unit, and any and all types of mechanical drills

(GUNNITE)

Group 1: Nozzlemen and Rodmen

Group 2: Gunmen

Group 3: Reboundmen

(TUNNEL)

Group 1: Batch Plant Laborers; Bull Gang Mucker, Trackman; Concrete Crew, including Rodders and Spreaders; Changehouseman; Dumpman; Dumpman (outside); Swamper (Brakeman and Switchman on tunnel work); Tunnel materials handling man; Tool Man

Group 2: Cable Tender; Chuck Tender; Nipper; Steel Form Raiser and Setter's Helper; Vibratorman, Jackhammer, pneumatic tools (except Driller); Loading and unloading Agitator Cars; Pot Tender, using mastic or other materials

Group 3: Balster, Driller, Powderman; Chemical Grout Jetman; Cherry Pickerman; Grout Gunman; Grout Mixerman; Grout Pumpman; Jackleg Miner; Jumbo Man; Kemper and other pneumatic concrete placer Operator; Miner, tunnel (hand or machine); Powderman (Primer House); Primer Man; Shotcrete Man; Steel Form Raiser and Setter; Timberman; Retimber (wood or steel); Tunnel Concrete Finisher; Nozzleman; Operating Troweling and/or Grouting Machine; Sandblaster

Group 4: Shaft, Raise Miner; Diamond Driller

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
POWER EQUIPMENT OPERATORS: DREDGING (Hydraulic Suction Dredges)					
LEVERMAN	$11.60	.95	$2.00	.50	.04
WATCH ENGINEER; Welder	11.02	.95	2.00	.50	.04
DECKMATE	10.54	.95	2.00	.50	.04
WINCHMAN (Stern Winch or Dredge)	10.47	.95	2.00	.50	.04
BARGEMAN; Deckhand; Fireman; Oiler; Leveehand	9.93	.95	2.00	.50	.04
(Clamshell Dredges)					
LEVERMAN	11.60	.95	2.00	.50	.04
WATCH ENGINEER	11.02	.95	2.00	.50	.04
DECKMATE	10.54	.95	2.00	.50	.04
BARGE MATE	10.47	.95	2.00	.50	.04
BARGEMAN; Deckhand; Fireman; Oiler	9.93	.95	2.00	.50	.04
POWER EQUIPMENT OPERATORS:					
Group 1	13.60	1.10	2.65	.90	.14
Group 2	13.88	1.10	2.65	.90	.14
Group 3	14.17	1.10	2.65	.90	.14
Group 4	14331	1.10	2.65	.90	.14
Group 5	14.53	1.10	2.65	.90	.14
Group 6	14.64	1.10	2.65	.90	.14
Group 7	14.76	1.10	2.65	.90	.14
Group 8	14.93	1.10	2.65	.90	.14
Group 9	15.06	1.10	2.65	.90	.14

POWER EQUIPMENT OPERATORS

Group 1: Brakeman; Compressor (less than 600 C.F.M.); Engineer Oiler; Generator; Heavy Duty Repairman; Helper; Pump; Signalman; Switchman

Group 2: Compressor (600 C.F.M. or larger); Concrete Mixer, skip type, Conveyor; Fireman; Hydrostatic Pump; Oiler Crusher (asphalt or concrete plant); Plant Operator; Generator, Pump or Compressor; Rotary Drill Helper (oilfield); Skiploader, wheel type up to 3/4 yard without attachments; Soils Field Technician; Tar Pot Fireman; Temporary Heating Plant; Trenching Machine Oiler; Truck Crane Oiler

Group 3: A-Frame or Winch Truck; Elevator Operator (inside); Equipment Greaser (rack); Ford Ferguson (with dragtype attachments); Helicopter Raidoman (ground); Power Concrete Curing Machine; Power Concrete Saw; Power driven Jumbo Form Setter; Ross Carrier (job site); Stationary Pipe Wrapping and Cleaning Machine

Group 4: Asphalt Plant Fireman; Boring Machine; Boxman or Mixerman (aspahlt or concrete); Chip Spreading Machine; Concrete Pump (small portable); Bridge type Unloader and Turntable; Dinkey Locomotive or Motorman (up to and inlcidung 10 tons); Equipment Greaser (Greaser Truck); Helicopter Hoist; Highline Cableway Singlaman; Hydra-hammer-aero Stomper; Power Sweeper; Roller (compacting); Screed (asphalt or concrete); Trenching Machine (up to 6 ft.)

Group 5: Asphalt Plant Engineer; Backhoe (up to and including 3/4 yard); Batch Plant; Bit Sharpener; Concrete Joint Machine (canal and similar type); Concrete Planer; Deck Engine; Derrickman (oilfield type); Drilling Machine Operator (including water wells); Forklift (under 5 ton capacity); Hydrographic Seeder Machine (straw, pulp or seed); Machine Tool Operator; Maginnis Internal Full Slab Vibrator; Mechanic Berm, Curb or Gutter (aspahlt or concrete); Mechanical Finisher (concrete-Clary, Johnson, Bidwell, or similar); Pavement Breaker (truck mounted); Road Oil Mixing Machine; Roller (asphalt or finish); Rubber-tired Earth Moving Equipment (single engine, up to and including 25 yards struck); Self-propelled Tar Pipelining Machine; Slip Form Pump (power driven hydraulic lifting device for concrete forms); Skiploader (Crawler and wheel type,. over 3/4 yard and up to and including 1½ yards); Stinger Crane (Austin-Western or similar type); Tractor, Bulldozer, Tamper Scraper (single engine, up to 100 h.p., flywheel and similar types, up to and including D-5 and similar types); Tugger Hoist, 1 drum; Tunnel Locomotive (over 10 tna up to and including 30 tons); Welder-general

POWER EQUIPMENT OPERATORS (Cont'd)

Group 6: Asphalt or Concrete Spreading (tamping or finishing); Asphalt Paving Machine (Barber Greene or similar type); Bridge Crane Operator; Cast-in-place Pipe Laying Machine; Combination Mixer and Compressor (Gunite work); Compactor, self-propelled; Concrete Mixer - paving; Concrete Pump (truck mounted); Crane Operator up to and including 25 ton capacity) (Long-boom pay applicable); Crushing Plant; Drill Doctor; Elevating Grader; Forklift (over 5 tons); Grade Checker; Grade-all; Grouting Machine; Heading Shield; Heavy Duty Repairman; Hoist Operator (Chicago Boom and similar type); Kolman Belt Loader and similar type; LeTourneau Blob Compactor or similar type; Lift Mobile; Lift Slab Machine (Vagtborg and similar types); Loader (Athey-Euclid, Sierra and similar type); Mateiral Hoist; Mucking Machine (1/4 yard rubber tired, rail or track type); Pneumatic Concrete Placing Machine (Hackley-Presswell or similar type); Pneumatic Heading Shield (tunnel); Pumpcrete Gun; Rotary Drill (excluding Caisson type); Rubber-tired Earth Moving Equipment (single engine, Caterpiller, Euclid, Athey Wagon, and similar types with any and all attachments, over 25 yards struck); Rubber-tired Scraper (self-loading paddle wheel type, John Deere, 1040 and similar single unit); Skiploader (Crawler and wheel type, over 1½ yards, up to and including 6½ yards); Surface Heaters and Planer; Trenching Machine (over 6 ft. depth capacity); Tower Crane; Tractor Compressor Drill Combination; Tractor (any type larger than D-5-100 flywheel h.p. and over, or similar); Bulldozer, Tamper, Scraper and Push Tractor single engine); Tractor (boot attachments); Traveling Pipe Wrapping, Cleaning and Bending Machine; Tunnel Locomotive (over 30 tons); Shovel, Backhoe, Dragline, Clamshell (over 3/4 yd. and up to 5 cu. yards m.r.c.) (Long boom pay applicable); Self-propelled Curb and Gutter Machine

Group 7: Crane, over 25 ton up tc and including 100 tons m.r.c. (Long boom pay applicable); Derrick Barge (Long boom pay applicable); able); Dual Drum Mixer; Heavy Duty Repairman, welder combination; Hoist, Sitff-legs, Guy Derrick or similar type, up to and including 100 tons (Long Boom pay applicable); Monorail Locomotive (diesel gas or electric); Motor Patrol-blade Operator (single engine); Mu-Multiple Engine Tractor (Euclid and similar type, except Quad 9 Cat); Rubber-tired Earth Moving Equipment (single engine, over 50 yards struck); Rubber-tired Earth Moving Equipment (multiple engine, Euclid, Caterpiller and similar)(over 25 yards and up tc 5 cu. yds. struck); Shovel, Backhoe, Dragline, Clamshell (over 5 cu. yds. m.r. c.) (Long Boom pay applicable); Tower Crane Repairman; Tractor Loader (Crawler and wheel type, over 6½ yards); Welder, certified; Woods Mixer and similar Pugmill Equipment

POWER EQUIPMENT OPERATORS (Cont'd)

Group 8: Auto Grader; Automatic Slip Form; Crane-over 100 tons (Long boom pay applicable); Hoist, Stiff Legs, Guy Derrick or similar types (capable of hoisting 100 tons or more)(Long boom applicable); Mass Excavator, less than 750 cu. yards; Mechanical Finishing Machine; Mobile Form Traveler; Motor Patrol, multi-engine); Pipe Mobile Machine; Rubber-tired earth moving equipment (multiple engine, Euclid, Caterpiller and similar type, over 50 cu. yards struck); Rubber-tired Self-loading Scraper (paddle wheel, auger type self-loading, 2 or more units); Rubber-tired Scraper, pushing one another without Push Cat. Push-pull (50¢ per hour additional to base rate); Tandem Equipment (2 units only); Tandem Tractor (Quad 9 or similar type); Tunnel Mole Boring Machine

Group 9: Canal Liner; Canal Trimmer; Helicopter Pilot; Highline Cableway; Remote Controlled Earth Moving Equipment ($1.00 per hour additional to base rate); Wheel Excavator (over 750 cu. yard)

TRUCK DRIVERS	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Group 1	$12.91	$1.25	$1.33	$1.35	.15
Group 2	12.99	1.25	1.33	1.35	.15
Group 3	13.05	1.25	1.33	1.35	.15
Group 4	13.14	1.25	1.33	1.35	.15
Group 5	13.17	1.25	1.33	1.35	.15
Group 6	13.19	1.25	1.33	1.35	.15
Group 7	13.23	1.25	1.33	1.35	.15
Group 8	13.24	1.25	1.33	1.35	.15
Group 9	13.29	1.25	1.33	1.35	.15
Group 10	13.32	1.25	1.33	1.35	.15
Group 11	13.37	1.25	1.33	1.35	.15
Group 12	13.39	1.25	1.33	1.35	.15
Group 13	13.44	1.25	1.33	1.35	.15
Group 14	13.69	1.25	1.33	1.35	.15
Group 15	13.94	1.25	1.33	1.35	.15
Group 16	14.04	1.25	1.33	1.35	.15
Group 17	14.14	1.25	1.33	1.35	.15
Group 18	14.44	1.25	1.33	1.35	.15
Group 19	14.94	1.25	1.33	1.35	.15

TRUCK DRIVERS

Group 1: Warehouseman and Teamster

Group 2: Driver of vehicle or combinations of vehicles of 2 axles (including all vehicles less than six tons); Traffic Control Pilot Car, excluding moving heavy equipment permit load

Group 3: Truck mounted Power Broom

Group 4: Drivers of vehicles or combination of vehicles of 3 axles

Group 5: Bootman; Cement Distributor; Fuel Truck; Road Oil Spreader Truck; Water Truck, 2 axle

Group 6: Dump, of less than 16 yards

Group 7: Transit-mix, under 3 yards; Dumpcrete, less than 6½ yards

Group 8: Truck Repairman Helper

Group 9: Water Truck, 3 or more axles

Group 10: PB and similar type truck when performing within the Teamsters' jurisdiction; Pipeline and Utility working Truck including Winch, but limited to truck applicable to Pipeline and Untility work, where a composite crew is used; Slurry Driver; Truck Greaser and Tireman (50¢ per hour additional for Tireman)

Group 11: Transit-mix, 3 yards or more; Dumpcrete, 6½ yards and over

Group 12: Driver of vehicle or combination of vehicles of 4 or more axles

Group 13: Dump, 16 yards but less than 25 yards

Group 14: A-Frame of Swedish Crane, or similar type of equipment driver; Fork Lift Driver; Ross Carrier, highway

Group 15: All Off-highway Equipment within Teamsters' jurisdiction (off highway combination of vehicles or equipment with multiple power sources, $1.00 per hour additional); Dump, 25 yards or more; Truck Repairman

Group 16: Truck Repairman Welder

Group 17: Low Bed Driver, 9 axle or over

Group 18: Water Pull, single engine with attachments

Group 19: Water Pull, twin engine with attachments

SUPERSEDEAS DECISION

STATE: INDIANA COUNTIES: *SEE BELOW
DECISION NUMBER: IN80-2085 DATE: Date of Publication
Supersedes Decision No. IN77-2010, dated February 11, 1977 in 42 FR 8912. IN77-2007, dated February 11, 1977, in 42 FR 8940, & IN77-2098, dated May 27, 1977, in 42 FR 27553.
DESCRIPTION OF WORK: Residential Construction consisting of single family homes and garden type apartments up to and including 4 stories.

*Allen, DeKalb & Steuben	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
AIR CONDITIONING MECHANICS	$7.50				
BRICKLAYERS	9.77	.57	.50	1.01	
CARPENTERS	6.56				
CEMENT MASONS	6.56				
DRYWALL HANGERS	9.00				
DRYWALL FINISHERS	6.54				
ELECTRICIANS	6.99				
HEATING MECHANICS	7.50				
INSULATORS	8.13				
LABORERS	5.31				
PLUMBERS	9.00				
ROOFERS	5.99				
SHEET METAL WORKERS	6.88				
TRUCK DRIVERS	6.65				
POWER EQUIPMENT OPERATORS:					
Backhoe	8.30				
Bulldozer	8.75				
Crane	10.20				
Front End Loader	9.92				

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29 CFR, 5.5 (a)(1)(ii)).

SUPERSEDEAS DECISION

STATE: Iowa COUNTY: Pottawattamie
DECISION NO.: IA80-4049 DATE: Date of Publication
Supersedes Decision No. IA78-4108, dated Nov. 24, 1978 in 43 FR 55173
DESCRIPTION OF WORK: Building Construction in entire County (does not include single family homes and apartments up to and including 4 stories)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
ASBESTOS WORKERS	$15.52	.70	.71		.03
BOILERMAKERS	13.87	1.375	1.10		.05
BRICKLAYERS & STONEMASONS	12.36	.82	.60		.05
CARPENTERS:					
Carpenters	10.98	.75	.60	1.00	.08
Piledrivermen	11.105	.75	.60	1.00	.08
Millwrights	11.23	.75	.60	1.00	.08
CEMENT MASONS	11.81	.82	.90		
DRYWALL TAPERS & FINISHERS	10.34	.55			½%
ELECTRICIANS	14.71	.98	3%+.95		
ELEVATOR CONSTRUCTORS	12.76	1.045	.82	a	.035
ELEVATOR CONSTRUCTORS' HELPERS	70%JR	1.045	.82	a	.035
GLAZIERS	13.79	.75	.50		.01
IRONWORKERS	10.98	.82	1.00	1.00	.05
LABORERS:					
Common Laborers	9.11	.65	.65		.05
Mason Tenders; mortar mixers	9.285	.65	.65		.05
Pipelayers	9.45	.65	.65		.05
Plasterers' tenders	9.495	.65	.65		.05
LINE CONSTRUCTION:					
Cable splicers; Lineman; welders; technicians; all rigs setting assembled "H" fixtures & steel transmission structures	11.96	.45	7%	b	½%
Groundman; truck driver (without winch); experienced (not less than 6 months)	7.77	.45	7%	b	½%
Groundman; truck driver (with winch)	7.89	.45	7%	b	½%
Blaster; Special equipment operator (hole digging machines, all tractors, transmission lines equipment other than assembled "H" fixtures)	9.57	.45	7%	b	½%
Groundman - 1st 6 months	6.58	.45	7%	b	½%

DECISION NO. IA80-4049

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
PAINTERS:					
Brush; Paperhangers	$10.10		.25		
Highwork; spray; stage; structural steel	10.65		.25		
PLASTERERS	11.53	.57	.50		
PLUMBERS	13.04	.95	1.05		.10
ROOFERS:					
Slate; Tile	10.95	.70	.20		.01
Composition	10.65	.70	.20		.01
SHEET METAL WORKERS	12.89	.75			.07
SPRINKLER FITTERS	14.10	.85	1.20		.08
TERRAZZO WORKERS; TILE SETTERS; MARBLE SETTERS	12.22	.30	.40		

FOOTNOTES:

a - Employer contributes 8% of basic hourly rate for over 5 years' service and 6% of basic hourly rate for 6 months to 5 years' service as Vacation Pay Credit. Seven paid holidays A thru G.

b - Seven paid holidays A thru G

PAID HOLIDAYS
A-New Year's Day; B-Memorial Day; C-Independence Day; D-Labor Day; E-Thanksgiving Day; F-Christmas Day; G-Friday after Thanksgiving

DECISION NO. IA80-4049 (Cont'd): Page 3

POWER EQUIPMENT OPERATORS:	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Group 1	$12.32	.90	.90		.10
Group 2	12.085	.90	.90		.10
Group 3	10.78	.90	.90		.10
Group 4	10.015	.90	.90		.10

POWER EQUIPMENT OPERATORS CLASSIFICATION DEFINITIONS

GROUP 1 - Cranes, including those being used as backhoe, dragline, clamshell, etc.; tower cranes; truck cranes and cherry pickers 12½ ton & over rated capacity; derricks; piledrivers and extractors; caisson rigs; side boom and winch truck used for erection of structural steel and moving and setting of heavy machinery; 3 drum hoist; welders; mechanics; locomotive; dredge (levermen)

GROUP 2 - 1 and 2 drum hoists; air and electric tuggers (on power plants or setting and grating); economobiles; plant mixers; farm type tractors (with loaders, backhoes, attachments, etc.); scrapers (tournapull, etc.); endloaders; dredge (engineer); side boom and winch truck other than Group No. 1; motor patrol; bulldozers; push cat; truck cranes and cherry pickers (under 12½ tons); concrete mixers (1 yard and over); ditching machine (8" and over); fork lifts (on steel erection and machinery moving or hoisting above one complete story); concrete pump; dewatering pumps; temporary hoist cage operated; second man on locomotive; vibrating concrete spreader (Gomaco, C-450 or equal)

GROUP 3 - Tractors (under 35 HP) with or without attachments; endloaders (under 35 HP) with or without attachments; air compressors (one or a combination of 250 cfm or more); pumps 3" or over; welding machine 600 amps or combination thereof; conveyors; firemen (boiler); generator (75 KW & over); fork lifts (other than above Group No. 2); gunnite machine; self-propelled rollers; stump chippers; self-propelled tampers; air and electric tuggers (other than above); ditching machine under 8"

GROUP 4 - Oilers; mechanical heaters; truck crane drivers; permanent elevators

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29 CFR, 5.5(a)(1)(ii)).

SUPERSEDEAS DECISION

STATE: Mississippi COUNTY: See Below*
DECISION NUMBER: MS80-1104 DATE: Date of Publication
Supersedes Decisions Nos.: MS76-1074 dated July 16, 1976 in 41 FR 29650; MS76-1099 dated September 17, 1976 in 41 FR 40368.
DESCRIPTION OF WORK: Residential Construction consisting of single family homes and apartments up to and including 4 stories.

*Counties: Hinds, Copiah, Rankin, Simpson, Madison Yazoo, Sharkey, Issaquena, Warren, and Claiborne

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Air Conditioning Mechanics	$5.00				
Bricklayers	7.90				
Carpenters	4.92				
Carpet Layers, Soft Floor Layers	5.75				
Drywall Finishers	7.50				
Drywall Hangers	5.43				
Cement Masons	6.10				
Electricians	7.25				
Insulators	4.00				
Ironworkers, reinforcing	4.59				
Laborers:					
Laborers	3.30				
Mason Tender	3.75				
Mortar Mixer	4.13				
Painters:					
Brush	6.01				
Roller	7.50				
Plumbers & Pipefitters	7.25				
Roofers	5:00				
Tile Setters	6.38				
POWER EQUIPMENT OPERATORS:					
Backhoe	5.43				
Bulldozer	4.69				
Loader	6.12				
Pump Operator	5.26				
Roller	4.00				
Trenching Machine	5.20				

SUPERSEDEAS DECISION

STATE: Missouri & Kansas

COUNTIES: Cass, Clay, Jackson Platte & Ray Missouri; Johnson & Wyandotte, Kansas

DECISION No. MO80-4071

DATE: Date of Publication

Supersedes Decision No. MO79-4099 dated December 14, 1979 in 44 FR 72817

DESCRIPTION OF WORK: Residential construction consisting of single family homes and garden type apartments up to and including 4 stories.

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
ASBESTOS WORKERS	13.27	.60	1.55		.05
BOILERMAKERS	13.87	1.375	1.10		.05
BRICKLAYERS & STONEMASONS	12.59	.95	.35	1.50	
CARPENTERS, MILLWRIGHTS, PILEDRIVERMEN	12.30	.60	.50		.07
CEMENT MASONS	11.675	.65	.50		
ELECTRICIANS:					
Up to and including 3 stories:					
ZONE 1 - Johnson County, Kansas (that portion of Johnson County west of Aubry, Oxford & Shawnee Twps.)	9.30	.45	3%+.30		.05
ZONE 2 - Cass, Clay, Jackson, Platte & Ray Counties, Missouri; & Wyandotte County, Kansas; & remainder of Johnson County, Kansas	9.97	.69	3%+.70	7%	.12
ELECTRICIANS (4 stories):					
ZONE 1 - Western half of Clay & Jackson Counties, Missouri not including Blue Springs; Northern half of Platte County; Northwestern portion of Cass County, Missouri, not including Pleasant Hill	13.38	.69	3%+.70	.95	.12
ZONE 4 - Remainder of Cass Clay, Jackson & Platte Counties, Missouri: Electricians (contracts exceeding 2000 man hours)	13.38	.69	3%+.70	.95	.12

DECISION NO. MO80-4071

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
ELECTRICIANS (4 stories): (Cont'd)					
ZONE 2 - Electricians (contracts not exceeding 2000 man hours	12.38	.69	3%+.70	.95	.12
ZONE 3 - Ray County, Missouri; Electricians (contracts exceeding 2000 man hours	13.38	.69	3%+.70	.95	.12
Electricians (contracts not exceeding 2000 man hours	11.78	.69	3%+.70		.12
ELEVATOR CONSTRUCTORS	14.135	1.195	.95	8%+a	.035
ELEVATOR CONSTRUCTORS' HELPERS	70%JR	1.195	.95	8%+a	.035

FOOTNOTES: - a-Employer contributes 8% of basic hourly rate for over 5 years of service and 6% of basic hourly rate for 6 months to 5 years service as Vacation Pay Credit. Also 7 paid holidays.

GLAZIERS	11.18	.61	1.04	19.7%	.04
IRONWORKERS	12.35	.80	1.50	1.00	.05
LABORERS:					
Building Construction:					
ZONE 1 - Cass, Clay, Jackson & Platte Counties, Missouri; Johnson & Wyandotte Counties, Kansas					
GROUP I	11.25	.45	.40		.10
GROUP II	11.40	.45	.40		.10
GROUP III	11.55	.45	.40		.10
ZONE 2 - Ray County, Missouri					
GROUP I	10.55	.45	.40		.10
GROUP II	10.70	.45	.40		.10
GROUP III	10.85	.45	.40		.10

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CLASSIFICATION DEFINITIONS

LABORERS
GROUP I - General labor; wiremesh handlers or setters; carpenter tender; track men; flagmen; signalmen; salamander tenders; window cleaners; floor cleaners; landscape man; sod layers; wrecker (for alterations or entire projects).
GROUP II - Plumber laborers (conduit pipe, sewer work, drain tile and duck lines, digging and backfilling), power tool operators; pier hole diggers (over 10 ft.); vibrator, jackhammer, and chipping hammer operators; chain saw operators; concrete saw operators; brush feeders on pulverizers; reinforcing steel handlers; air tamp operators; ditch winch operators; swinging scaffolds cutting torch or burner men; georgie buggies (self-propelled) fork lift; hosemen; insulation man.
GROUP III - Fork lift (masonry); brick tender; plaster tender; stonemasons tender (includes all hod carriers classifications previously shown as mortar men and scaffolding) Barco, Jackson or similar tamp operators; asphalt rakers; power men; mastic hot kettle men; sandblasting and gunnite nozzlemen; wagon and churn drill operators.

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
LABORERS:					
Site Preparation & Grading ZONE 3 - Johnson & Wyandotte Counties, Kansas; Site preparation, Incidental paving & utilities Clay, Jackson, Platte & Ray Counties, Missouri					
GROUP I	10.50	.60	.60	1.00	.10
GROUP II	10.65	.60	.60	1.00	.10
GROUP III	10.80	.60	.60	1.00	.10
GROUP IV	11.00	.60	.60	1.00	.10
GROUP V	11.30	.60	.60	1.00	.10

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CLASSIFICATION DEFINITIONS

LABORERS:
GROUP I - Carpenter tenders; salamander tenders; dump man and ticket takers on stock piles; flagman; loading trucks under bins, hoppers and conveyors track men and all other general laborers.
GROUP II - Air tool operators; cement handler (bulk or sack); chain or concrete saw; deck hands; dump man on earth fill; grade checker on cuts and fills; georgie buggies man; material batch hopper man; scale man; material mixer man (except on manholes, coffer dams, abutments and pier hole men working below ground); riprap pavers rock, block or brick; signalman; scaffolds over 10 ft. not self-supported from ground up; skipman on concrete paving; vibrator man; wire mesh setters on concrete paving; all work in connection with sewer, water, gasoline, oil, drainage pipe, conduit pipe, tile and duct lines and all other pipe lines; power tool operator; all work in connection with hydraulic or general dredging operations; form setter helpers; puddlers (paving only).
GROUP III - Crusher feeder; men handling creosote ties or creosote materials; men working with and handling epoxy material or materials (where special protection is required); head pipe layer on sewer work; topper of standing trees; batter board man on pipe and ditch work; feeder man on wood pulverizers; board and willow mat weavers and cable tiers on river work; all laborers working underground tunnels where compressed air is not used.
GROUP IV - Spreader or screed man on asphalt machine; asphalt raker; laser beam man; barco tamper; jackson or any similar tamp wagon driller; churn drills; air track drills and all other similar drills; form setters; cutting torch man; liners and stringline man on concrete paving, curbs, gutters and etc.; hot mastic kettleman; hot tar application; hand blade operator; manhole builders tenders and mortar men on brick or block manholes; sandblasting and gunnite nozzlemen; rubbing concrete; air tool operator in tunnels.
GROUP V - Manhole builder (brick or block); dynamite and powder man.

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	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
LATHERS	12.55	.40			
MARBLE & TILE SETTERS	12.65	5%	4.25%		
MARBLE & TILE SETTERS FINISHERS	10.85				
PAINTERS:					
Brush & roller	11.69	.55	.70		.08
Spray	12.69	.55	.70		.08
PLASTERERS	14.45				
PIPEFITTERS	14.54	.72	1.60		.10
PLUMBERS	14.52	1.12	1.20		.12
POWER EQUIPMENT OPERATORS:					
Building Construction (Zone 1)					
GROUP I	12.20	.75	1.00	.75	.10
GROUP II	11.85	.75	1.00	.75	.10
GROUP III	9.45	.75	1.00	.75	.10
GROUP IV	9.95	.75	1.00	.75	.10
GROUP V	10.20	.75	1.00	.75	.10
GROUP VI	12.45	.75	1.00	.75	.10
GROUP VII	12.70	.75	1.00	.75	.10
GROUP VIII	12.10	.75	1.00	.75	.10
GROUP IX	13.20	.75	1.00	.75	.10
GROUP X	12.70	.75	1.00	.75	.10
GROUP XI					
(a)	11.95	.75	1.00	.75	.10
(b)	11.70	.75	1.00	.75	.10
(c)	9.70	.75	1.00	.75	.10

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CLASSIFICATION DEFINITIONS

POWER EQUIPMENT OPERATORS-ZONE 1

GROUP I - Asphalt paver and spreader; asphalt plant mixer operator; asphalt plant operator; back fillers; backhoe, all types; barber-greene loader (similar type); blade-power, all types; boats-power; boilers (2); boring machines (all types); cableways; cherry pickers (all types); chip spreader; concrete ready-mixed plant, portable (job site); concrete mixer paver; crane-overhead; crusher, rock; derricks and derricks cars (power operated); ditching machines; dozers; dredges - any type power; grade-all-similar type; hoist, endless chain-power operated with power travel; loaders-all types; mechanic and welder; mucking machine; orange peels; pumps-material all types; push cats; scoops all types; self-propelled rotary drill; shovel, power side boom; skimmer scoop; testhole machine; throttle man.

GROUP II - Boilers (1); brooms-power operated (all types); chip spreader (front man); clef plane operator; compressors (1) 150' or over; concrete saws, self-propelled); crab-power operated; curb finishing machine; firemen on rigs; flex plane; floating machine; form grader; greaser hoist; hoist, endless chain-power operated; hopper-power operated; hydra hammer (all types); ladavator-similar type; rollers-all types; siphons, jets, and jennies, sub-grader; tractors over 50 h.p.; compressors (2) 105 ft. or over not more than 20' apart: compressors-tandem any sizes); compressors single, truck mounted; elevator; finishing machine.

GROUP III - Oiler

GROUP IV - Fork lift-masonry; oiler drivers-all types

GROUP V - Tractors (except when hauling material) less than 50 h.p.; "A" frame trucks; fork lift-all types & sizes (except masonry); mixers (with side loaders); pumps (with well points) dewatering systems, test or pressure pumps.

GROUP VI - Clamshells, 80 ft. of boom or over (including jib); crane or rigs 80 ft. of boom or over (including jib); dragline, 80 ft. of boom or over (including jib); piledrivers, 80 ft. of boom or over (including jib)

GROUP VII - Crane or rigs, over 200 ft. of boom

GROUP VIII - Hoists each additional drum over 1 drum

GROUP IX - Master mechanic

GROUP X - Crane-tower or climbing

GROUP XI - Ready mixed concrete plants:
(a) - Crane operator
(b) - Loader operator & plant man
(c) - Conveyor operator

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	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
POWER EQUIPMENT OPERATORS: Site preparation & grading Johnson & Wyandotte Counties, Kansas; Site preparation, Incidental paving & utilities Clay, Jackson, Platte & Ray Counties, Missouri (Zone 2)					
GROUP I	12.45	.85	1.00	1.05	.15
GROUP II	12.20	.85	1.00	1.05	.15
GROUP III	11.50	.85	1.00	1.05	.15
GROUP IV					
(a)	9.03	.85	1.00	1.05	.15
(b)	10.50	.85	1.00	1.05	.15
GROUP V	12.70	.85	1.00	1.05	.15
GROUP VI	12.45	.85	1.00	1.05	.15

CLASSIFICATION DEFINITIONS

POWER EQUIPMENT OPERATORS:

GROUP I - Asphalt paver and spreader; asphalt plant console operator; auto grader; backhoe; blade operator, all types; boilers-2; booster pump on dredge; boring machine (truck or crane mounted); bulldozer operator; clamshell operator; compressor maintenance operator-2; concrete plant operator, central mix; concrete mixer paver; crane operator; derrick or derrick trucks; ditching machine; dragline operator; dredge engineman; dredge operator; drill-cat with compressor mounted on cat; drilling or boring machine, rotary, self-propelled; high loader-fork lift; hoistline engine-2 active drums; locomotive operator, standard gauge; mechanics and welders; maintenance operator; mucking machine; pile driver operator; pitman crane operator; pump-2; push cat operator; quad-track; scoop operator-all types; scoops in tandem; self-propelled rotary drill (leroy or equal-not air trac); shovel operator; side discharge spreader; sideboom cats; skimmer scoop operater; slip-form paver (CMI, REX, or equal); throttle man; truck crane; welding machine maintenance operator-2.

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CLASSIFICATION DEFINITIONS

POWER EQUIPMENT OPERATORS-Zone 2 Cont'd

GROUP II - A-frame truck; asphalt hot mix silo; asphalt plant fireman, drum or boiler; asphalt plant mixer operator; asphalt plant man; asphalt roller operator; back filler operator; chip spreader; concrete batch plant, dry-power operated; concrete mixer operator, skip loader; concrete pump operator; crusher operator elevating grader; greaser; hoisting engine-1 drum; latourneau rooter; multiple compactor; pavement breaker, self propelled, of the hydra-hammer or similar type; power shield; pug mill operator; stump cutting machine; towboat operator tractor operator over 50 h.p..

GROUP III - Boilers-1; chip spreader (front man); churn drill operator; compressor maintenance operator-1; concrete saws, self-propelled; conveyor operator; distributor operator; finishing machine operator; fireman, rig; float operator; form grader operator; pump; pump maintenance operator, other than dredge; roller operator, other than high type asphalt; screening and washing plant operator; self-propelled street broom or sweeper; siphons and jets; sub-grading machine operator; tank car heater operator-combination boiler and booster; tractor, 50 h.p. or less, without attachments; vibrating machine operator, not hand; welding machine maintenance operator-1.

GROUP IV
(a) Oiler
(b) Oiler drivers, all types

GROUP V - Clamshells, 3 yds. capacity or over; crane or rigs, 80 ft. of boom or over (including jib); draglines, 3 yds. capacity or over; piledrivers, 80 ft. of boom or over (including jib); shovels & backhoes, 3 yds. capacity or over

GROUP VI - Hoists (each additional drum over 1 drum)

DECISION NO. MO80-4071

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
ROOFERS:					
Roofers	11.60	.75	.75		.14
SHEET METAL WORKERS	12.73	.75	1.20		.10
SOFT FLOOR LAYERS	10.53	.60	.85	1.00	1%
SPRINKLER FITTERS	14.83	.85	1.20		.06
TERRAZZO WORKERS	12.31	5%	4.25%		
TRUCK DRIVERS:					
Building Construction:					
Zone 1					
GROUP I	10.925	.75	1.00		
GROUP II	10.975	.75	1.00		
GROUP III	11.05	.75	1.00		
GROUP IV	11.175	.75	1.00		
GROUP V	11.075	.75	1.00		
GROUP VI	11.275	.75	1.00		
GROUP VII	11.125	.75	1.00		
GROUP VIII	11.025	.75	1.00		

CLASSIFICATION DEFINITIONS

TRUCK DRIVERS - Zone 1
GROUP I - Warehousemen and stock man.
GROUP II - Flat beds; pick-ups; dump trucks, under 10 yds..
GROUP III - Dump trucks, 10 yds. and over; steel trucks; semi truck drivers.
GROUP IV - Straddle trucks, steel tractors (when used for towing); hydro lift trucks, hydraulically operated serial lifts; heavy hauling, A-frame winch and fork lifts; heavy excavating (dumpster, euclid, etc.); double bottom units (20 tons capacity and over).
GROUP V - Distributor truck drivers and operators; oilers, greasers and mechanics' tenders.
GROUP VI - Mechanics.
GROUP VII Transit mix, 5 yds. and over.
GROUP VIII Transit mix, under 5 yds..

DECISION NO. MO80-4071

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
TRUCK DRIVERS:					
Site preparation & grading Johnson & Wyandotte Counties, Kansas; Site preparation, Incidental paving & Utilities Clay, Jackson, Platte & Ray Counties, Missouri					
Zone 2					
GROUP I	10.91	1.00	1.25	.75	
GROUP II	11.11	1.00	1.25	.75	
GROUP III	11.42	1.00	1.25	.75	
GROUP IV	11.57	1.00	1.25	.75	
GROUP V	10.69	1.00	1.25	.75	

CLASSIFICATION DEFINITIONS

TRUCK DRIVERS - Zone 2
GROUP I - One team; station wagons; pickup trucks; material trucks, single axle; tank wagon drivers, single axle.
GROUP II - Material trucks, tandem; two teams; semi-trailers; winch trucks-fork trucks; distributor drivers and operators; agitator and transit mix; tank wagon drivers; single axle; tank wagon drivers tandem or semi-trailers; insley wagons; dump trucks, excavating, 5 cu. yds. and over; dumpsters; half-tracks; speedace; euclids and other similar excavating equipment.
GROUP III - A-frame, lowboy, and boom truck driver.
GROUP IV - Mechanics and welders.
GROUP V - Mechanics tender, soilers and greasers.

WELDERS - receive rate prescribed for craft performing operation to which welding is incidental.

"Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29 CFR, 5.5 (a)(1)(ii)."

SUPERSEDEAS DECISION

STATE: New York COUNTIES: Bronx, Kings, Queens, New York, & Richmond

DECISION NO. NY80-3057 DATE: Date of Publication

Supersedes Decision No. NY79-3011 dated May 18, 1979 in 44 FR 29249

DESCRIPTION OF WORK: Building (does not include single family homes and apartments up to and including 4 stories), Heavy and Highway Construction Projects

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vocation	Education and/or Appr. Tr.
Asbestos Workers	12.38	1.02	1.82		
Boilermakers	16.34	5%	5%		
Bricklayers	12.00	1.48	3.98		
Carpenters, Soft Floor Layers, Drywall Installers	13.04	1.85	1.78	.95	.05
Millwrights	13.04	1.85	1.78	1.11	.04
Dockbuilder & Piledrivermen	12.94	1.85	1.78		.05
Cement Masons	12.10	2.04	1.67		.09
Diver	15.38	1.875	1.78	1.03	.05
Diver Tender	11.99	1.875	1.78	1.03	.05
Electricians	14.65	1½%+a	7½%+b	8½%+c	1%
Elevator Constructors	11.32	.745	.35+d	e+f	.02
Elevator Constructors Helpers	8.44	.745	.35+d	e+f	.02
Elevator Constructors Helpers (Probationary)	5.66				
Glaziers	13.75	.66	1.91	.67	.01
Ironworkers					
Ornamental Finisher	11.90	1.51	3.30	1.00	.14
Reinforcing	12.54	3.9225	2.1375	1.125	
Structural	12.50	1.86	3.85	1.60+g	.11
Laborers:					
Asphalt Laborers	11.45	1.30	1.55	h	
Asphalt Rakers	11.71	1.30	1.55	h	
Asphalt Tampers	11.47	1.30	1.55	h	
Cement Concrete & Excavation	10.65	1.80	1.85		
Mason Tenders	10.73	.887	1.595		
Laborers (Heavy)					
Blasters	14.75	1.07	1.79	2.00	
Concrete Breakers, Chippers, Jackhammers, Pneumatic Tools, Spades	13.03	1.07	1.79	2.00	
Drill Runner, Air Trac, Wagon Drills	13.30	1.07	1.79	2.00	
Powder Carriers	11.98	1.07	1.79	2.00	
Magazine Keepers	7.47	1.07	1.79	2.00	
Nippers	11.41	1.07	1.79	2.00	
Laborers (Highway)					
Form Setters	12.71	1.30	1.55	h	
Pavers	13.68	1.30	1.55	h	
Rammermen	13.24	1.30	1.55	h	
Puddlers, Concrete Rakers	11.30	1.30	1.55	h	
Laborers (Demolition)					
Barmen	11.60	8%	10%		
Barmen Helpers	11.30	8%	10%		

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vocation	Education and/or Appr. Tr.
Lathers, Metalic	10.79	1.325	1.985	.75+i	.03
Marble Setters:					
Cutters & Setters	11.90	1.21	1.71	j	
Carvers	12.05	1.21	1.71	j	
Poloshers	11.58	1.21	1.71	j	
Crane Operator	9.90	1.21	1.71	j	
Painters					
Brush & Roller	12.00	1.14	1.20	3%	
Spray & Scaffold	14.57	1.14	1.20	3%	
Fire Escape	13.71	1.14	1.20	3%	
Plasterers:					
Kings	12.10	1.45		1.45	
Queens	10.10	1.75		1.35	.01
Bronx, NY, Richmond	10.15	1.10	1.54	.90	.01
Plumbers:					
NY, Bronx	12.10	2.37	2.65	.72	
Kings, Queens	12.75	2.10	2.14	1.19	.22
Richmond	12.79	1.30+k	2.01	1.05	.30
Roofers:					
Composition, Damp Waterproofers	11.05	3.14	2.85		.15
Sheet Metal Workers	14.365	1.925	1.6650		.16
Sprinkler Fitter & Steamfitters	13.88	2.75	1.12	1.00	.07
Stonemasons	14.00	.75	1.00		
Stone Derrickmen & Rigger	14.62				
Terrazzo Workers	11.88	1.32	1.50		
Terrazzo Workers Helpers	9.84	1.21	1.50		
Tile Setters	11.725	1.15	1.10		
Tile Setters Helpers	10.21	1.055	.77		
Pointers, Caulkers & Cleaners	11.82	1.25	2.75		.07
Water Cleaners	12.07	1.25	2.75		.07
Steam Cleaners	12.32	1.25	2.75		.07
Sandblasters	12.92	1.25	2.75		.07
Truck Drivers, Building:					
Ready Mix Concrete, Sand, Gravel and Asphalt	9.44	.9675	1.8525	1+m	
Euclids and Turnapulls	8.825	.9675	1.8525	1+m	
4-Wheel, Hi-Lo Lift Operators	7.525	.9675	1.8525	1+m	
Euclids and Turnapulls (Heavy)	8.825	.9675	1.8525	1+m	
Welders-receive rate prescribed for craft performing operation to which welding is incidental					

PAID HOLIDAYS:
A-New Year's Day, B-Memorial Day, C-Independence Day, D-Labor Day, E-Thanksgiving Day, F-Christmas Day.

FOOTNOTES:

a. Employer contributes $7.00 per Day.

b. Employer contributes $4.00 per day.

c. Paid Holidays: A through F, Washington's Birthday, Columbus Day, and Election Day.

d. Employer contributes $8.00 per day to an Annuity Fund.

e. Employees with 6 months or more but less than 5 years service receive 2 weeks vacation, 5 or more years of service receive 3 weeks vacation.

f. Holidays A through F, Columbus Day, Election Day, Lincoln's Birthday, Washington's Birthday, and Armistice Day.

g. Paid Holidays: A and F provided the employee works a full half day preceding or following the holiday.

h. Holidays: B, C, D, E, Election Day, Columbus Day, and Veterans' Day providing the employee works at least 1 day in the week in which the holiday occurs.

i. Work on Christmas Eve and New Year's Eve will terminate at Noon, but will receive a full days pay.

j. One half days pay for Labor Day.

k. Employer contributes $6.01 per day to Annuity Fund.

l. Holidays: A through F, Lincoln's Birthday, Washington's Birthday, Election Day, Veteran's Day, provided the employee works 2 days in the calendar week in which the holiday falls and each remaining work day during such calendar week.

m. For each 15 days worked within the contract year an employee will receive one day's vacation with pay with a maximum vacation of 3 weeks per year.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29 CFR, 5.5 (a)(1)(ii))

BUILDING CONSTRUCTION	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
POWER EQUIPMENT OPERATORS:					
Double Drum Hoist	13.82	1.05	3.25	.75+a	.10
Stone Derrick, Cranes, Cherry Pickers	13.56	1.05	3.25	.75+a	.10
Hoists, Fork Lifts, House Cars, Plasterer (platform machine), Plasterer Bucket, Plasterer Pump, Compressors-Welding Machines (cutting concrete-tank work), Paint Spraying, Sandblasting, and All Equipment Used For Hoisting Material	13.06	1.05	3.25	.75+a	.10
Cranes: All types-crawler or truck					
100' to 149' Boom	14.03	1.05	3.25	.75+a	.10
150' to 249' Boom	14.28	1.05	3.25	.75+a	.10
250' to 349' Boom	14.53	1.05	3.25	.75+a	.10
350' to 450' Boom	15.03	1.05	3.25	.75+a	.10
Steel Erection:					
Three Drum Derricks	14.76	1.05	3.25	.75+a	.10
Cranes, 2 Drum Derricks, Cherry Pickers	14.12	1.05	3.25	.75+a	.10
Compressors, Welding Machines	12.57	1.05	3.25	.75+a	.10
Tower Cranes	13.53	1.05	3.25	.75+a	.10

FOOTNOTE:

a. Paid Holidays: New Year's Day, Lincoln's Birthday, Washington's Birthday, Good Friday (Iron League Only), Decoration Day, Independence Day, Labor Day, Columbus Day, Election Day, Armistice Day, Thanksgiving Day and Christmas Day providing the employee is employed during the payroll week in which the holiday occurs.

HEAVY AND HIGHWAY CONSTRUCTION	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
POWER EQUIPMENT OPERATORS:					
Class 1	13.95	1.05	3.25	.75+a	.10
Class 2	13.85	1.05	3.25	.75+a	.10
Class 3	13.53	1.05	3.25	.75+a	.10
Class 4	13.26	1.05	3.25	.75+a	.10
Class 5	12.97	1.05	3.25	.75+a	.10
Class 6	12.96	1.05	3.25	.75+a	.10
Class 7	12.60	1.05	3.25	.75+a	.10
Class 8	12.32	1.05	3.25	.75+a	.10
Class 9	11.73	1.05	3.25	.75+a	.10
Class 10					
a	14.03	1.05	3.25	.75+a	.10
b	14.28	1.05	3.25	.75+a	.10
c	14.53	1.05	3.25	.75+a	.10
d	15.03	1.05	3.25	.75+a	.10
Class 11	13.31	1.40	.75		.05
Class 12	13.00	1.40	.75		.05
Class 13	12.78	1.40	.75		.05
Class 14	12.27	1.40	.75		.05

FOOTNOTE:

a. Paid Holidays: New Year's Day, Lincoln's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Election Day, Veteran's Day, Thanksgiving Day, Christmas Day, providing the employee works one day in the payroll week in which the holiday occurs.

POWER EQUIPMENT OPERATORS
HEAVY AND HIGHWAY CONSTRUCTION

Class 1: Backhoes, Power shovels.

Class 2: Mine hoist, Cranes, etc, used as mine hoists.

Class 3: Gradalls, Ketstones, Cranes (with digging buckets including sand dock cranes, bridge cranes), Trenching machines.

Class 4: Rigs (under direction of a dockbuilder foreman), Derrick boats, Tunnel shovels, Piledrivers.

Class 5: Raise Bore Drill.

Class 6: Mucking machines, Back filling machines, Cranes, Paver dual drums.

POWER EQUIPMENT OPERATORS (CONT'D)
HEAVY AND HIGHWAY CONSTRUCTION

Class 7: Elevator (manually operated), Concrete pavers, Cableways, Land Derricks, Mixers, Power Houses (which contain low pressure units).

Class 8: Power Houses (other than above), Compressors (3 or more in battery), Stone Crusher, Double Drum Hoist, Concrete pumps, Well point pumps, Tugger machines (caissons), Drilled in caissons, Soil solidification equipment, Welding machines (used for steel erection), Concrete plant, Conveyor attachment, Well Drilling machine.

Class 9: River cofferdam pumps, Welding machines, Boilers, High pressure, Compressors (portable, single or two in a battery), not over 100' apart, Concrete breaking machines, Hoists, Single drum, Load Masters, Locomotives and Dinkies over 10 tons, Mixers (concrete with loading attachment), Push button machines.

Class 10: Long Boom Land Cranes:
a---100' to 149'
b---150' to 249'
c---250' to 450'
d---350' to 450'

Class 11: Junior engineers when operating loaders rubber-tired and/or tractor type with a manufacturer's minimum rated bucket capacity of 6 cubic yards and over.

Class 12: Junior engineers when operating the following equipment and attachments: Scrapers, Turnapulls, Tugger hoists used exclusively for handling excavated material, Tractors (rubber tired and/or track type), Hysters and roustabout cranes, Back scratchers, Cherrypickers under 20 tons, Austin Western and machines of a similar nature, Bulldozers, Loaders rubber tired and/or tractor type with a manufacturer's minimum rated bucket capacity or less than 6 cubic yards, Conveyors, Motor Graders, Curb and Gutter Pavers and machines of a similar nature.

Class 13: Junior engineers when operating the flowing pieces of minor equipment: Tractors, Locomotives 10 tons and under, Post hole diggers, Motor Generators, Road Finishing machines, Mixers 16S and under with or without loading devices, Rollers 5 tons and under, Tugger hoists, Dual purpose trucks, Fork lifts, Dempster Dumpsters, Firemen tending to: Steam operated shovels, power boilers, steam operated piledrivers, steam operated derrick boats, steam operated water rigs.

Class 14: Apprentice engineers and oilers (all gasoline, electric, diesel, or air operated), Shovels, Cranes, Draglines, Backhoes, Keystones, Gradalls, Pavers, Trenching machines, Concrete pumps, Gunite machines, Compressors (3 or more in a battery), Power Houses, there duties shall be to assist the engineer in oiling, greasing and repairing of all machines, giving signals when necessary, chaining buckets and scale boxes, driving truck cranes, driving and operating fuel and grease truck.

SUPERSEDEAS DECISION

STATE: Utah COUNTIES: Statewide
DECISION NUMBER: UT80-5128 DATE: Date of Publication
Supersedes Decision No. UT79-5135 dated November 2, 1979, in 44 FR 63459
DESCRIPTION OF WORK: Building Projects (does not include single family homes and apartments up to and including 4 stories), Heavy and Highway Projects.

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
ASBESTOS WORKERS	$13.11	.77	$1.37		
BOILERMAKERS	13.31	1.275	1.25	1.00	.04
BRICKLAYERS	13.50	.70	.62		.10
CARPENTERS:*					
Building Construction:					
Carpenters	11.90	.65	.65	.25	.03
Saw Operators; Carpenters handling creosote materials	12.15	.65	.65	.25	.03
Millwrights	12.00	.65	.65	.25	.03
Piledrivermen	13.83	.55	.65		.03
Heavy and Highway Construction:*					
Zone 1:					
Carpenters	11.90	.65	.65	.25	.03
Saw Operators; Carpenters handling creosote materials	12.15	.65	.65	.25	.03
Millwrights	12.00	.65	.65	.25	.03
Piledriveremen	13.83	.55	.65		.03
Zone 2:					
Carpenters	12.90	.65	.65	.25	.03
Saw Operators; Carpenters handling creosote materials	13.15	.65	.65	.25	.03
Millwrights	12.00	.65	.65	.25	.03
Piledrivermen	13.83	.55	.65		.03
Zone 3:					
Carpenters	13.90	.65	.65	.25	.03
Saw Operators; Carpenters handling creosote materials	14.15	.65	.65	.25	.03
Millwrights	12.00	.65	.65	.25	.03
Piledrivermen	13.83	.55	.65		.03
CEMENT MASONS:					
Building Construction:					
Cement Masons	11.54	.55	.65	.25	.10
Machine Operator; Mastic Floor Materials	11.79	.55	.65	.25	.10

*See ZONE DESCRIPTIONS - Page 3

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
CEMENT MASONS:* (Cont'd)					
Heavy and Highway Construction:					
Zone 1:					
Cement Masons	$11.54	.65	.65	.25	.10
Machine Operator; Mastic Floor Materials	11.79	.65	.65	.25	.10
Zone 2:					
Cement Masons	12.54	.65	.65	.25	.10
Machine Operator; Mastic Floor Materials	12.79	.65	.65	.25	.10
Zone 3:					
Cement Masons	13.54	.65	.65	.25	.10
Machine Operator; Mastic Floor Materials	13.79	.65	.65	.25	.10
DRYWALL INSTALLERS:					
Taping, finishing and texturing (hand or machine)	11.54	.51	.40		.03
ELECTRICIANS:*					
Area 1:					
Zone 1:					
Electricians; Technicians	13.35	.75	3%+.75		8/10%
Cable Splicers	13.60	.75	3%+.75		8/10%
Zone 2:					
Electricians; Technicians	13.85	.75	3%+.75		8/10%
Cable Splicers	14.10	.75	3%+.75		8/10%
Zone 3:					
Electricians; Technicians	14.35	.75	3%+.75		8/10%
Cable Splicers	14.60	.75	3%+.75		8/10%
Zone 3A:					
Electricians; Technicians	14.35	.75	3%+.75		8/10%
Cable Splicers	14.60	.75	3%+.75		8/10%
Zone 4:					
Electricians; Technicians	15.75	.75	3%+.75		8/10%
Cable Splicers	16.00	.75	3%+.75		8/10%

*See AREA and ZONE DESCRIPTIONS - following Page

AREA and ZONE DESCRIPTIONS

CARPENTERS:
Heavy and Highway Construction:
Zone 1: Area 0 to 40 road miles from the following Cities: Brigham City, Cedar City, Kanab, Logan, Moab, Monticello, Ogden, Price, Provo, Richfield, St. George, Salt Lake City, and Vernal
Zone 2: Area 40 to 60 road miles from the Cities listed in Zone 1
Zone 3: Area over 60 road miles from the Cities listed in Zone 1

CEMENT MASONS:
Heavy and Highway Construction:
Zone 1: Area 0 to 40 road miles from the following Cities: Brigham City, Cedar City, Kanab, Logan, Moab, Monticello, Ogden, Price, Provo, Richfield, St. George, Salt Lake City, and Vernal
Zone 2: Area 40 to 60 road miles from the Cities listed in Zone 1
Zone 3: Area over 60 road miles from the Cities listed in Zone 1

ELECTRICIANS:
Area 1: North section of Utah - Box Elder and Cache Counties; Davis County (north of 41st Parallel); Morgan, Rich, and Weber Counties:
Zone 1: That area 10 miles on either side of Interstate Highway #15, commencing on the south at the 41st Parallel in Davis County, continuing north to Highway #91 - Interstate #15 junction south of Brigham City; at this point go east and north through Logan and continue north to the 42nd Parallel in Cache County on Highway #91
Zone 2: That area not included in Zone 1 that lies east of 112°20' longitude in Box Elder County and that area lying west of 111°35', north of the 41st Parallel in Cache, Morgan, Weber Counties
Zone 3: That area lying east of 111°35' longitude and north of the 41st Parallel in Cache, Morgan, Rich, Weber Counties; also the area in Box Elder County lying west of 112°20' longitude and north and east of Utah Highway #83
Zone 3A: That area from a point 2 miles north of Center Street in Smithfield to the Utah-Idaho State Line and 10 miles east and west from Highway #91
Zone 4: All other area west of Zones 3 and 3A in Box Elder County

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
ELECTRICIANS:* (Cont'd)					
In Zones 2, 3, and 3A, on any job or project not exceeding $200,000 electrical, labor and material including, Zone 1 rate shall apply.					
Area 2:					
Zone 1:					
Zone 1A:					
Electricians; Technicians	$13.35	.75	3%+.75		8/10%
Cable Splicers	13.85	.75	3%+.75		8/10%
Zone 1B:					
Electricians; Technicians	14.10	.75	3%+.75		8/10%
Cable Splicers	14.60	.75	3%+.75		8/105
Zone 1C:					
Electricians; Technicians	14.85	.75	3%+.75		8/10%
Cable Splicers	15.35	.75	3%+.75		8/10%
Zone 2:					
Electricians; Technicians	16.85	.75	3%+.75		8/10%
Cable Splicers	17.35	.75	3%+.75		8/10%
ELEVATOR CONSTRUCTORS	12.91	1.195	.95	a	.035
ELEVATOR CONSTRUCTORS' HELPERS	9.04	1.195	.95	a	.035
GLAZIERS:					
Area 1	17.02	.75	.40		.08
Area 2	11.07	.51	.60	.98	
IRONWORKERS:					
Fence Erectors; Ornamental; Reinforcing; Structural	12.00	.75	1.35		.05
LATHERS	12.22	.55	.70		.01

*SEE AREA and ZONE DESCRIPTIONS - following Page

AREA and ZONE DESCRIPTIONS

ELECTRICIANS: (Cont'd)
Area 2: South section of Utah (Remaining Counties):
Zone 1: Davis County (south of 41st Parallel); Salt Lake County; Tooele County (northeast corner beginning at a point where the township line between Township 3 south and Township 4 south, Salt Lake Base Meridian, intersects the east boundary line of Tooele County and thence west along said township line to the southwest corner of Section 32, Township 3 south, Range 4 west, Salt Lake Base Meridian, thence north to the northwest corner of Section 17 of Township 3 south, Range 4 west, thence west to longitude 112.5°, thence north along the line of longitude 112.5° to the north line of Tooele County); Utah County (north of 40th Parallel):
Zone 1A: Ten miles either direction (east or west) from Interstate Highway #15, bounded on the north by the 41st Parallel and on the south by the 40th Parallel
Zone 1B: The balance of Zone 1 that lies in Davis, Salt Lake, and Utah Counties
Zone 1C: That portion of the remainder of Zone 1 that lies in Tooele County
Zone 2: Remainder of Counties and all portions of Counties not included in Zone 1 of the south section of Utah

GLAZIERS:
Area 1: Iron and Washington Counties
Area 2: Remaining Counties

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
LINE CONSTRUCTION WORKERS:					
Groundman	$ 9.57	.45	3%+.50		1/4%
Line Equipment Serviceman	11.49	.45	3%+.50		1/4%
Line Equipment Mechanic:					
Base Shop	12.29	.45	3%+.50		1/4%
Right-of-way	11.49	.45	3%+.50		1/4%
Line Equipment Operators	11.68	.45	3%+.50		1/4%
Linemen	13.00	.45	3%+.50		1/4%
Cable Splicers	14.34	.45	3%+.50		1/4%
MARBLE SETTERS	12.37	.60	.60		.04
MASON TENDERS	11.02	.50	.35		
PAINTERS:					
Area 1:					
Brush; Roller	10.47	.51	.50		.05
Spray; Sandblast; Steeplejack; Brush, Steel and bridge; Brush (swing stage)	10.72	.51	.50		.05
Spray (swing stage); Sandblaster (swing stage); Spray, steel and bridge	10.92	.51	.50		.05
Area 2:					
Brush; Roller	10.70	.51	.30		.02
Brush (swing stage); Brush (steel & bridge); Spray, Sandblaster, Steelejack	11.00	.51	.30		.02
Spray (swing stage); Spray (steel & bridge); Sandblaster (swing stage)	11.25	.51	.30		.02
Wallcovering Hanger	10.95	.51	.30		.02
PLASTERERS' TENDERS	11.15	.50	.35		
PLASTERERS	12.10	.65	.65		.01
PLUMBERS; Pipefitters	12.60	.81	1.10		.06
REFRIGERATION and AIR CONDITIONING	12.60	.81	1.10		.06
ROOFERS	10.94	.57	.35		.05
SHEET METAL WORKERS	13.71	1.10	1.22		.12
SOFT FLOOR LAYERS	9.98	.51	.27		
SPRINKLER FITTERS	13.17	.85	1.20		.08
TERRAZZO WORKERS and TILE LAYERS	12.37	.60	.65		.04

*See AREA DESCRIPTIONS - following Page

AREA DESCRIPTIONS

PAINTERS:
Area 1: Box Elder, Cache, and Rich Counties; and the following Counties north of an east-west line from the north boundary of Farmington: Davis, Morgan, Summit, Tooele, and Weber Counties
Area 2: Remainder of State

WELDER: Receives rate prescribed for craft performing operation to which Welding is incidental.

FOOTNOTES:
a. Employer contributes 8% of basic hourly rate for 5 years' service and 6% of basic hourly rate for 6 months' to 5 years' serivce as Vacation Pay Credit. 7 Paid Holidays: A through G.

b. Employees who have been employed for a period of 1 year shall have 3 weeks' vacation with pay. Should a holiday listed below occur within an employee's vacation period he shall be allotted an additional day's vacation. 8 paid Holidays: A through F and President's Day and Pioneer Day.

PAID HOLIDAYS:
A-New Year's Day; B-Memorial Day; C-Independence Day; D-Labor Day; E-Thanksgiving Day; F-Christmas Day; G-Friday after Thanksgiving

LABORERS: Building Construction	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Group 1	$ 8.27	.50	.35	.25	.04
Group 2	8.40	.50	.35	.25	.04
Group 3	8.52	.50	.35	.25	.04
Group 4	8.77	.50	.35	.25	.04
Group 5	9.27	.50	.35	.25	.04

Group 1: General Laborer

Group 2: Asphalt Raker; Sandblast Pot Tender; Gunite Nozzleman; Concrete Pump (Head Hoseman); Signalman and Dumpman on concrete construction

Group 3: Work of all types using cutting torch; Operators of gasoline, electric or pneumatic tools (e.g., Compressor, Compactors, Jackhammer, Vibrator, Concrete Saw, Chain Saw and Concrete Cutting Torch); Pipelayer; Laser Instrument Operator; Refinery Tank and Vessel Cleaner; Sandblaster

Group 4: Air Track and similar Drills

Group 5: Powderman

LABORERS:* Heavy and Highway Construction	Basic Hourly Rates	Basic Hourly Rates	Fringe Benefits Payments			
			H & W	Pensions	Vacation	Education and/or Appr. Tr.
	AREA 1	AREA 2				
Group 1	$8.02	$9.52	.50	.35	.25	.04
Group 2	8.15	9.65	.50	.35	.25	.04
Group 3	8.27	9.77	.50	.35	.25	.04
Group 4	8.52	10.02	.50	.35	.25	.04
Group 5	9.02	10.52	.50	.35	.25	.04
Tunnel and Shaft Work						
Group 1	8.17	9.67	.50	.35	.25	.04
Group 2	8.27	9.77	.50	.35	.25	.04
Group 3	8.47	9.97	.50	.35	.25	.04
Group 4	8.92	10.42	.50	.35	.25	.04

*See AREA DESCRIPTIONS- following TRUCK DRIVERS' classifications

Group 1: General Laborers

Group 2: Asphalt Raker; Sandblast Pot Tender; Gunite Nozzleman; Concrete Pump Head Hoseman; Signalman and Dumpman on concrete construction

Group 3: Work of all types using cutting torch; Operators of gasoline, electric or pneumatic tools (e.g., Compressor, Compactors, Jackhammer, Vibrator, Concrete Saw, Chain Saw and Concrete Cutting Torch); Pipelayer; Laser Instrument Operator; Refinery Tank and Vessel Cleaner; Sandblaster

Group 4: Air Tank and similar Drills

Group 5: Powderman

Tunnel and Shaft Work

Group 1: Underground Laborers

Grup 2: Brakeman; Chucktender; Dumpman; Powderman Tender; Puddler; Nipper; Tapman; Vibrator; Screedman

Group 3: Cutting Machine Operator; Drill Doctor; Finisher; Gunite Gunman; Miner; Powder Makeup Man; Spader and Tugger; Steelman; Gunite Groundman; Gunite Nozzleman; Gunite Rodman; Concrete Head Hoseman

Group 4: Shifter

POWER EQUIPMENT OPERATORS:* Building Construction	Basic Hourly Rates	Basic Hourly Rates	Fringe Benefits Payments			
			H & W	Pensions	Vacation	Education and/or Appr. Tr.
	AREA 1	AREA 2				
Group 1	$ 9.06	$11.06	$1.28	$1.585	.75	.05
Group 2	9.45	11.45	1.28	1.585	.75	.05
Group 3	9.65	11.65	1.28	1.585	.75	.05
Group 4	9.76	11.76	1.28	1.585	.75	.05
Group 5	10.27	12.27	1.28	1.585	.75	.05
Group 6	10.44	12.44	1.28	1.585	.75	.05
Group 7	10.56	12.56	1.28	1.585	.75	.05
Group 8	10.89	12.89	1.28	1.585	.75	.05
Group 9	10.96	12.96	1.28	1.585	.75	.05
Group 10	11.12	13.12	1.28	1.585	.75	.05
Group 11	11.30	13.30	1.28	1.585	.75	.05
Group 12	11.79	13.79	1.28	1.585	.75	.05
Group 13	12.75	14.75	1.28	1.585	.75	.05
Group 14	13.24	15.24	1.28	1.585	.75	.05
Group 15	13.52	15.52	1.28	1.585	.75	.05

*See AREA DESCRIPTIONS- following TRUCK DRIVERS' classifications

POWER EQUIPMENT OPERATORS
BUILDING CONSTRUCTION

Group 1: Assistant to Engineer; Elevator Operators; Hydraulic Monitor; Material Loader or Conveyor Operators

Group 2: Air Compressor Operator; Concrete Mixer Operator (skip-type); Concrete Pump or Pumpcrete Gun Operator; Generator Operator (100 KW or over); Mixer Box Operator or similar (concrete or asphalt plant continuous mix); Pump Operator; Truck Crane Oiler

Group 3: Front End Loader (up to and including 1 cu. yd. struck M.R.C.); Hoist Operator - 1 drum; Slip form Pumps

Group 4: Air Compressor Operator (2 or more compressors); Signalman; Small Rubber-tired Tractor; Small self-propelled Pneumatic Rollers; Towermobile Operator; Welding Machine (2 or more); Concrete Conveyor, building site

Group 5: A-Frame Truck and Tugger Hoist; Fork Lift (construction job site); Kolman Loader and similar; Loader Operator (over 1 cu. yd. to and including 2 cu. yds. struck M.R.C.); McGinnis Internal Full Slab Vibrator (on airports, highways, canals and warehouses); Mixermobile Operator; Ross Carrier or similar type; Small rubber-tired Tractor (with attachments, including Backhoe); Small Rubber-tired Trenching Machine; Small Tractor with boom; Gradesetter

Group 6: Bridge Crane; Concrete Mixer Operator (paving or batch plant); Drilling Machine Operator (Well or Diamond); Dual Drum Mixers; Hoist Operator - 2 drums; Lull High-lift (40 ft. or similar); Roller Operator or self-propelled Compactors; Tractor Operator (Sheep's Foot and compacting equipment); Trenching Machine; Concrete Conveyor or Concrete Pump, truck or equipment mounted (boom length to apply); Self-propelled Compactor with or without Dozer

Group 7: Tractor Operator (Bulldozer or tractor-drawn Scraper or drag-type shovel or boom attachment, up to and including D-7 or similar)

Group 8: Chicago Boom (including Stiff Leg and Sheer Pole); Concrete Batch Plant (multiple units); Loader Operator (over 2 cu. yds. up to and including 5 cu. yds. struck M.R.C.); Self-propelled boom type Lifting Device (center mount) (10 ton capacity or less M.R.C.)

POWER EQUIPMENT OPERATORS (Cont'd)
BUILDING CONSTRUCTION (Cont'd)

Group 9: Heavy Duty Repairman or Welder; Tractor Operator (Bulldozer or tractor-drawn Scraper or drag-type Shovel or boom attachment, larger than D-7 or similar)

Group 10: Motor Patrol

Group 11: Loader Operator (over 5 cu. yds. up to and including 12 cu. yds. struck M.R.C.); Universal Equipment Operator (Shovel, Backhoe, Dragline, Derrick, Derrick Barge, Clamshell, Crane, Grade-all, etc.) (up to and including 5 cu. yds. struck M.R.C.); Self-propelled boom type Lifting Device (center mount); Tower Crane (Linden type or similar designs and capacity)

Group 12: Remote Controlled (over 12 cu. yds. struck M.R.C. up to 18 cu. yds. M.R.C.)

Group 13: Loader Operator (over 12 cu. yds. struck M.R.C. up to 18 cu. yds. M.R.C.)

Group 14: Operator of Helicopter (when used in erection work)

Group 15: Cranes over 125 tons

POWER EQUIPMENT OPERATORS:* Heavy and Highway Construction	Basic Hourly Rates	Basic Hourly Rates	Fringe Benefits Payments			
			H & W	Pensions	Vacation	Education and or Appr. Tr.
	AREA 1	AREA 2				
Group 1	$10.26	$11.76	$1.28	$1.90	$1.00	.14
Group 2	10.61	12.11	1.28	1.90	1.00	.14
Group 3	10.79	12.29	1.28	1.90	1.00	.14
Group 4	10.90	12.40	1.28	1.90	1.00	.14
Group 5	11.36	12.86	1.28	1.90	1.00	.14
Group 6	11.51	13.01	1.28	1.90	1.00	.14
Group 6-A	11.62	13.12	1.28	1.90	1.00	.14
Group 7	11.92	13.42	1.28	1.90	1.00	.14
Group 7-A	11.98	13.48	1.28	1.90	1.00	.14
Group 8	12.04	13.54	1.28	1.90	1.00	.14
Group 9	12.20	13.70	1.28	1.90	1.00	.14
Group 10	12.64	14.14	1.28	1.90	1.00	.14
Group 10-A	13.60	15.10	1.28	1.90	1.00	.14
Group 10-B	14.05	15.55	1.28	1.90	1.00	.14
Group 11	14.21	15.71	1.28	1.90	1.00	.14

*See AREA DESCRIPTIONS - following TRUCK DRIVERS' classifications.

Underground and Shaft Work:

Underground Work: Employees working underground shall receive $.30 per hour in addition to their straight-time hourly wage rate.

Shaft Work: Employees working within Shafts, Stopes and Raises shall receive $.50 per hour in addition to their straight-time hourly rates.

POWER EQUIPMENT OPERATORS
HEAVY and HIGHWAY CONSTRUCTION

Group 1: Assistant to Engineer; Brakeman - Locomotive; Elevator Operator; Fireman; Asphalt Plant Fireman; Hydraulic Monitor; Material Loader or Conveyor Operator; Partsman - field; Repairman Tender - field; Chainman; Rodman

Group 2: Boxman, asphalt plant; Air Compressor Operator; Concrete Mixer Operator (skip type); Concrete Pump or Pumpcrete Gun Operator; Engineer, Dinky Operator; Generator Operator (100 KW or over); Mixer Box Operator or similar (concrete or asphalt palnt continuous mix); Pump Operator; Screedman; Self-propelled, automatically applied concrete curing machine (on streets, highways, airports and canals); Truck Crane Oiler (Assistant to Engineer)

Group 3: Ballast Jack Tamper; Ballast Regulator; Ballast Tamper - multiple purpose; Front End Loader (up to and including 1 cu. yd. struck M.R.C.); Hoist Operator - 1 drum Line Master; Slip Form Pumps

Group 4: Batch Operator (asphalt plant); Air Compressor Operator (2 or more compressors); Concrete Conveyor, building site; Lube and Service engineer (mobile and grease rack); Motorman; Pavement Breaker Operator (Emsco and similar type); Shuttlecar; Signalman; Slurry Seal Machine or similar; Small rubber-tired Tractors; Small self propelled pneumatic Rollers; Towermobile Operator; Welding Machine (2 or more)

Group 5: A-Frame Truck and Tugger Hoist; Concrete Saws (self-propelled unit on streets, highways, airports and canals); Engineer - Locomotive; Forklift (construction jobsite); Gradesetter; Kolman Loader (and similar); McGinnis Internal Full Slab Vibrator (on airports, highways, canals and warehouses); Mixermobile Operator; Pipe Bending Machine Operator; Pipe Cleaning Machine; Pipe Wrapping Machine; Power Jumbo Operator (setting slip forms, etc., in tunnels); Road Mixing Machine Operator; Ross Carrier or similar type; Small rubber-tired Trenching Machine; Small rubber-tired tractor (with attachments, including Backhoe); Small Tractor with boom; Surface Heater (self-propelled); Loader Operator (over 1 cu. yd. up to and including 2 cu. yds. struck M.R.C.)

POWER EQUIPMENT OPERATORS (Cont'd)
Heavy and Highway Construction

Group 6: Bridge Crane; Chip Box Spreader (Flaherty type and similar); Concrete Conveyor or Concrete Pump, truck or equipment mounted, boom length to apply; Concrete Mixer Operator (paving or batch plant); Deck Engineer (Marine); Drilling Machine Operator (Well or Diamond); Drilling and Boring Machinery, horizontal and vertical (not to apply to waterliners, wagon drills, or jack hammers); Dual Drum Mixers; Elevating Grader Operator; Fuller Kenyon Pump and similar types; Heavy Duty Rotary Drill Rigs (such as Quarry Master, Joy Drills or equal); Hoist Operator - 2 drums; Lull High-lift (40 ft or similar); Mechanical Burm, Curb and/or Curb and Gutter Machine, concrete or asphalt; Mechanical Finisher Operator (asphalt or concrete); Mine or Shaft Hoist; No-joint Pipe Laying Machine; Pavement Breaker; Pavement Breaker with Compressor combination; Pavement Breaker, truck mounted, Compressor combination; Refrigeration Plant; Roller Operator or self-propelled Compactor; Self-propelled Compactor (with multiple-propulsion power units); Self-propelled Pipeline Wrapping Machine Perault, CRC, or similar types); Self-propelled Compactor with or without Dozer; Slusher Operator; Tractor Operator (Sheep's Foot and Compacting Equipment); Tractor Compressor Drill Combination; Trenching Machine

Group 6-A: Side Boom Operator; Tractor Operator (Bulldozer or Tractor-drawn Scraper or Drag-type Shovel or Boom attachment, up to and including D-7 or similar); Instrumentman

Group 7: Asphalt Plant Engineer; Chicago Boom (including Stiff Leg ang Sheer Pole); Combination Backhoe and Loader (3/4 cu. yds. or over M.R.C.); Combination Slusher and Motor Operator; Concrete Batch Plant (multiple units); Domor Loader and Adams Elegrader; Engineer, Crushing Plant; Euclid Loader and similar types; Loader Operator (over 2 cu. yds. up to and including 5 cu. yds. struck M.R.C.); Koehring Skooper (or similar)(up to 5 cu. yds. struck M.R.C.); Mechanical Trench Shield; Mucking Machine Operator Rubber-tired Scrapers (under 35 cu. yds. struck M.R.C.); Saurman type Dragline (under 5 cu. yds. struck M.R.C.); Self-propelled Boom-type Lifting device (center mount) (10-ton capacity or less M.R.C.); Self-propelled Elevating Grade Plane; Soil Stabilizer (P & H or equal); Tri Batch Paver; Tunnel Mole (or similar)

POWER EQUIPMENT OPERATORS (Cont'd)
Heavy and Highway Construction

Group 7-A: Heavy Duty Repairman or Welder; Tractor Operator (Bulldozer or Tractor-drawn Scraper or Drag-type Shovel or boom attachment, larger than D-7 or similar)

Group 8: Combination Mixer and Compressor (gunite); Highline Cableway Signalman; Motor Patrol; Tower Crane (Linden type or similar designs and capacity)

Group 9: DW-10, 20, etc. (Tandem Scrapers); Loader Operator (over 5 cu. yds. up to and including 12 cu. yds. struck M.R.C.); Highline Cableway Operator; Lift Slab Machine (Vagtborg and similar types); Locomotive (over 100 tons) (single or multiple units); Pre-stress Wire Wrapping Machine; Saurman-type Dragline (5 cu. yds. and over struck M.R.C.); Self-propelled boom-type lifting device (center mount)(over 10 tons); Tractor (Tandem Scrapers); Universal Equipment Operator (Shovel, Backhoe, Dragline, Derrick, Derrick Barge, Clamshell, Crane, Grade-all, etc.)(up to and including 5 cu. yds. struck M.R.C.)

Group 10: Automatic Concrete Slip Form Paver; Koehring Skooper (or similar) (5 cu. yds. and over struck M.R.C.); Multiple-propulsion Power Unit Earthmovers (up to and including 75 cu. yds. struck M.R.C.); Power Equipment with shovel-type controls (over 5 cu. yds. up to and including 7 cu. yds. struck M.R.C.); Remote-controlled Cranes and Derricks; Rubber-tired Scrapers (35 cu. yds. and over struck M.R.C.); Slip Form Paver (concrete or asphalt); Sub-grader (automatic Sub-grader - Fine Grader, CMI or similar); Tandem Tractors; Tower Cranes Mobile

Group 10-A: Loader Operator (over 12 cu. yds. struck M.R.C. up to 18 cu.yds. M.R.C.); Multi-purpose Earthmoving Machines (2 or more scrapers)(over 75 cu. yds. struck M.R.C); Power Shovels and Draglines (over 7 cu. yds. struck M.R.C)

Group 10-B: Operator of Helicopter (when used in erection work); Loader (18 cu. yds. and over)

Group 11: Cranes over 125 tons

POWER EQUIPMENT OPERATORS: Steel Erection	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Group 1	$11.19	$1.28	$1.90	$1.00	.14
Group 2	11.60	1.28	1.90	1.00	.14
Group 3	12.72	1.28	1.90	1.00	.14
Group 4	12.88	1.28	1.90	1.00	.14
Group 4-A	13.21	1.28	1.90	1.00	.14
Group 5	13.76	1.28	1.90	1.00	.14
Group 6	14.23	1.28	1.90	1.00	.14
Group 6-A	14.88	1.28	1.90	1.00	.14
Group 7	16.03	1.28	1.90	1.00	.14
Piledriving					
Group 1-A	10.68	1.28	1.90	1.00	.14
Group 1-B	11.05	1.28	1.90	1.00	.14
Group 1-C	11.28	1.28	1.90	1.00	.14
Group 2-A	11.28	1.28	1.90	1.00	.14
Group 2-B	12.10	1.28	1.90	1.00	.14
Group 3	12.43	1.28	1.90	1.00	.14
Group 3-A	12.90	1.28	1.90	1.00	.14
Group 4	13.50	1.28	1.90	1.00	.14
Group 5	13.69	1.28	1.90	1.00	.14
Group 6	14.93	1.28	1.90	1.00	.14

Underground and Shaft Work:

Underground Work: Employees working underground shall receive $.30 per hour in addition to their straight-time hourly rate.

Shaft Work: Employees working within Shafts, Stopes and Raises shall receive $.50 per hour in addition to their straight-time hourly rate.

POWER EQUIPMENT OPERATORS
Steel Erection

Group 1: Assistant to Engineer (Oiler)

Group 2: Compressor Operator; Generator, gasoline or diesel driven (100 KW or over)(structural steel or tank erection only); Rodman, Chainman; Assistant to Engineer (Truck Crane Oiler)

Group 3: Compressors, Generators and/or Welding Machines or combination (2 to 6)(structural steel or tank erection only); Deck Engineer; Forklift; Instrumentman; Signalman (using mechanical

Group 4: Heavy Duty Repairman; Tractor Operator

Group 4-A: Combination Heavy Duty Repairman - Welder

Group 5: Dual purpose A-frame or Boom Truck; Boom Cat; Chicago Boom; Crawler Cranes and Truck Cranes (15 tons M.R.C. or less); Single drum Hoist; Self-propelled Boom-type lifting device (center mount)(10 ton capacity or less M.R.C.); Tugger Hoist; Overhead Cranes (15 tons M.R.C. or less)

Group 6: Crawler Cranes and Truck Cranes (over 15 tons M.R.C.); Derricks; Gantry Rider (or similar equipment); Highline Cableway; Two or more drum Hoist; Self-propelled boom-type lifting device (center mount) (over 10 tons); Tower Cranes Mobile (including rail mounted); Universal Liebher and Tower Cranes (and similar types); Overhead Cranes (over 15 tons M.R.C.)

Group 6-A: Cranes (over 125 tons)

Group 7: Operator of Helicopter

POWER EQUIPMENT OPERATORS (Cont'd)
Piledriving

Group 1: Deckhand; Fireman; Oiler

Group 1-A: Compressor Operator

Group 1-B: Truck crane Oiler (Assistant to Engineer)

Group 2-A: Operator of Tugger Hoist (hoisting material only)

Group 2-B: Compressor Operator (over 2); Generators; Pumps; Welding Machine (powered other than by electricity)

Group 3: A-Frames; Deck Engineer; Forklift Operators; Self-propelled boom-type lifting device (center mount)(10-ton capacity or less M.R.C.)

Group 3-A: Heavy Duty Repairman and/or Welder

Group 4: Operator of Piledriving Rigs, skid or floating and derrick barges; Operator of diesel or gasoline powered Crane Piledriver (without boiler)(up to and including 1 cu. yd. rating); Truck Crane Operator (up to and including 25 tons) (hoisting material only); Operating Engineer in lieu of Assistant to Engineer tending boiler or compressor attached to Crane Piledriver; Self-propelled boom-type lifting device (center mount)(over 10 tons)

Group 5: Operator of diesel or gasoline powered Crane Piledriver (without boiler)(over 1 cu. yd. rating); Operator of Crane (with steam, flash boiler, pump or compressor attached); Operator of steam powered Crawler or Universal type Driver (Raymond or similar type); Truck Crane Operator (over 25 tons) (hoisting material or performing piledriving work)

Group 6: Cranes (over 125 tons)

TRUCK DRIVERS*	Basic Hourly Rates	Basic Hourly Rates	Fringe Benefits Payments			
			H & W	Pensions	Vacation	Education and/or Appr. Tr.
	AREA 1	AREA 2				
Group 1	$10.025	$11.525	.98	$1.14	$1.00	.10
Group 2	10.075	11.575	.98	1.14	1.00	.10
Group 3	10.125	11.625	.98	1.14	1.00	.10
Group 4	10.15	11.65	.98	1.14	1.00	.10
Group 5	10.225	11.725	.98	1.14	1.00	.10
Group 6	10.25	11.75	.98	1.14	1.00	.10
Group 7	10.30	11.80	.98	1.14	1.00	.10
Group 8	10.40	11.90	.98	1.14	1.00	.10
Group 9	10.45	11.95	.98	1.14	1.00	.10
Group 10	10.475	11.975	.98	1.14	1.00	.10
Group 11	10.55	12.05	.98	1.14	1.00	.10
Group 12	10.575	12.075	.98	1.14	1.00	.10
Group 13	10.65	12.15	.98	1.14	1.00	.10
Group 14	10.70	12.20	.98	1.14	1.00	.10
Group 15	10.75	12.25	.98	1.14	1.00	.10
Group 16	10.95	12.45	.98	1.14	1.00	.10
Group 17	11.025	12.525	.98	1.14	1.00	.10
Group 18	11.125	12.625	.98	1.14	1.00	.10
Group 19	11.15	12.65	.98	1.14	1.00	.10
Group 20	11.20	12.70	.98	1.14	1.00	.10
Group 21	11.26	12.75	.98	1.14	1.00	.10
Group 22	11.35	12.85	.98	1.14	1.00	.10
Group 23	11.45	12.95	.98	1.14	1.00	.10
Group 24	11.47	12.97	.98	1.14	1.00	.10
Group 25	11.70	13.20	.98	1.14	1.00	.10
Group 26	11.95	13.45	.98	1.14	1.00	.10

*See AREA DESCRIPTIONS following TRUCK DRIVERS' classifications

TRUCK DRIVERS

Group 1: Chauffeurs

Group 2: Flat Rack Trucks, Bulk Cement Trucks, Transport Trucks, Semi-Trailer (Pickup); Gas Station Attendants

Group 3: Water, Fuel and Oil Trucks (less than 1200 gallons)

Group 4: Flat Rack Trucks, Bulk Cement Trucks, Transport Trucks, Semi-Trailer (carrying capacity less than 10 tons)

Group 5: Washers

Group 6: Dump Trucks - water level capacity (bottom, end and side)(including Dumpster Trucks, Turnawagons, Turnarockers and Dumpcrete)(less than 8 yds.); Water, Fuel and Oil Trucks (1200 gallons to less than 2500 gallons)

Group 7: Flat Rack Trucks, Bulk Cement Trucks, Transport Trucks, Semi-Trailer (carrying capacity 10 tons and less than 15 tons)

Group 8: Dump Trucks - water level capacity (bottom, end and side)(including Dumpster Trucks, Turnawagons, Turnarockers and Dumpcrete)(8 yds. and less than 14 yds.); Flat Rack Trucks, Bulk Cement Trucks, Transport Trucks, Semi-Trailer (carrying capacity 15 tons and less than 20 tons); Water, Fuel and Oil Trucks (2500 gallons to less than 4000 gallons); Sweeper or Vacuum Truck

Group 9: Construction Job Serviceman, Fork Lift, Straddle Truck; Warehouseman (Counter Clerk)

Group 10: Transit Mix Trucks (less than 8 cu. yds.); Concrete Pumping Trucks

Group 11: Dump Trucks - water level capacity (bottom, end and side)(including Dumpster Trucks, Turnawagons, Turnarockers and Dumpcrete)(14 yds. and less than 35 yds.); Flat Rack Trucks, Bulk Cement Trucks, Transport Trucks, Semi-trailer (carrying capacity 20 tons and over)

Group 12: Transit Mix Trucks (over 8 cu. yds. to 14 cu. yds.)

Group 13: Tireman and Greaser

TRUCK DRIVERS (Cont'd)

Group 14: Water, Fuel and Oil Trucks (4000 gallons to less than 6000 gallons)

Group 15: Dump Trucks - water level capacity (bottom, end and side)(including Dumpster Trucks, Turnawagons, Turnarockers and Dumpcrete)(35 yds. and less than 55 yds.)

Group 16: Dump Trucks - water level capacity (bottom, end and side)(including Dumpster Trucks, Turnawagons, Turnarocker and Dumpcrete)(55 yds. and less than 75 yds.); Water Fuel and Oil Trucks (6000 gallons to less than 10,000 gallons); Oil Spreader Operator (on single man operation where Boot Man is not required)

Group 17: Teamster, driving two horses

Group 18: Teamster, driving three or more horses

Group 19: Dump Trucks - water level capacity (bottom, end and side)(including Dumpster Trucks, Turnawagons, Turnarocker and Dumpcrete)(75 yds. and less than 95 yds.)

Group 20: Water, Fuel and Oil Trucks (10,000 gallons to less than 15,000 gallons)

Group 21: Teamster Mechanics, Teamster Welder

Group 22: Dump Trucks - water level capacity (bottom, end and side)(including Dumpster Trucks, Turnawagons, Turnarockers and Dumpcrete)(95 yds. and less than 105 yds.)

Group 23: Water, Fuel and Oil Trucks (15,000 gallons to less than 20,000 gallons)

Group 24: Dump Trucks - water level capacity (bottom, end and side)(including Dumpster Trucks, Turnawagons, Turnarockers and Dumpcrete)(105 yds. and less than 130 yds.), (all 130 cu. yds. and over to be paid one-half cent ($0.005) per cu. yd. capacity per hour in addition to rate for 105 yds. and less than 130 yds.)

Group 25: Water, Fuel and Oil Trucks (20,000 gallons to less than 25,000 gallons)

Group 26: Water, Fuel and Oil Trucks (25,000 gallons and over)

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29 CFR, 5.5(a)(1)(ii)).

AREA DESCRIPITONS
Laborers
(Heavy and Highway Construction)

Power Equipment Operators

Truck Drivers

AREA 1: All area included in the description defined below which is based upon township and range lines as referenced to the Salt Lake City Base and Meridian:

Commencing at the intersection of the Utah/Nevada border and the Southerly line of township 35 south;
Thence easterly to the S.E. corner of township 35 south, range 17 west;
Thence northerly to the S.E. corner of township 34 south, range 17 west;
Thence easterly to the S.E. corner of township 34 south, range 16 west;
Thence northerly to the S.E. corner of township 30 south, range 16 west;
Thence easterly to the S.E. corner of township 30 south, range 15 west;
Thence northerly to the S.E. corner of township 25 south, range 15 west;
Thence easterly to the S.E. corner of township 25 south, range 14 west;
Thence northerly to the S.E. corner of township 24, south, range 14 west;
Thence easterly to the S.E. corner of township 24 south, range 13 west;
Thence northerly to the S.E. corner of township 23 south, range 13 west;
Thence easterly to the S.E. corner of township 23 south, range 12 west;
Thence northerly to the S.E. corner of township 18 south, range 12 west;
Thence easterly to the S.E. corner of township 18 south, range 11 west;
Thence northerly to the S.E. corner of township 16 south, range 11 west;
Thence easterly to the S.E. corner of township 16 south, range 10 west;
Thence northerly to the S.E. corner of township 15 south, range 10 west;
Thence easterly to the S.E. corner of township 15 south, range 9 west;
Thence northerly to the S.E. corner of township 14 south, range 9 west;

AREA DEFINITIONS (Cont'd)

AREA 1: (Cont'd)

Thence easterly to the S.E. corner of township 14 south, range 8 west;
Thence northerly along the easterly line of range 8 west, crossing the Salt Lake Base Line to the intersection of the easterly line of range 8 west and the northerly border of Utah;
Thence easterly along the northerly border of Utah crossing the Salt Lake Meridian to the Utah/Idaho/Wyoming border;
Thence southerly along the Utah/Wyoming border;
Thence easterly along the Utah/Wyoming border to the intersection of the Utah/Wyoming border and Longitude 111 degrees west;
Thence southerly along Longitude 111 degrees west crossing the Salt Lake Base Line to the intersection of Longitude 111 degrees west and the southerly line of township 4 south;
Thence easterly along the southerly line of township 4 south to the S.E. corner of township 4 south, range 17 east;
Thence northerly to the S.E. corner of township 1 south, range 17 east;
Thence easterly along the southerly line of township 1 south to the intersection of the Utah/Colorado border;
Thence southerly along the Utah/Colorado border to the intersection of the Utah/Colorado border and the southerly line of township 7 south;
Thence westerly along the southerly line of township 7 south to the S.W. corner of township 7 south, range 20 east;
Thence southerly to the S.E. corner of township 8 south, range 19 east;
Thence westerly along the southerly line of township 8 south to the S.E. corner of township 8 south, range 12 east;
Thence southerly along the easterly line of range 12 east to the S.E. corner of township 20 south, range 12 east;
Thence westerly along the southerly line of township 20 south to the S.E. corner of township 20 south, range 3 east;
Thence southerly along the easterly line of range 3 east to the S.E. corner of township 27 south, range 3 east;
Thence westerly to the intersection of the southerly line of township 27 south and the Salt Lake Meridian, thence southerly along the Salt Lake Meridian to the intersection of the Salt Lake Meridian and the southerly line of township 39 south;
Thence westerly crossing the Salt Lake Meridian to the S.E. corner of township 39 south, range 2 west;

AREA DEFINITIONS (Cont'd)

AREA 1: (Cont'd)

Thence southerly to the S.E. corner of township 41 south, range 2 west;
Thence westerly to the S.E. corner of township 41 south, range 3 west;
Thence southerly along the easterly line of range 3 west to the Utah/Arizona border;
Thence westerly along the Utah/Arizona border to the Utah/Arizona/Nevada border;
Thence northerly along the Utah/Nevada border to the point of beginning. Commencing at the intersection of the Utah/Colorado border and the southerly line of township 34 south;
Thence westerly to the S.W. corner of township 34 south, range 21 east;
Thence northerly to the S.W. corner of township 29 south, range 21 east;
Thence westerly to the S.W. corner of township 29 south, range 19 east;
Thence northerly to the N.W. corner of township 23 south, range 19 east;
Thence easterly to the N.W. corner of township 23 south, range 22 east;
Thence northerly to the N.W. corner of township 21 south, range 22 east;
Thence easterly to the N.E. corner of township 21 south, range 24 east;
Thence southerly to the N.E. corner of township 31 south, range 24 east;
Thence easterly along the northerly line of township 31 south, to the Utah/Colorado border;
Thence southerly along the Utah/Colorado border to the point of beginning.

AREA 2: All areas not included in Area 1 as defined.

SUPERSEDEAS DECISION

STATE: Wisconsin COUNTY: Racine
DECISION No.: WI80-2083 DATE: Date of Publication
Supersedes Decision No. WI78-2149, dated November 13, 1978 in 43 FR 52672
DESCRIPTION OF WORK: Building and Residential Construction

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
ASBESTOS WORKERS	$13.30	1.05	1.15	1.50	.14
BOILERMAKERS	12.87	1.275	1.00		.05
BRICKLAYERS & STONEMASONS	11.55	.70	.80	.60	.07
CARPENTERS (West of Hwy. #75)					
Carpenters and Soft Floor Layers	12.82	.60	.80		.13
Millwrights	13.42	.60	.80		.13
Carpenters (Residential) West of Hwy. #75	9.46	.60	.80		.13
CARPENTERS (Balance of County)					
Carpenters and Soft Floor Layers	11.50	.60	.85		.05
Millwrights	11.76	.60	.85		.05
Piledrivermen	11.58	.60	.85		.05
CEMENT MASONS	10.61	.60	.85	.50	.01
ELECTRICIANS (Burlington)					
Electricians (Burlington)	12.85	.55	5%	7%	.50%
Residential	8.35	.55	3%	7%	3/4%
ELECTRICIANS (Balance of county)	14.89	.55	3%		] 3/4%
ELEVATORS CONSTRUCTORS:					
Constructors	13.24	1.045	.69	a+b	.03
Helpers	9.27	1.045	.69	a+b	.03
Helpers (Prob.)	50JR				
IRONWORKERS	12.06	1.30	2.50	1.21	.15
LABORERS:					
Laborers	9.45	.60	.85	.50	
Air Tool Operators (Jackhammer)	9.77	.60	.85	.50	
Mason Tender, Mortar Mixer and Plasterers' Tender	9.58	.60	.85	.50	
Vibrator Operator	9.58	.60	.85	.50	
	9.77	.60	.85	.50	
PAINTERS:					
Brush	10.45	.60	1.05		.05
Structural Steel	10.60	.60	1.05		.05
Spray	11.20	.60	1.05		.05
PLASTERERS	11.10	.60	.85		
PLUMBERS AND STEAMFITTERS	12.58	.60	.85	.99	.02
ROOFERS	11.12	.60	.55		
PILEDRIVERMEN (West of Hwy, #75)	12.97	.60	.80		.13

DECISION No. WI80-2083

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
SHEET METAL WORKERS	$11.74	.60	.09	1.15	.09
TERRAZZO WORKERS	12.01	1.20	1.20	.50	.19
TILE SETTERS	10.08	.70	.80	.60	.07

PAID HOLIDAYS: A-New Year's Day; B-Memorial Day; C-Independence Day; D-Labor Day; E-Thanksgiving Day; F-Christmas Day.

FOOTNOTES:

a. Holidays: A through F.

b. Employer contributes 8% per hour of regular hourly rate to Vacation Pay Credit for employee who has worked in business more than 5 years. Employer contributes 6% per hour of regular hourly rate to Vacation Pay Credit for employee who has worked in business less than 5 years.

DECISION No. WI80-2083

POWER EQUIPMENT OPERATORS	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
GROUP I	$12.02	1.05	1.10		.05
GROUP II	11.77	1.05	1.10		.05
GROUP III	11.47	1.05	1.10		.05
GROUP IV	11.37	1.05	1.10		.05
GROUP V	10.96	1.05	1.10		.05
GROUP VI	10.62	1.05	1.10		.05

GROUP I - Cranes, Shovels, Draglines, Backhoes, Clamshells, Derricks, Caisson Rigs, Pile Driver, Skid Rigs, Dredge, Operator and Traveling Crane (Bridge Type), Concrete Paver (over 27E), Concrete Spreader and Distributor

GROUP II - Material Hoist, Tractor, or Truck Mounted Hydraulic Backhoe, Tractor or Truck Mounted Hydraulic Crane (5 Tons or Under), Manhoist, Tractor (Over 40 h. p.), Pulldozer, Endloader, (over 40 h. p.), Forklift (25' and over), Motor Patrol, Scraper Operator, Sideboom, Straddle Carrier, Mechanic and Welder, Bituminous Plant and Paver Operator, Roller (over 5 tons), Rotary Drill Operator and Blaster, Trencher (Wheel Type or Chain type having over 8-Inch Bucket)

GROUP III - Concrete and Grout Pumps, Backfiller, Concrete auto Breaker (Large), Concrete Finishing Machine (Road Type), Roller (Rubber Tire), Concrete Batch Hopper, Concrete Conveyor Systems, Concrete Mixers (14S or over), Screw Type Pumps, and Cypsum Pumps, Tractor, Pulldozer, Endloader (under 40 h.p.), Pumps (Well Points), Trencher (Chain Type having Bucket 8-Inch and Under), Industrial Locomotives, Roller (under 5 Tons) and Firemen-(Pile Drivers and Derricks)

GROUP IV - Hoists (Automatic), Forklift (12'to 25')Tampers-Compactors Auto Breaker, Hydro-Hammer(Small), Booms and Sweeper, Hoists (Mucker) Stump Chipper (Large), Boats, Safety Work, Barges and Launch)

GROUP V - Shoulding Machine Operator, Screed Operator, Farm or Industrial Tractor Mounted Equipment, Post Hole Diggers, Stone Crushers and Screening Plants, Firemen (Asphalt Plants), Air Compressor (300 CFM or over)

GROUP VI - Generators over 15 KW, Pumps over 3", Augers (vertical and Horizontal), Combination Small Equipment Operators; Air, Electric Hydraulic Jacks (Slip Form), Compressors (Under 300 CFM) Welding Machines, Heaters (Mechanical), Prestress Machines, Bobcats, generators (under 150 KW), Pumps (3" and under); Winches (Small Electric), Oiler and Greaser, Boiler Operators (Temporary Heat), Rotary Drill Helper, Conveyor, Forklift (12' and under)

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29 CFR, 5.5(a)(1)(ii)).

SUPERSEDEAS DECISION

STATE: Wyoming

COUNTIES: Converse, Goshen, Laramie, Natrona, Niobrara and Platte

DECISION NUMBER: WY80-5129

DATE: Date of Publication

Supersedes Decision No. WY80-5119 dated June 13, 1980, in 45 FR 40467

DESCRIPTION OF WORK: Building Projects (does not include single family homes and apartments up to and including 4 stories)

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
BUILDING CONSTRUCTION					
ASBESTOS WORKERS	$13.64	.75	$1.37		
BOILERMAKERS	12.30	.85	1.00		.02
BRICKLAYERS; Stonemasons:*					
Area 1	12.20	.60	.30		.05
Area 2	11.90	.60	.30		.10
CARPENTERS:					
Carpenters	10.59	.70	.65	.75	.17
Piledrivermen	10.84	.70	.65	.75	.17
CEMENT MASONS:					
Cement Masons	12.15	.55			.05
Working on Swinging Stage or temporary platform over 20 ft. high	12.65	.55			.05
Composition material, epoxy	12.65	.55			.05
ELECTRICIANS:*					
Area 1:					
Electricians	13.50	.75	3%+.50		3/4of 1%
Cable Splicers	13.75	.75	3%+.50		3/4of 1%
Area 2:					
Contracts $150,000 and under:					
Electricians	10.30	.72	3%+.50		3/4of 1%
Contracts over $150,000:					
Electricians	11.70	.72	3%+.75		3/4of 1%
ELEVATOR CONSTRUCTORS	11.71	.895	.56	a	.025
ELEVATOR CONSTRUCTORS' HELPERS	70%JR	.895	.56	a	.025
IRONWORKERS:					
Structural; Ornamental; Reinforcing	13.00	.90	1.45		.15
MARBLE, TILE and TERRAZZO WORKERS:*					
Area 1	11.10	.45	.30		
MILLWRIGHTS	12.41	1.00	.85		.14

*See AREA Descriptions - Page 3

	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
PAINTERS:*					
Area 1:					
Brush and Roller	$12.11	.75	$1.15		.07
Spray, Swing Stage and Hazardous	12.71	.75	1.15		.07
Sandblaster (interior)	14.03	.75	1.15		.07
Paperhanger	12.71	.75	1.15		.07
Drywall Finisher	12.36	.75	1.15		.07
Finishers (machine)	12.71	.75	1.15		.07
PLUMBERS: Steamfitters:*					
Area 1:					
Zone 1	10.17	.80	.75	1.50	.18
Zone 2	11.02	.80	.75	1.50	.18
Zone 3	11.94	.80	.75	1.50	.18
Zone 4	13.16	.80	.75	1.50	.18
Zone 5: (Footnote "b"):					
General contractors $2,500,000.00 or less	10.17	.80	.75	1.50	.18
General contracts over $2,500,000.00	10.97	.80	.75	1.50	.18
Area 2:					
Zone 1	14.03	.90	1.10	2.00+c	.30
Zone 2	14.90	.90	1.10	2.00+c	.30
Zone 3	15.75	.90	1.10	2.00+c	.30
Zone 4	17.06	.90	1.10	2.00+c	.30
Zone 5	18.05	.90	1.10	2.00+c	.30
ROOFERS	11.03			2.00	
SHEET METAL WORKERS:*					
Area 1	10.92	.41	1.10		.02
Area 2	11.63	.53	.41		.08
SPRINKLER FITTERS	13.61	.85	1.20		.08
WELDERS; RIGGERS: Receive rate prescribed for craft performing operation to which welding or rigging is incidental.					

*See AREA and ZONE Descriptions - Page 3

FOOTNOTES:
a. Employer contributes 8% of basic hourly rate for over 5 years' service and 6% of basic hourly rate for 6 months to 5 years' service as Vacation Pay Credit. 7 Paid Holidays: A through F, and the Friday after Thanksgiving Day.
b. Use only in the Cities of Laramie, Torrington, Wheatland, Evanston, Green River and Rock Spring within a 5 mile radius from the Post Office.
c. Paid Holiday: D-Labor Day

PAID HOLIDAYS:
A-New Year's Day; B-Memorial Day; C-Independence Day; D-Labor Day; E-Thanksgiving Day; F-Christmas Day

AREA DESCRIPTIONS

BRICKLAYERS; Stonemasons:
Area 1: Goshen, Laramie and Platte Counties
Area 2: Converse, Natrona and Niobrara Counties

ELECTRICIANS:
Area 1: Goshen, Laramie, Niobrara and Platte Counties
Area 2: Converse and Natrona Counties

MARBLE, TILE and TERRAZZO WORKERS:
Area 1: Converse, Natrona and Niobrara Counties

PAINTERS:
Area 1: Converse, Natrona and Niobrara Counties

PLUMBERS; Steamfitters:
Area 1: Goshen, Laramie and Platte Counties:

Zone 1: 15 miles radius from Cheyenne Post Office
Zone 2: 10 miles radius beyond Zone 1
Zone 3: 15 miles radius beyond Zone 2
Zone 4: Jurisdiction beyond Zone 3

Area 2: Converse, Natrona and Niobrara Counties:

Zone 1: 10 miles radius from Post Office in Casper
Zone 2: 10 miles radius beyond Zone 1
Zone 3: 20 miles radius beyond Zone 2
Zone 4: 40 miles radius beyond Zone 3
Zone 5: Jurisdiction beyond Zone 4

SHEET METAL WORKERS:
Area 1: Converse, Natrona and Niobrara Counties
Area 2: Goshen, Laramie and Platte Counties

LABORERS BUILDING CONSTRUCTION	Basic Hourly Rates	Fringe Benefits Payments			
		H & W	Pensions	Vacation	Education and/or Appr. Tr.
Group 1	$ 8.28	.55	.50	$1.00	.05
Group 2	8.53	.55	.50	1.00	.05
Group 3	8.78	.55	.50	1.00	.05
Group 4	8.78	.55	.50	1.00	.05
Group 5	8.83	.55	.50	1.00	.05
Group 6	8.68	.55	.50	1.00	.05
Group 7	8.58	.55	.50	1.00	.05
Group 8	8.43	.55	.50	1.00	.05
Group 9	9.18	.55	.50	1.00	.05

LABORERS
BUILDING CONSTRUCTION

Group 1: General Laborers: All work pertaining to pre-watering, pre-irrigation, and pre-wetting); Axeman and Hand Faller; Bin Wall Installer; Bituminous Curb Builder; Burner (Cutting Torch); Car and Truck Loader; Carpenter Tender; Cement Mason Tender; Chuck Tender; Concrete Saw; Concrete Worker (wet or dry) (curing and drying); Creosote Material Handler (corrosive enamel or its equal); Dumpman; Erector and Installer (includes the installation of all fences, right of way, median fences, snow fences, etc., guard rails, section rails, reference posts, guide posts, signs and right of way markers); Form Setter (paving); Form Setter Tender (paving); Form Stripper; General Laborer; Gunnite Tender; Hand Operated Vibrator Roller; Jackhammer and Pavement Breaker; Landscaper; Landscaper Tender; Material Handler (lumber, rods, cement, concrete); Mechanical Form Cleaner; Mortar Man on Stone Riprap; Nozzleman (air and water); Operator or pnuematic, electric, gas tamper and similar mechanical tools; Pipe Setter (corrugated, culvert pipe multi-plate, sectional plate and similar type); Pipe Setter Tender (corrugated); Pipe Setter Tender (non-metallic); Pipe Wrapper; Powderman Tender; Power Saw Operator (clearing); Power type Concrete Buggy (push); Power type Concrete Buggy (ride); Riprap Man; Rodman; Sandblaster Pot Tender; Shoring and Lagging Open Ditch; Signalman, grade, concrete, etc.; Scissorman or Hopper Man; Stake Jumper for equipment; Tar and asphalt Pot Tender; Toolroom Man; Unloading and packing of steel rods and mesh (reinforcing); Vibrator - concrete; Watchman and Flagman and Heat Tender and Pilot car Operator; Wrecking and Demolition Crews

Group 2: Semi-Skilled Laborers: Asphalt Raker and Tamper; Gunnite Nozzleman; High Scaler (using air tool from bos'n chair, swing stage life belt, or block and tackle, shall receive 20¢ per hour more than the classified rate); Sandblaster Nozzleman; Sewer Pipe Installer (non-metallic, Caulker, Collarman, Jointer, Mortarman, Rigger, Jacker);

Group 3: Drilling - Blasting: Powderman and Blaster; Wagon Drill, Air Track, Diamond and other drills for blasting powder or grouting

Group 4: Tenders: Fork Lift Operator (masonry work); Hodcarriers; Mason Tenders; Plasterer Tenders; Scaffold Builders; Terazzzo Tenders; Tile Setter Tenders

[FR Doc. 80-28702 Filed 9-18-80; 8:45 am]
BILLING CODE 4510-27-C

LABORERS (Cont'd)
BUILDING CONSTRUCTION (Cont'd)

Group 5: Tunnel - Underground: Drill Doctors; Finishers; Form Setters and Movers; Jackhammer Man; Machine Man; Miners (Drillers); Piling and/or Caisson Workers; Rebar Man; Spaders; Steelman; Timberman; Tuggers

Group 6: Chuck Tender; Nipper; Top Man or Top Lander

Group 7: Brakeman; Vibrator Man

Group 8: Bull Gang Laborer; Mucker

Group 9: Shifter

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29 CFR, 5.5 (a)(1)(ii)

federal register

Friday
September 19, 1980

Part III

Department of Health and Human Services

Alcohol, Drug Abuse, and Mental Health Administration and Food and Drug Administration

Methadone for Treating Narcotic Addicts; Joint Revision of Conditions for Use

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Alcohol, Drug Abuse, and Mental Health Administration

21 CFR Part 291

Drugs Used for Treatment of Narcotic Addicts; Joint Revision of Conditions for Use

CROSS REFERENCE: For a rule issued jointly by the National Institute on Drug Abuse; Alcohol, Drug Abuse, and Mental Health Administration; and the Food and Drug Administration that revises certain conditions for use of methadone for treating narcotic addicts, see FR Doc. 80-28799 appearing below.

BILLING CODE 4110-88-M

Food and Drug Administration

21 CFR Part 291

[Docket No. 77N-0252]

Joint Revision of Conditions for Use of Methadone for Treating Narcotic Addicts

AGENCIES: Food and Drug Administration and National Institute on Drug Abuse.

ACTION: Final Rule.

SUMMARY: This rule, issued jointly by the two agencies, revises the conditions for use of methadone for treating narcotic addicts. The Narcotic Addict Treatment Act of 1974 requires the Department of Health and Human Services to establish requirements for practitioners conducting maintenance or detoxification treatment with narcotic drugs. These requirements are the minimum standards for the appropriate methods of professional practice in the medical treatment of narcotic addiction with methadone.

EFFECTIVE DATE: November 18, 1980.

FOR FURTHER INFORMATION CONTACT:
For the Food and Drug Administration: Edwin V. Dutra, Jr., Bureau of Drugs (HFD-30), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-443-6490.
For the National Institute of Drug Abuse: Nathan M. Kight, National Institute on Drug Abuse, Alcohol, Drug Abuse and Mental Health Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-443-4877.

SUPPLEMENTARY INFORMATION: Section 4 of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (Pub. L. 91-513) requires that the Department of Health and Human Services (HHS) determine the appropriate methods of professional practice for medical treatment of various classes of narcotic addicts. The Narcotic Addict Treatment Act of 1974 (Pub. L. 93-281) was enacted by Congress as a means to ensure that only bona fide narcotic addicts are admitted to maintenance or detoxification treatment, that they receive quality care, and that illicit diversion is limited. Pub. L. 93-281 includes the requirement that practitioners who dispense narcotic drugs for maintenance or detoxification treatment of narcotic-dependent persons must meet the standards issued under authority of Pub. L. 91-513.

The methadone regulations in 21 CFR 291.505 are the only regulatory standards published under HHS authority that concern the use of a narcotic drug to maintain or detoxify narcotic addicts. They were originally published by FDA under section 505 (the new drug provisions) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and section 4 of Pub. L. 91-513. This final rule is published jointly for HHS by the Food and Drug Administration (FDA) and the National Institute of Drug Abuse (NIDA) under section 4 of Pub. L. 91-513 and Pub. L. 93-281.

In the **Federal Register** of April 29, 1976 (41 FR 17926), FDA proposed to revise the methadone regulations on physiologic dependence of patients, physician staffing, and urine testing. In the **Federal Register** of October 28, 1977 (42 FR 56897), FDA and NIDA jointly proposed a rule to revise the conditions for use of methadone in maintenance and detoxification treatment. The October 28, 1977 proposal included significant revisions to the methadone regulations in addition to those published on April 29, 1976. This document summarizes and evaluates the comments to both proposals. Numerous comments were received on them from nearly every section of the drug abuse treatment community, including patients, counselors, practitioners, other treatment program staff, State authorities, Federal agencies, hospitals, and professional associations.

A summary of the substantive comments and the agencies' responses appear below.

Note.—The proposed revisions published in the **Federal Register** of October 28, 1977 were separated into 13 categories. The same format is used in this final rule.

Also, this final rule contains numerous editorial revisions, intended to make the regulations clearer and more understandable, consistent with the objectives of Executive Order 12044, "Improving Government Regulations."

FDA advises that the program forms required to be completed by treatment programs and then submitted to HHS and the State authority repeat, although not necessarily verbatim, the requirements found in § 291.505 (a) through (j) (21 CFR 291.505 (a) through (j)). Therefore, to avoid repeating similar requirements, this final rule does not contain a reprinting of the required program forms. Instead, § 291.505(k) lists the required forms and states who must complete them, where they must be submitted, and where they may be obtained. Another editorial revision made to this final rule is the consistent use of the work "record" instead of the words "chart" and "clinical record." These minor changes do not affect the substantive requirements of the rule.

Minimum Standards for Admission

1. Several comments objected to establishing any specific length of time of addiction as a prerequisite to maintenance treatment. They contended that the decision to admit a patient to maintenance treatment should be entirely within the discretion of the treating physician. Each patient is different, and chronology of addiction is impossible to prove. Thus, a required length of addiction history is an arbitrary and unnecessary restriction on a physician's clinical judgment. Current physiological addiction should be the sole requirement. Many comments stated that the length of addiction history should be reduced even more—from the proposed 1 year to 6 months or less—because some persons can become addicted in less than a year and should not be denied treatment, forcing them to search out illegal drugs to satisfy their needs until an arbitrary time has passed.

Any length of time selected could be termed arbitrary. FDA and NIDA believe a 1-year history of addiction is a necessary minimum standard to ensure that only truly dependent persons are admitted to maintenance treatment. However, the minimum standards for admission (including the definition of a 1-year history) and the exceptions to the minimum admission criteria, taken together, are flexible enough not to unnecessarily restrict a physician's clinical judgment.

2. Several comments said that the current requirement of a 2-year addiction history should be retained because relaxing the rule to 1 year would make it too easy to qualify for maintenance treatment and thus would weaken the motivation for some patients to detoxify. The comments contended that patients with a 1-year addiction history can easily detoxify or

become drug free if the incentive to do so is not removed by a liberal 1-year rule. It is nearly impossible to become addicted in 1 year on the poor quality heroin available on the streets today; thus, a 2-year addiction history rule is necessary to guard against addicting a nonaddicted person to methadone by admitting the person into maintenance treatment.

FDA and NIDA do not agree that the 2-year rule should be retained. It was dropped from the proposal to make the methadone regulations more appropriate for all maintenance patients and to provide more flexibility in clinical standards. These needs still exist. The 1-year rule will not interfere with attempts at drug-free treatment or attempts at detoxification. The regulations do not preclude a program from requiring these attempts for patients who satisfy the minimum standards for admission to maintenance treatment but who would benefit more from other kinds of treatment. Thus, for patients who could detoxify easily and patients who are not truly addicted, treatment other than maintenance treatment may and should be employed. Also, a State methadone authority or an individual treatment program may, if it believes it necessary, set more rigid admission standards including a 2-year or longer addiction history.

3. Several comments in support of a 1-year addiction history suggested that additional requirements are necessary. For example, a patient should be required to try to detoxify or to make some other "real attempts" at becoming drug free, or agree to a goal of short-term maintenance, or have a positive urine test before maintenance treatment because 1 year of mere episodic use of a narcotic is required as opposed to 1 year of continuous use. Including episodic use in the definition will result in persons not addicted to heroin becoming unnecessarily addicted to methadone from maintenance treatment because using heroin episodically does not result in addiction. Another comment stated that the 1-year rule is too vague and it would enable occasional users of narcotics to be admitted into maintenance treatment easily. For example, a doctor can conclude there is sufficient evidence of addiction based upon mere episodic use and signs of old needle marks without signs of withdrawal.

FDA and NIDA believe that additional requirements are not necessary to support the minimum admission standards. The minimum standards for maintenance treatment include the requirements of a 1-year history of addiction and, in most cases, current physiologic dependence. Patterns of narcotic use, like episodic and continuous use, can be helpful in assessing the history of addiction and at times be of benefit in helping to determine current physiologic dependence. However, episodic use alone does not satisfy the admission criteria. Section 291.505(d)(3)(i) states clearly that an applicant accepted for admission to maintenance treatment must be also currently physiologically dependent. It is the current physiologic dependence and 1-year history of addiction that satisfies the requirement.

To require a positive urine test would not necessarily assure the existence of current physiologic dependence. Although it is unlikely, it is possible to have a positive urine test and not be currently physiologically dependent. Conversely, it is possible for a person to be dependent on narcotic drugs and have a negative urine test for opiates. Therefore, FDA and NIDA believe that the results of the urine tests should be used as a part of an evaluation in deciding whether to admit a patient but that a positive urine result not be a prerequisite for admission to treatment.

4. One comment asked FDA and NIDA to be specific and clearly define "most of the year." Another comment suggested replacing the phrase in § 291.505(d)(3)(i) "for most of the preceding year" with the phrase "for more than 6 months of the preceding year." Finally, some comments requested the rule state clearly that the factors in § 291.505(d)(3)(i)(*c*) are not requirements but merely factors to be considered in determining current physiologic dependence and that a patient with a 1-year addiction history does not automatically qualify for maintenance treatment.

FDA and NIDA believe the examples in § 291.505(d)(3)(i)(*b*) explain adequately what is meant by "most of the year." A more specific definition would reduce the flexibility this rule intends to give clinicians. The factors listed in § 291.505(d)(3)(i)(*c*) are not requirements but are recommendations which will help a physician to determine whether a patient is currently physiologically dependent. The regulation is revised to clarify this point. Also, just because a patient qualifies for maintenance treatment under the minimum standards does not necessarily mean that maintenance treatment is indicated and that the patient must be admitted.

Exceptions to Minimum Admission Criteria

5. Several comments objected to the exception for persons in penal or chronic care institutions. Some of the objections were: Proof of current addiction should be required because of these persons are able to remain drug free or unaddicted for up to 6 months, they do not belong in maintenance treatment, which is designed to treat persons currently addicted to narcotics. The same admissions standards should apply to all because there is no valid reason to treat those persons who happen to spend some time in a penal or chronic care institution differently from anyone else. If a person who happens to spend more than a month in a penal or chronic care institution is to be treated differently than a person who has not, the regulation should state that after the person is in the institution for a certain length of time the exception would no longer apply. As proposed, this exception would allow a person who is drug free for years in an institution to qualify for maintenance treatment immediately after discharge or release from the institution.

FDA and NIDA agree that, as a general rule, proof of current addiction is necessary to ensure against admitting unaddicted persons into maintenance treatment. Certain situations, however, justify exceptions to this general rule. For example, some persons, although physiologically addicted for at least 1 year in the past, may not be able to document current physiological addiction because their residence in a penal or chronic care institution has effectively precluded their obtaining drugs and not because they were able to remain drug free voluntarily. Because these persons who have a 1-year history of addiction before incarceration or institutionalization are likely to return to drug use upon release from an institution, the methadone regulations have long provided a means for them to enroll in a maintenance program and obtain treatment without forcing them to become physiologically readdicted on illicit drugs. Under the current regulations these persons have only 14 days to enroll for treatment (7 days before or 7 days after release from an institution). This final rule merely gives them a longer time (14 days before release or 6 months after release) to help them assure themselves that they can remain drug free voluntarily in their new environment. The longer time will lessen the need for them to decide hastily to enroll in a maintenance program or to return to the use of illicit drugs if their attempt to remain drug free fails. The

opinion of many experts is that persons with a predetention history of addiction who are going to return to illicit drug use will do so within 6 months after release or discharge.

FDA and NIDA agree that the rule would have allowed a person who remained drug free for several years in an institution to be eligible for maintenance treatment upon release. They do not agree, however, that the exception should no longer apply merely because a person has been in an institution for a certain length of time. FDA and NIDA believe that the exception should apply if the person would have been eligible for treatment before incarceration or institutionalization and if the treatment is medically justified. The phrase "if the program physician finds maintenance treatment to be medically justified" was inadvertently omitted from the proposed rule. That phrase, which is included in the exceptions for the pregnant patient and the previously treated patient, is now included in the penal or chronic care exception of this final rule. This revision will help ensure that only persons who meet the criteria in § 291.505(d)(3)(iii) and who are most likely to return to drug use and only those for whom such treatment is medically justified in the judgment of the program physician are eligible for maintenance treatment under the exception.

6. Several comments objected to requiring residency of 1 month or longer in a penal or chronic care institution to make the exception operational and also objected to the 6-month cutoff point, stating that no time limit should be set.

A person who has not been institutionalized for 1 month or longer should have little difficulty proving current physiologic dependence; however, as more time passes such documentation may become impossible. The impossibility stems not from the person's ability to remain drug free voluntarily but from the inability to obtain drugs while institutionalized. Also, persons who were not eligible for maintenance treatement before residing in a penal or chronic care institution should not be eligible for maintenance treatment any more than persons not institutionalized. The 6-month cutoff point is based on the expert opinion (discussed in the response to comment 5 above) that a person who remains unaddicted voluntarily for more than 6 months is less likely to become readdicted.

7. Some comments questioned the reasoning for a 6-month cutoff point for the penal or chronic care exception, while a 2-year cutoff point applies for the exception for previously treated patients. These comments stated that the rationale for both exceptions is the same, and the cutoff point should be the same. One comment suggested rewording the sections to provide that current physiological dependence is not a requirement for admission to maintenance treatment for anyone if it can be shown that the eligibility requirements had been met within the 2 years before the date of application for admission. Another comment suggested a similar rewording but would limit the time to 6 months.

FDA and NIDA believe the available data in the literature suggest that previously treated maintenance patients who return to drug use after voluntary detoxification do so within 2 years, while it is the consensus of expert opinion that the institutionalized care person who returns to drug use is likely to do so within 6 months. Thus, although the rationale for the two exceptions is similar, the consensus of expert opinion supports the different cutoff points. Also, for the reasons discussed in the response to comment 6 above, FDA and NIDA do not agree that, as a general rule, because a person can show that the minimum standards for eligibility for admission to maintenance treatment were met in the immediate past, that person should be considered eligible now for admission without proof of current physiological addiction.

8. One comment said if the rationale for expanding the time of the exception for institutionalized persons from 1 week to 6 months is to give the person an adequate period in which to adjust to a changed environment and to gain reassurance that the change can occur without drugs, then it seems inconsistent to provide this same person with the opportunity for admission to maintenance treatment before release, i.e., before there is a change in environment.

The exception was established also to give an eligible person the opportunity to enroll in maintenance treatment within 14 days before release because it is recognized that some persons cannot voluntarily remain drug free for any length of time without treatment. Thus, treatment is available for persons for whom it is indicated. Also, the exception gives the patient, the institution, and the treatment program adequate time to make a smooth transition from the institution to the treatment program.

9. Several comments objected to the provision excepting pregnant women from the minimum criteria. They cited a variety of reasons: A pregnant woman not currently addicted to narcotics should be required to try drug-free treatment before entering maintenance treatment as there is some evidence of danger to the fetus from methadone maintenance. There is no sense in addicting a pregnant patient to methadone if she is not currently addicted to any drug because it would lead to drug-dependent newborns. Pregnant women should be admitted to maintenance treatment only in rare cases and only upon proof of current physiological addiction but without regard to the length of addiction history. A pregnant woman should be required to accept prenatal care and not merely be given the opportunity for it. Methadone use without prenatal care is no better than heroin use without it. One comment said that if programs are required to offer prenatal care to pregnant patients, then Federal funding would be necessary to help finance it. Another comment wanted a provision added that prenatal care need not be offered by the program if the patient is already receiving prenatal care elsewhere.

FDA and NIDA advise that each program and each State authority is free to require attempts at drug-free treatment before admitting a patient into maintenance treatment, notwithstanding that the patient meets the minimum admission criteria of the methadone regulations. Because drug-free treatment may not be indicated for all patients, it should not be a requirement for all patients.

The decision to enter maintenance treatment must be made jointly by the pregnant patient and the treating physician after weighing the benefits and the risks involved, but only if this treatment is medically justified and she has a documented narcotic history, regardless of how long it is. The major concern is the risk associated with a return to illicit narcotic use. Among the major medical complications or risks of illicit narcotic use during pregnancy are such diseases as acute and chronic hepatitis, bacterial endocarditis, and tetanus. The risks of these conditions are reduced when the pregnant addict is admitted to and followed closely in a methadone treatment program.

FDA and NIDA believe it is impossible to compel a pregnant patient to accept prenatal care and that methadone maintenance is preferable to heroin use and the risks associated with its extralegal status—e.g., overdose, withdrawal, intravenous use of nonsterile paraphernalia and unkown adulterants. Thus, it is best not to require a pregnant patient to accept

prenatal care before admitting her to maintenance treatment.

Finally, FDA and NIDA do not believe that an additional provision is necessary regarding the opportunity for prenatal care. Section 291.505(d)(3)(iii)(*b*)(*1*) already states that pregnant patients must be given the opportunity for prenatal care either by the methadone program or by referral to appropriate health care providers. Obviously, if a patient is receiving prenatal care the requirement is satisfied without the program's offering its own prenatal care to the same patient. Also, because there are a number of facilities that receive Federal, State, or local funds for prenatal services the agencies do not believe that additional funds specifically earmarked for prenatal care are necessary.

10. One comment objected to the requirement to evaluate a patient's condition 3 months after termination of pregnancy and to document in her record whether she should continue on maintenance or be detoxified. The comment said this decision should be left to the program staff.

Section 291.505(d)(3)(iii)(*b*) merely requires that a determination be made, that it be made within 3 months after termination of pregnancy, and that it be recorded in the patient's record. The decision itself as to the treatment course is left to the clinical judgment of the treating program physician.

11. Several comments objected to the exception for previously treated patients because methadone would be easily accessible, and its availability would encourage episodic use and discourage attempts at remaining drug free. The exception would allow a former maintenance patient to be readmitted into maintenance treatment merely on the fear of using drugs again. Comments further contend that the proposed 2-year time period is unreasonable and that the cutoff period should be 90 days or less.

The regulation now in force requires that a person be physiologically dependent before being readmitted to maintenance treatment. This requirement does discourage some maintenance patients from attempting to detoxify because if they fail to remain drug free after detoxification, they must revert to illicit drug use to qualify for readmission to maintenance treatment. Moreover, available data suggest that 2 years is a critical point of relapse (over 90 percent of patients who return to drug use after detoxification do so within the first 2 years). The agencies believe, therefore, that patients who qualify under the exception will benefit by knowing that if they require additional maintenance treatment, they may obtain it without reverting to illicit drug use.

12. One comment in support of the exception for previously treated patients objected to the 2-year cutoff point as an arbitrary time limit and stated that the program physician should determine whether a former patient in danger of relapse should be readmitted. Another comment supporting this exception believes the requirement of at least 6 months of previous treatment for patients to qualify is an arbitrary time limit.

The 2-year cutoff point is based on the data discussed in the response to comment 11 above. Also, the program physician must find that readmission to maintenance treatment is medically justified and in this sense the readmission is left to the judgment of that physician. Finally, previously treated patients in treatment for less than 6 months do not qualify for readmission under this exception. For the purposes of this exception FDA and NIDA conclude that a patient must have been in treatment for at least 6 months to be considered previously treated because it takes at least that long to engage effectively in the rehabilitation process. Also, in view of the expanded eligibility for readmission, the agencies believe it necessary to impose this minimum period of prior treatment.

13. One comment pointed out a possible inconsistency between the preamble and the proposed rule. The preamble discusses the exception for previously treated patients in terms of patients who had voluntarily detoxified, but the text of the proposed rule did not specify the type of detoxification. This implies that involuntary detoxification would satisfy the rule if the other criteria were met.

The intent of the rule is that former maintenance patients meeting all the criteria under the exception are eligible for readmission to maintenance treatment only if they were voluntarily detoxified. Patients who were involuntarily detoxified or who left treatment against medical advice are not eligible under this exception, and the revised wording reflects this.

14. Several comments objected to admitting persons under 16 years of age to maintenance treatment because persons under 16 should be eligible only for detoxification, and detoxification treatment of these young persons should be conducted away from the "regular" treatment facility to ensure that they never mix with the older patients. One comment wanted clarification of the meaning of the statement "morbidity with heroin is higher than morbidity with methadone." (The statement appeared in the preamble as part of the justification to admit persons under 16 into maintenance treatment.) The comment questioned whether the heroin morbidity rate referred to reflected general rates or those specifically for persons under 16. Several comments said that before patients under 16 are admitted into maintenance treatment, documented failures at drug-free treatment, not merely failure at detoxification, should be required.

Clinical experience shows that detoxification of younger patients has failed often and that they return to the use of heroin, Thus, maintenance treatment may be indicated in certain cases for these younger patients. However, to preclude their indiscriminate admission to maintenance treatment, prior approval is necessary on a case-by case basis from both the appropriate State authority and then FDA. The heroin morbidity rate referred to in the preamble to the proposal of this section is the general rate and not specifically for those under 16, although it is well known that many young teenagers die from heroin overdose. FDA and NIDA agree on the desirability of minimizing contact between younger patients and older ones, but conclude that the issue should be handled at the program level, perhaps through scheduling of appointments for treatment visits.

Finally, requirements that go beyond the minimum standards in these regulations (such as failure at drug-free treatment before admission to maintenance treatment) may be promulgated by a program or a State authority as needed.

15. Two comments said that to account for the "emancipated minor," the final rule should be modified regarding written consent from a parent, legal guardian, or responsible adult designated by the State authority for a patient under 18 years of age prior to admission into maintenance treatment.

FDA and NIDA believe any exception for emancipated minors must be handled at the State level because the legal definition of minor and laws regarding the rights of minors vary from State to State.

Minimum Urine Testing; Uses and Frequency

16. Several comments opposed eliminating all mandatory urine testing because without urine testing it is difficult, if not impossible, to determine whether illicit drug use is occurring and whether take-home patients are taking their methadone. These comments stated that without such accurate information the danger of drug overdose

to methadone patients would increase and proper treatment would become difficult. Another comment suggested that all take-home patients and those patients suspected of illicit drug use have periodic urine tests. One comment suggested that if urine testing is eliminated, then take-home medication should also be eliminated. One comment suggested the proposal be revised to require that all new patients and suspected illicit drug users undergo weekly urine tests until four out of five tests are negative, and for all patients not on a weekly schedule random urine testing quarterly should be required.

One comment stressed that urine testing is the most rational way to monitor and assess a patient's clinical course and without frequent urine testing it is impossible to develop proper treatment plans or measure the relative safety and effectiveness of methadone in programs.

Another comment said the take-home provisions require, among other things, that the program physician, evaluating a patient's responsibility in handling methadone, determine that the potential take-home patient is not currently abusing narcotic and nonnarcotic drugs, including alcohol. This comment suggested that without urine tests there is no objective way to properly and effectively evaluate the patient.

One comment said urine testing plays an important role in patient progress in that it is an effective deterrent against use of other drugs, often helping a patient get past the urge to revert to illicit drug use. Accurate and rapid urine test results are important for certain patients. For these patients urine tests should be conducted on a regular and continuing basis. For other patients, clinical observation by trained program staff may be sufficient to assure the staff that abuse of drugs is not occurring.

One State authority commented that without the benefits of urine testing as a check or control on referral patients, it would have to consider not allowing probationers and parolees into maintenance programs.

One comment stated that a counselor's ability to determine patient behavior would be less efficient in the absence of urine testing because the counselor would be using less reliable, but more time-consuming, techniques. Thus, the comment suggested a higher staffing ratio to compensate.

One comment said that by merely recommending and not requiring frequent urine tests, most programs will collect or test urine samples only from new patients; and although the rule does not prohibit frequent urine tests, most programs will not be able to pay for them because Federal funding only pays for what is required. Thus, the liberal use of urine testing is effectively prohibited unless Federal funds will pay for nonmandated urine tests.

One comment suggested that urine testing for all new patients is necessary and should be required for about the first 3 months or until the new patient is stabilized and has a proper treatment plan established.

Several comments stated that mandatory urine testing is a valuable clinical tool that should not be eliminated merely because some testing laboratories do not provide consistent, high-quality results or because some laboratories delay reporting test results. The comments suggested that there are other solutions to these problems—for example, upgrading the laboratories or recollecting and resubmitting urine samples. One comment suggested that the government publish quarterly the accuracy of testing laboratories used by programs.

One comment stated that urine tests should be required only to confirm clinical observations of illicit drug use and compliance with take-home rules.

After considering carefully each substantive comment about urine testing, FDA and NIDA conclude that some minimum urine testing needs to be required for patients in maintenance treatment programs. They agree partially with those comments that supported the proposal because the current weekly testing may not represent the best use of fiscal resources and at times may adversely affect a patient's progress in treatment and the physician-patient relationship when the results are not accurate. However, the agencies recognize that for some programs urine testing can be a valuable clinical tool to help in developing or reevaluating a treatment plan, in detecting illicit drug use, and in confirming patient responsibility for take-home medication purposes. To reconcile these views, FDA and NIDA are adding to the requirement proposed in § 291.505(d)(4) that: (1) During the first year of maintenance treatment, each patient must have at least eight urine tests; and (2) after the first year of maintenance treatment each patient must have at least quarterly urine tests except that each patient who receives a 6-day take-home supply of medication must have at least a monthly urine test. The required tests must be scheduled randomly at the discretion of the program.

FDA and NIDA believe that the minimum urine testing requirement addresses adequately the issues of diversion, safety, and evaluation discussed above, yet is comparatively inexpensive, provides needed flexibility to practitioners, and interferes minimally with the physician-patient relationship and with a patient's progress in treatment. The final rule is revised accordingly.

As to the reliability of testing laboratories, under § 291.505(d)(4)(i) each testing laboratory selected by a program for urine testing must be in compliance with all applicable Federal proficiency testing and licensing standards as well as with all applicable State standards. Thus, at this time, a publication reporting on laboratory accuracy should not be necessary.

Finally, each State authority may impose requirements on treatment programs within its jurisdiction beyond the minimum standards in the Federal regulations to deal with problems and issues unique to that State. Additional requirements might include, for example, more frequent urine testing as a check or control on patients from penal institutions who are referred to maintenance programs.

17. Several other comments stated that urine testing for various substances, e.g., cocaine, barbiturates, or amphetamines, is useless because few patients use these substances. Another comment stated that an initial screening urinalysis of new patients for use of opiates, barbiturates, amphetamines, cocaine, and other drugs is useless because it will only reveal, as expected, that the new patient uses drugs.

FDA and NIDA do not agree. The urine testing of new patients for the various substances mentioned is intended to help the admitting physician qualitatively distinguish the varied drugs of abuse and confirm his/her clinical impression. We encourage testing for other substances according to local abuse patterns.

18. Many comments objected to the statement that urine test results could not be used to force a patient out of treatment. Several of these comments said that repeated "dirty" urine is proof positive that a patient is using illicit drugs and that treatment is not working. They stressed that repeated violation of program rules must lead to termination from the program because to continue administering methadone to these patients is tantamount to approving their behavior. It also places them in real danger of overdose and possibly death. Another comment said that administering methadone to patients using other drugs would undermine the credibility of the program, interfere with proper treatment, and constitute medical malpractice by the physician. One comment said § 291.505(d)(4)(ii) is

ambiguous because it is not clear whether it prohibits the use of urine test results as evidence of illicit drug use, prohibits the use of urine test results to exclude a patient from treatment because of illicit drug use, or both.

Although repeated "dirty" urine tests may be proof that the current treatment is not working, FDA and NIDA do not agree that this can be the sole criterion for automatically terminating a patient from a maintenance program. The phrase "as the sole criterion" is added to § 291.505(d)(4)(ii) to clarify this point.

19. Another comment said that the terms "presumptive" and "definitive" used in proposed § 291.505(d)(4)(ii) are not readily understood by many people and requested clarification. It recommended that a positive urine test not be required for admission to methadone programs.

A positive urine test is not a requirement for admission to a methadone maintenance program (see the last sentence in § 291.505(d)(3)(i)(*c*)). Although a urinalysis test for drugs is required on admission, conceivably in certain situations a person could experience signs of current dependence, such as withdrawal symptoms, yet have a negative urine test result. The term "presumptive" as used in paragraph (d)(4) means those general testing methods, e.g., immunoassay technique that detect the presence of drugs but identify drugs only by classes such as an opiate or a barbiturate. The term "definitive" as used in that paragraph means general testing methods, such as thin layer chromatography, that may be used to detect the presence of drugs and also identify specific drugs within a class.

20. One commment said that the regulations should be modified to state clearly that the initial screening urinalysis requirement is met if the urine sample is collected before the initial dose of methadone is administered, and that it is not necessary to delay the initial dose until receipt of the results.

Because a positive urine test is not required, FDA and NIDA agree and have revised the regulations accordingly.

21. One comment wanted an explanation of the recommended practice "to collect and analyze urine specimens on a randomly scheduled basis at least monthly."

The phrase, which is in the first sentence of § 291.505(d)(4)(ii), means that although it is not required, it is recommended that programs collect a urine sample from each patient at least once a month and analyze the samples for the cited substances. The date or dates on which the samples are collected each month should be varied to minimize the potential for falsifying the samples.

Patient evaluation; Minimum Admission and Periodic Requirements

22. Several comments suggested that § 291.505(d)(5)(iv), which requires an evaluation of each patient upon admission or readmission, can be interpreted as requiring a psychologist, psychiatrist, or sociological expert to evaluate the patient. They mentioned that an evaluation need not be made by a mental health professional to be proper, and that a trained counselor could adequately conduct an admission evaluation. Many comments said that other admission criteria are vague and certain terms need defining. Some comments asked that "appropriately trained staff member" and "all relevant facts concerning the use of methadone are clearly and adequately explained to the patients" be clearly defined. One comment said that the phrase "the interview be completed upon admission to the methadone program" needs to be more specific (to ensure compliance with § 291.505(d)(5)(iv)(*a*)). Another comment requested a definition for a "periodic treatment plan" and a "primary person." One comment suggested expanding Form FD–2635 to include definitions of these key terms and phrases.

FDA and NIDA do not intend that the admission evaluation interview required by § 291.505(d)(5)(iv)(*a*) necessarily be conducted by a mental health professional and agree that a well-trained program counselor, for example, could conduct the required interview. The regulation is revised accordingly. FDA and NIDA conclude that the terms and phrases mentioned in these comments do not require further clarification because they are already defined in the regulations or their meaning is sufficiently clear in the context in which they are used. For example, the term "primary counselor" is clearly defined in § 291.505(d)(5)(v) as someone whom the person(s) responsible for the program assigns to monitor a patient's progress in treatment. Paragraph (d)(5) contains the time frames within which the required evaluations and assessments must be made.

23. One comment suggested that the initial treatment plan be signed by the patient after he or she reviews it to ensure that the patient and the staff are striving for the same treatment goals. Another comment suggested that § 291.505(d)(5)(v) be modified to merely recommend and not require that a supervisory counselor countersign the initial treatment plan. A comment suggested that there is no purpose in requiring a physician to review a patient's treatment plan annually, but another suggested that the physician review it monthly instead. One comment suggested that the yearly treatment plan evaluation include requiring a physician to justify continuing the patient in maintenance.

FDA and NIDA believe that modifying § 291.505(d)(5)(v)(*a*) as suggested is unncessary. It is not necessary that the treatment plan be signed by the patient as a means of demonstrating agreement to its contents. Patient agreement to a particular treatment course in most areas of medicine is usually obtained in discussions between the physician and the patient. Rarely is such an agreement reduced to writing. However, FDA and NIDA believe that as a recommended practice, each time the treatment plan is evaluated or altered, or both, the patient should be made aware of the changes and why they are being made. The regulation is revised to make this point clear. The supervisory counselor shall countersign the patient's treatment plan to ensure for the record that supervisory staff have reviewed the contents. For the same reason, the treating physician shall review and countersign the patient's treatment plan at least annually. No specific reevaluation requirement is included in the regulations because the question of whether a patient should remain on methadone maintenance treatment should be considered periodically for each patient individually, with the final decision left to the discretion of the program physician.

24. Some comments stated that more than 4 weeks are necessary to develop a proper treatment plan. These comments suggested revising § 291.505(d)(5)(v) by deleting the phrase "or immediately after a patient is stabilized, whichever is sooner." Other comments suggested that the section be revised to require that the initial treatment plan be developed within 14 days of admission to the program.

Most patients can be stabilized on a methadone dose, and an initial treatment plan can be developed for them within 4 weeks after admission to methadone maintenance. For some, however, a longer stabilization period may be needed, and a full 4 weeks may be necessary to develop an initial treatment plan. This might be true for patients admitted under the penal or chronic care exception 14 days before release from the institution. Thus, FDA and NIDA do not agree that § 291.505(d)(5)(v) requires revision; as

written it should accommodate all patients.

25. One comment suggested that the admission evaluation be concerned only with a patient's eligibility for admission to a program and that the psychological and sociological background information be obtained at a later time.

A patient's eligibility for admission is dealt with under the paragraph on minimum standards for admission or the paragraph dealing with exceptions to minimum admission criteria (§ 291.505(d)(3)). The psychological and sociological background of patients is intended to provide a program with information from patients after admission and is needed to develop a proper treatment plan for them.

26. Some comments objected to requiring a treatment plan because the standard for medical records should merely be to reflect what is wrong with the patient and what is being done about it.

In essence, a treatment plan does exactly that—state what is wrong with a patient and what is being done about it. In addition to the purely medical problems a patient brings into a maintenance program, however, the patient often also brings psychosocial, economic, legal, and other problems. Thus, in addition to medical services, the patient may require a comprehensive range of rehabilitative services. The treatment plan is intended as a tool to organize the specific remedial approach which will be used in an attempt to address these specific problems.

27. Several comments agreed that the proposed laboratory tests are necessary, but suggested that they be required instead of only recommended. These comments suggested also requiring a test for hepatitis, a CR test for cancer, and a gonorrhea test for all female admissions. Other comments supported the required laboratory tests as long as they need no be performed before administering the initial methadone dose. These comments said it would be adequate for the tests to be done within a reasonable time, perhaps within 21 days after admission.

From time to time various laboratory tests may be necessary for certain patients but not all. Obviously, any laboratory tests that are only recommended but not specifically required should be conducted only if clinically indicated. The required laboratory tests must be started before the patient receives the initial methadone dose. The patient may receive the initial dose before the results are available and reviewed, but review must be made within a reasonable time. Like the physical examination, in an emergency situation the initial dose of methadone may be given before laboratory tests are reviewed. The regulation is revised to clarify this.

28. One comment objected to requiring any laboratory tests because for some patients they are unnecessary and needlessly expensive and only the treating physician should decide whether to order them. One comment suggested that the serological test for syphilis and the tuberculin skin test be required only if the population in the area of the program suffers from these problems more than the general population. Another comment said that the requirement for a tuberculin skin test should be replaced with a requirement that a patient show proof of a yearly chest x-ray.

In the interest of both the public health and the patient's health, these minimal and basic tests need to be performed on each patient. FDA and NIDA believe that a tuberculin skin test is an economical method of screening treatment program patients. The more expensive chest x-ray or other appropriate tests should be taken only if the skin test is positive.

29. One comment asked whether the medical evaluation in § 291.505(d)(5)(i) must be done before the initial methadone dose is administered to the patient.

The medical evaluation must be done before the patient receives the initial methadone dose (see § 291.505(d)(6)(ii)). The medical director or other authorized physicians within a program are responsible for ensuring that this occurs.

Minimum Program Services

30. Several comments opposed the requirement in § 291.505(d)(6)(i) that programs which do not provide required services at the primary facilities document the existence of formal agreements with other public or private agencies, institutions, or organizations to provide the services. The comments argued that it would often be impossible to comply. Third parties (other agencies, institutions, or organizations) often refuse to enter into formal agreements with methadone programs because Federal funding is not available to pay for the contracts, and the individual programs cannot afford to pay for the contracts themselves. One comment stated that this point is highlighted by the statement that "neither the program nor the hospital must assume financial responsibility * * *." Several other comments opposed the requirement (§ 291.505(d)(6)(iv)) that programs enter into a written agreement with a licensed and accredited hospital to provide emergency care to program patients, pointing out that many of these programs are already "hospital based" and in an emergency the patient would go to the nearest hospital and not necessarily the hospital which has a written agreement with the program.

Based on these comments FDA and NIDA have revised the final regulation by deleting the requirement regarding formal agreements between programs and outside organizations or hospitals to provide services not provided at the primary facility. Instead, these agreements are a recommended practice only. However, each program is required to maintain a written list of organizations or hospitals to which patients are referred for the required services if they are not provided at the primary facility. Also, each patient's record is required to contain specific information about referrals made. The regulation is revised accordingly.

31. Several comments said that the regulations should require or recommend psychiatric services as appropriate, require that each program provide medical and counseling services at other than "normal business" hours (to accommodate employed patients), and require that all program staff who are in direct contact with patients be trained in emergency first aid and cardiopulmonary resuscitation. Another comment requested that more funding be available for both required and recommended services.

FDA and NIDA advise that the suggested requirements are beyond the scope of this rulemaking. Any program or State authority that believes these requirements are necessary may make them. FDA and NIDA do not intend to recommend or require psychiatric services for all patients.

32. One comment stated that the term "services" is too vague and asked exactly what services are required and what is meant by "comprehensive rehabilitative services."

Because the specific type of services necessary may vary with the needs of each patient, the terms are not defined specifically. The determination of services needed must be made individually for each patient based on the clinical judgment of the program staff. "Comprehensive rehabilitative services" are those aimed at correcting a range of problems that narcotic-dependent patients may present. Rehabilitative services may include, for example, vocational counseling and training, job development and placement, legal services, and education.

33. Several comments objected to the requirement that FDA approve any

modification of program services in advance because there could be delays in receiving this approval.

Section 291.505(d)(6)(i)(*d*) merely requires a program to report modification of program services to FDA when the modifications are made. The regulations now specify that prior approval is not necessary in these circumstances.

34. Several comments objected to the requirement that a physician review and countersign work done by a physician's assistant or other health care professional because it would take so much of the physician's time that it would negate the benefit of using health care professionals. One comment objected to this requirement only if the physician's review and countersignature must be completed before the patient receives the initial dose of methadone. Another comment said that a physician should review and countersign only his/her own work.

FDA and NIDA do not agree with this comment because much of a physician's time will be saved if, for example, instead of performing a physical examination and recording the results, the physician reviews and countersigns the record of the health care professional who performed it. The required physician review of the record made by health care professionals must be completed before the patient receives the initial dose of methadone. This review may be done by telephone. But after a physician admits the patient into treatment, the countersignature must be completed and the patient's record dated by the physician within 72 hours.

35. One comment suggested revising the rule to clarify that the medical director must be a licensed physician. The second sentence of § 291.505(d)(6)(ii) requires that the medical director and other authorized program physicians be licensed to practice in the jurisdiction in which the program is located. For clarity, the word "medicine" is inserted in that sentence after the word "practice."

Minimum Staffing Patterns

36. Several comments said that a precise definition of "counselor" is necessary. Several others said that "counselor" must be defined but in general terms. One comment suggested that the regulations outline minimum qualifications and background for treatment program personnel to ensure quality patient care.

Each counselor should be a person qualified by virtue of experience, training, or education to assess the psychological and sociological background of a drug abuser to help determine and implement an appropriate individualized treatment plan for the patient admitted to methadone treatment. FDA and NIDA do not believe, however, that the regulations should outline minimum qualifications for counselors or attempt to define a counselor for methadone treatment programs. Section 291.505(d)(7) requires the person responsible for the program to consider several factors when deciding upon program personnel and staffing patterns. Because the person responsible for a program is ultimately responsible for ensuring quality patient care, FDA and NIDA conclude that no specific requirements beyond those in paragraph (d)(7) should be imposed and that the decision regarding staff should be left to the judgment of the program director.

37. Several comments objected to the ratio of 4 counselors for every 300 patients, suggesting that a ratio of 6, 8, or 10 to 300 would be more appropriate because with only 4 counselors for every 300 patients, patient care would suffer as counselors spend full time on paper work. One comment objected to any minimum staffing ratio because the staffing needs vary from clinic to clinic and because any required minimum would contradict the statement in the preamble that the size of the staff should be determined by the person responsible for the program. One comment suggested that a program be required to have one registered nurse for every 50 patients. A professional organization suggested that each program must have one pharmacist for every 300 patients because pharmacists are familiar with Drug Enforcement Agency regulations and the handling of controlled substances. Another comment said that, as a minimum, each program must have one full-time behavioral science professional responsible for all nonmedical treatment, planning, and services because long-term program success results from addressing the social, vocational, and psychological needs of a patient and a medical doctor is not necessarily the best qualified person to meet these needs. Another comment objected to allowing a health care professional to perform some of the physician's duties, suggesting instead a ratio of one physician for every 300 patients.

FDA and NIDA iterate that, except for the minimum acceptable ratio of counselors to patients, the decision of what staff to employ and in what numbers should be made by the person responsible for the program after that person considers the factors listed in § 291.505(d)(7). FDA and NIDA are persuaded by the comments, however, that the ratio of counselors to patients should be increased to at least 1 to 50. This ratio can be met by a combination of full-time and part-time counselors. For example, in a program for 75 patients, the requirement can be met by maintaining a staff of one full-time and one part-time counselor. The regulation is revised accordingly.

38. One comment suggested that to ensure quality patient care, the health care professional be defined to include only a State-licensed physician, physician's associate, physician's assistant, or nurse practitioner.

Because many States allow health care professionals to perform some functions ordinarily performed by a physician and because the State rules and titles for these persons vary, FDA and NIDA believe that § 291.505(d)(6)(iii), which defines health care professional in general terms, must remain as written.

39. One comment suggested counting the time of health care professionals as a percentage of required physician time, as was proposed in April 29, 1976.

The detailed staffing patterns for physicians and nurses in current § 291.505(d)(4) are eliminated by this final rule. Thus, because there is no requirement as such regarding physician time, there is no need to count the time of health care professionals toward it.

Dosage and Responsibility for Administration

40. Several comments opposed the limitation on the initial dose and total first-day dose of methadone because there is no adequate reason for splitting the first-day dose. Some stated that the regulation is unrelated to actual clinical practice and experience and it unnecessarily restricts a physician's clinical judgment. Others said that if 40 milligrams of methadone is usually necessary to suppress symptoms of withdrawal it makes no sense to split the dose because the effects of a split 40-milligram dose (e.g., two 20-milligram doses) and of a single 40-milligram dose are the same. Several comments stated that the size of the initial dose for a patient depends on the individual patient; thus, the government should not impose across-the-board dose limits. Also, one comment said that 40 milligrams of methadone is needed initially to suppress withdrawal symptoms in detoxification patients and opposed the 20-milligram limit on the initial dose of methadone for these patients.

The most recent clinical experience demonstrates that most patients require an initial dose of between 15 and 30

milligrams of methadone to suppress withdrawal symptoms. Moreover, there have been cases of overdoses resulting from less tolerant narcotic-dependent patients receiving too much methadone initially. For these reasons the initial dose of methadone administered to each patient cannot exceed 30 milligrams. However, some patients may require more than 30 milligrams to suppress withdrawal symptoms. This might be true, for example, of patients who were heavy users of heroin up to the day of admission to maintenance treatment. For such patients the regulations allow up to 10 milligrams more of methadone to be administered 4 to 8 hours after the initial maximum dose. It is conceivable that occasionally more than 40 milligrams of methadone may be required to suppress withdrawal symptoms. The regulations do not prohibit the administration of more than 40 milligrams of methadone to a patient within the first 24 hours if the program physician documents that 40 milligrams of methadone were insufficient to suppress withdrawal symptoms. FDA and NIDA believe that this part of the regulations provides the physician sufficient flexibility to exercise clinical judgment about medication orders and provides sufficient safeguards to lessen the likelihood of accidental overdose.

There is no 20-milligram limit on the initial dose for detoxification. Although 15 to 20 milligrams is the recommended initial dose for detoxification patients, the required upper limits on the initial dose for detoxification patients are the same as for maintenance patients (see § 291.505 (d)(8)(i) and (d)(9)(i)).

41. One comment said that an exception to the dose limit is necessary. Because the first few days are critical in getting the patient to accept treatment from methadone maintenance programs, every effort should be made to make a new patient comfortable by allowing higher doses to those that require it. Another comment said that clinical experience shows a 20-milligram initial dose is adequate. This comment would revise the rule to preclude initial doses larger than 20 milligrams unless an exception is granted on a case-by-case basis.

For the reasons stated in the response to comment 40 above, FDA and NIDA believe that § 291.505(d)(8) is sufficiently flexible on the maximum initial dosage. Thus, the regulation need not be revised to provide for either a specific exception or a different maximum initial dose.

42. One comment agreed with the limitations on initial and first-day dose, but suggested lowering the maximum allowable dose from 100 to 80 milligrams after 6 months of treatment in a maintenance program.

Because each patient is different and may progress in treatment at a different pace, to require a lower maximum dose for all patients in maintenance treatment after 6 months appears unwarranted at this time. The decision as to dosage below the maximum dosage is one that should be made by the treating physician.

43. Several comments did not agree that dosage levels for pregnant patients in maintenance treatment should be as low as possible because some studies show dosage levels are unrelated to pregnancy outcome, e.g., there is no correlation between whether the infant experiences withdrawal and the mother's maintenance level. Other of these comments believed that the use of low doses may encourage pregnant patients to use other drugs which are known to be harmful to a fetus and that the standard for a maintenance dose for a pregnant patient should be a dose sufficient to keep her from wanting or needing other, harmful drugs. Another comment pointed out there is no evidence to show that methadone is harmful to the fetus, but there is clinical experience demonstrating clearly the adverse effects of too low a dose for maintenance patients; thus, dosage levels for pregnant patients should be the same as for other patients.

The numerous published reports in the literature on the effects of methadone (or heroin) on human pregnancy and its outcome are frequently contradictory and confusing—in part, because maternal drug history is often inaccurate and confounded by non-drug-related medical conditions. The requirement to keep the methadone dosage level to pregnant patients to the lowest effective dose results from a balancing of the desire to treat the mother effectively and the desire to protect the fetus from potential adverse effects. The intent is to caution practitioners who administer or dispense methadone to pregnant women to be especially careful not to exceed the minimum dosage level necessary to treat the pregnant patient effectively.

44. One comment said that the government is intruding into the practice of medicine by requiring prior Federal and State approval for doses of methadone larger than 100 milligrams. This comment questioned how a patient who requires over 100 milligrams of methadone should be treated while prior approval is being sought. The comment said the rule must be revised to allow doses of methadone over 100 milligrams if the need is documented by the physician in the patient's medical record. One comment said that requiring justification for doses of 100 milligrams or more would be impractical and asked what is adequate justification under the rule. One comment said that doses between 100 and 120 milligrams are common but that doses over 120 milligrams are rare. Rather than justifying doses of 100 milligrams or more, FDA and NIDA should make 120 milligrams the maximum dose allowed with greater doses reviewed on a case-by-case basis.

Adequate "justification" includes documentation in the patient's records by the treating physician that personal observation, among other things, demonstrated clearly that 100 milligrams of methadone did not suppress withdrawal symptoms or cravings in the patient and that a higher dose was necessary. FDA and NIDA believe that the higher the methadone dose, the greater the risk of diversion. However, the agencies recognize that in certain cases patients may need more than 100 milligrams of methadone to suppress their craving for opiates, i.e., to receive an effective individual dose. Thus, the present requirement was established in an effort to weigh the risks and benefits associated when methadone is administered in doses greater than 100 milligrams. The comments have convinced FDA and NIDA, however, that it may be unwise to require prior approval in each circumstance. Thus, the requirement for prior approval of doses over 100 milligrams of methadone does not appear in the final rule. Instead, the person(s) responsible for the program is required to ensure that the State authority and FDA are promptly notified in writing or by telephone when a patient is administered a dose of methadone larger than 100 milligrams. This notification must be transmitted to the State authority and FDA within 72 hours after the dose is administered. Also, patients receiving more than 100 milligrams daily must ingest the methadone under observation at least 6 days a week.

45. Several comments objected to the provision in § 291.505(d)(9) that only a physician may administer methadone to detoxification patients. These comments believed that, as is the case for maintenance patients, a qualified staff member supervised by a physician is sufficient.

FDA and NIDA agree with this comment and have revised that provision to be consistent with § 291.505(d)(8)(ii), which allows authorized health care professionals to administer or dispense methadone.

46. One comment objected to the requirement that only liquid methadone be used because there is no evidence that use of liquid methadone has prevented diversion. The comment suggested that the use of methadone in tablet form is appropriate.

FDA and NIDA do not agree with this comment. At any rate, it cannot be acted upon in this document because the suggested revision is beyond the scope of this rulemaking.

47. One comment pointed out that the requirement that each daily dose of methadone administered to a patient be recorded daily in the patient's medical record presents a major problem for programs that use a computer for recordkeeping purposes. The comment asked whether the weekly or monthly computer records would satisfy the proposed requirement.

The methadone regulations require that an accurate patient record system be established and maintained. The record system must be traceable to specific patients, and it must show specific dates and quantities of the drugs dispensed. Even a program that uses a computer for keeping records must record the information somewhere at some time for eventual storage in the computer. For dosage information to be accurate and traceable to specific patients, good medical practice dictates that this information be recorded when the dose is dispensed regardless of when it is to be stored in a computer.

48. One comment suggested that § 291.505(d)(8)(i)(*d*) be reworded to clarify that prior approval for doses larger than 100 milligrams of methadone is necessary for all patients and not only new patients.

In the response to comment 44 above, FDA and NIDA explain why prior approval is no longer required.

49. One comment said that there is no reason why a program director need be licensed to practice medicine.

The regulations do not require the program sponsor or program director be licensed to practice medicine. Section 291.505(d)(6)(ii) requires, however, that each program have a medical director licensed to practice medicine in the jurisdiction in which the program is located. FDA and NIDA believe that one who directs the medical affairs of a narcotic treatment program must be a licensed physician.

Maximum Take-Home Medication

50. One comment said establishing a list of criteria for a program physician to consider in evaluating patient responsibility in handling methadone is simplistic and the only criterion should be whether, in the treating physician's clinical judgment, the patient should have take-home medication.

The treating physician must decide if a particular patient benefits from a treatment course that includes take-home medication. However, because methadone is a narcotic subject to abuse if not handled properly by responsible patients under medical supervision, every reasonable precaution must be taken to prevent its potential abuse. Consideration of the criteria listed in § 291.505(d)(8)(iv)(*c*) and enforcement of the take-home requirements in § 291.505(d)(8)(v) help to ensure that take-home medication is given to the patients who not only most benefit from it but who, after careful screening, are also responsible in handling methadone.

51. Several comments stated that reference to financial and family stability should be deleted from the list of criteria because a patient should not be penalized for lack of money or bad family relations. Other comments suggested deleting abuse of alcohol and past criminal activity from the list because many patients do or did have an alcohol problem and many patients do have a criminal record insofar as illicit drug use is concerned. Thus, if these criteria are included, most patients who would benefit from take-home medication are unfairly denied the benefit.

FDA and NIDA do not intend to unfairly deny any patient the benefit of take-home medication. The physician must consider the totality of a patient's experiences before deciding whether the patient can responsibly handle methadone. An adverse finding regarding a single item or combination of items need not mean that take-home medication must be denied to a particular patient.

FDA and NIDA agree that the criteria listed in paragraph (d)(8)(iv)(*c*) should be changed. They have therefore modified references to a patient's background, history, and personal characteristics, the characteristics of his/her community, the patient's past abuse of drugs and alcohol, and financial condition, and the stability of the patient's family relationship. And they have added a provision that consideration be given to whether the rehabilitative benefit to the patient outweighs the potential risks of diversion.

52. Several comments suggested that the program physician's evaluation of the listed criteria include consultation with and consideration of the recommendations of the patient's counselor and any professional staff trained in the behavioral sciences.

Obviously, program staff other than the treating physician should be very knowledgeable about certain of the listed items of information about a patient. For example, the primary counselor who conducts the admission evaluation or the patient's counselor would be most familiar, through daily observation, with the issue of illicit drug use and any serious behavioral problems of the patient. On the other hand, if the patient has had frequent contact with the treating program physician, the physician may be equally or more knowledgeable about these patient problems. Thus, to ensure proper consideration of the listed criteria, the treating physician should consult with appropriate and informed program staff members before determining whether the patient can responsibly handle increased methadone take-home privileges. This was not made clear in the proposed rule. However, the agencies decline to be any more specific in this regulation regarding other professional disciplines with whom the physician should consult. Other than the required minimum staff, each program may have a different staffing pattern based upon patient needs and program resources. Not all programs could comply with a rule requiring a program physician to consult with a behavioral science specialist, for example, before deciding about a patient's take-home privilege. Each program must have a minimum of six counselors for every 300 patients, who will assist in developing and implementing the patient's treatment plan and will monitor the patient's progress in treatment. Thus, this regulation recommends that the program physician consult with those persons before considering the criteria in § 291.505(d)(8)(iv)(*c*). It also recommends that other appropriate staff be included in the consultation. For example, programs that use behavioral scientists would benefit by including them in the consultation. The regulations are revised accordingly to recommend such consultation.

53. Several comments objected to connecting a patient's length of time in treatment to the take-home medication schedule because one factor has nothing to do with the other. Another comment said that the only guide on whether to allow take-home medication should be a patient's progress in rehabilitation and not how long the patient has been in treatment.

Besides being an important element in easing the patients's return to gainful employment, take-home medication is a clinical tool to be used by programs that believe it will enhance a particular

patient's rehabilitation progress. FDA and NIDA believe that for most patients the length of time in treatment and the likelihood of rehabilitation are related. Also, the longer a patient is in treatment the greater the likelihood he or she has of establishing a therapeutic relationship with the counselor and the program and the greater likelihood he or she has of being assessed properly against the criteria listed in § 291.505(d)(8)(iv) (*c*).

54. Several comments objected to the restriction that patients who receive more than 100 milligrams of methodone daily may receive no more than a 1-day take-home supply. They contended that the same criteria for take-home medication should apply to all patients regardless of the size of the methadone dose required to treat them. Patients should not be penalized because they require a large dose of medication. One comment said that the maximum take-home dose should be 60 milligrams per day.

The provisions on the take-home privilege are based upon the recognition that daily attendance at a program facility may be incompatible with gainful employment, education, or responsible homemaking. At the some time, the provisions recognize that diversion may occur when patients take medication from the clinic for self-administration. In the take-home requirements, FDA and NIDA have attempted to strike a balance between the risk of diversion and the benefit of enhancing a patient's progress toward rehabilitation. Because the range of methadone maintenance doses in the country today is generally between 40 and 100 miligrams daily, the general limitation of a 1-day take-home per week for patients who receive more than 100 milligrams of methadone daily is both a necessary and a reasonable precaution against potential safety and diversion problems. (Section 291.505(d)(8)(v)(*b*) does, however, provide for exceptions to the general limitation.)

55. Many comments objected to the provision to allow a patient a 6-day supply of take-home medication because they believe it will cause more diversion of methadone or at least increase the potential for diversion. These comments said that increasing the amount of take-home medication is not in keeping with the data that show a relationship of take-home methadone to diversion, accidental deaths, and adverse reactions.

Some comments said take-home medication should be permitted only in exceptional circumstances like medical emergency or short-term travel, but in no event should it be given to newly readmitted patients. Other comments said that readmitted patients should not be required to wait 3 months before becoming eligible for more than a 1-day supply of take-home medication.

FDA and NIDA do not agree that increased diversion will result from the provision to allow a 6-day supply of take-home medication. The potential diversion issue is addressed in § 291.505(d)(8)(iv)(*c*), which requires a program to screen carefully each patient to determine whether the patient is responsible in handling methadone before it permits or increases take-home privileges. The regulations include provisions which make eligibility criteria for take-home more stringent than the previous "time in treatment" criteria. In addition the regulations require that each patient eligible for take-home consideration demonstrate: (1) Progress in treatment, (2) a need for reduced frequency of clinic visits, and (3) responsibility in handling methadone. Also, take-home privileges must be reduced when there are unexcused program absences. This required take-home screening, which applies to all take-home and not only to 6-day take-home, coupled with specific preadmission screening and individual treatment plan requirements, should reduce potential diversion if the medical director and program staff exercise good clinical judgment and do so diligently. However, because FDA and NIDA agree that the potential for diversion is a major concern, they conclude that additional safeguards regarding the take-home patient are necessary. Additional safeguards are therefore required by § 291.505(d)(8)(v)(*b*). They are intended to help ensure that only the most responsible patient receives a take-home supply of methadone, and they require cancelling or reducing a take-home schedule for a patient who does not prove to be responsible by missing scheduled appointments, for example.

To restrict take-home medication to use in exceptional emergency circumstances would unnecessarily restrict the rehabilitative efforts of patients attempting to become or remain gainfully employed. Moreover, it would deny the use of a clinical tool many drug abuse clinicians believe to be essential in treating narcotic addicts in maintenance programs. These regulations attempt to restrict the take-home privilege only to those patients who have demonstrated responsible behavior.

The readmitted patient, like a newly admitted patient, undergoes a stabilization period upon entering a program. During this period many decisions are made, including development of a treatment plan and the maintenance dosage level for the "new" patient. Also, take-home privileges cannot be expanded until, among other things, a patient demonstrates substantial progress in rehabilitation. Because one measure of progress is the completion of treatment plan goals, the readmitted patient, like a newly admitted patient, may not receive more than a 1-day supply of take-home medication during the first 3 months of treatment. However, this take-home restriction does not apply to a patient who meets the previously treated patient criteria under § 291.505(d)(3)(iii)(*c*).

56. Another comment said the requirement to package take-home medication in child-proof containers must be strictly enforced because there are too many reports of overdose and death to children from methadone found in the home.

FDA and NIDA advise that the methadone regulations already require take-home medication to be packaged in compliance with 16 CFR 1700.14. Also, § 291.505(d)(8)(iv)(*c*) requires that consideration be given to safe storage of take-home medication in the home before a patient may receive the initial or an increased take-home supply of methadone. Programs are encouraged to emphasize these points with their patients constantly.

57. One comment said that an exception to the take-home requirements is necessary for the bedridden patient who is not hospitalized. Another comment suggested a provision to allow all patients take-home medication in extraordinary circumstances such as extended legal holiday weekends, or in emergencies like a flood or severe snowstorm. Another comment suggested adding a provision to the take-home requirements that would allow a State authority to grant exceptions and a provision to require prior approval from a State authority before 6-day take-home is permitted.

Section 291.505(d)(8)(vi) provides for exceptions to the Federal take-home requirements in extraordinary circumstances. However, these exceptions are intended for true emergencies. Although some emergencies like a flood or severe snowstorm may be regarded as exceptional or extraordinary circumstances that warrant an exception, an extended legal holiday is not.

FDA and NIDA do not agree that a specific Federal provision requiring prior approval from the State authority is necessary before 6-day take-home is permitted. A state authority may require prior approval or prohibit take-home medication altogether if it considers it necessary.

58. One comment suggested that each time a patient receives take-home medication, the patient should receive a written statement of the dangers of methadone including the danger to children and others who do not have a narcotic tolerance.

FDA and NIDA advise that upon admission to maintenance treatment, each patient is informed of the specific dangers and adverse results of taking methadone, especially without medical supervision (see Form FD–2635). Also, § 291.505(d)(3)(ii) requires that the person responsible for the program ensure that all relevant facts about the use of methadone are clearly and adequately explained to each patient and that each patient signs Form FD–2635.

59. One comment said that § 291.505(d)(8)(v)(*a*) needs to state clearly that only 1 day of take-home medication is permitted for new patients because it can be interpreted to mean that 2 days of take-home medication during the initial 3 months of treatment is not prohibited.

FDA and NIDA believe that the second and third sentence of that section clearly preclude the suggested interpretation.

60. One comment objected to dropping the requirement that after 2 years of maintenance treatment a patient be evaluated to consider whether he or she should remain in maintenance treatment. The comment stated that such an evaluation should be made periodically.

This requirement was dropped because many people had incorrectly interpreted it to mean that detoxification was required after 2 years. No specific reevaluation requirement is included in the regulations because the question of whether a patient should remain on methadone maintenance treatment should be considered periodically for each patient individually, with the final decision left to the discretion of the physician.

Minimum Standards for Detoxification Treatment

61. Several comments objected to the definition of detoxification, i.e., treatment using methadone for 21 days or less. They maintained that the failure rate of detoxification treatment is high because 21 days is an insufficient time to effectively detoxify most patients. One comment said successful detoxification treatment requires a slow, steady reduction of methadone doses; thus, no time limit should be imposed and the treating physician's clinical judgment should be the only criterion.

The Narcotic Addict Treatment Act of 1974 (Pub. L. 93–281, 21 U.S.C. 802(28)) defines detoxification as "the dispensing, for a period not in excess of 21 days, of a narcotic drug in decreasing doses to an individual in order to alleviate adverse physiological or psychological effects incident to withdrawal from the continuous or sustained use of a narcotic drug and as a method of bringing the individual to a narcotic drug-free state within such period." This definition cannot be changed by regulation. However, FDA and NIDA recognize that some patients need more time to detoxify successfully. Detoxification treatment which will take longer than 21 days may easily be accomplished within the framework of these regulations as long as the patient meets the maintenance treatment criteria.

62. Several comments suggested that 1 week between detoxification attempts is too short because patients would lack the incentive necessary to succeed if they know that if they fail they need wait only 1 week to get back into detoxification treatment. Thus, these comments suggested requiring "waiting periods" of 4 weeks to 6 months between detoxification attempts. Another comment said that more than 1 week between detoxification attempts is necessary to allow a counselor adequate time to assess the reason detoxification failed initially and to determine possible ways to avoid failure in later attempts.

The 1-week waiting period between detoxification attempts is not recommended as the waiting period for all patients; for some patients a longer time may be required and is permissible under the regulation. The regulation as written affords clinicians the flexibility necessary to adapt repeated detoxification treatment to a particular patient's needs. At the same time, it establishes a minimum standard to preclude removing all the incentive to succeed in detoxification treatment that a waiting period of less than a week would involve.

Also, FDA and NIDA advise that § 291.505(d)(9)—*Minimum standards for detoxification treatment*—is expanded to show the differences between the minimum standards for detoxification and those for maintenance treatment. The following standards apply to maintenance treatment but not to detoxification because they cannot be accomplished in 21 days or less: Urine testing except for an initial drug screening urinalysis; periodic treatment plan evaluation; those requirements in paragraph (d)(6) except (ii)(*a*) through (*d*), (iii), and (iv). The recommendation that pregnant patients not be detoxified because of the desire to prevent fetal withdrawal symptoms obviously applies only to the detoxification standards.

Use of Methadone in Hospitals

63. One comment stated that the language in § 291.505(f)(2) is confusing and should state simply that an addicted patient who is hospitalized for any reason other than narcotic addiction may be maintained or detoxified on methadone according to the practitioner's clinical judgment.

To limit the wording of § 291.505(f)(2) to that suggested by the comment omits other important information contained in the section, such as that maintenance treatment may be undertaken only by approved programs or what to do if there is no approved program in the area.

Confidentiality of Patient Records

64. One comment asked whether the deletion of the citation to Part 1401 (now Part 2 of Title 42 of the Code of Federal Regulations) means that compliance with Federal regulations on the confidentiality of alcohol and drug abuse patient records is no longer necessary.

That requirement is still in effect, but because of a recodification is now found in 42 CFR Part 2 instead of Part 1401.

Program Forms

65. Several comments said that there is no reason to require each program physician who is licensed to dispense or administer methadone to complete Form FD–2633. They suggested revising § 291.505(k)(2) to require the medical director to complete Form FD–2633 for each physician in the program.

Although the medical director is ultimately responsible for the medical aspects of a program, each physician within a program must complete Form FD–2633 principally to ensure that he or she understands the physician's responsibilities and is familiar with the various requirements and recommendations governing the use of methadone in a treatment program.

66. Several comments pointed out apparent inconsistencies between the minimum standards and the language of the several forms. For example, one comment said that "the formerly treated patient" exception does not appear in the forms but is included in the minimum standards; that Forms FD–2632

and FD–2633 do not include the changes to the admission criteria regarding documentation of current addiction, guidelines for determining a 1-year history, required laboratory tests, required medical services, and treatment plans; that Form FD–2632 in paragraph IX.A.2 says detoxification treatment with methadone may begin when there are significant signs of withdrawal, and that methadone must be administered by the program physician, but the standards require otherwise. The comment suggested that the forms and the minimum standards be the same in content.

FDA and NIDA are revising the forms to be consistent with the requirements and recommendations of the final rule. It is not their intent, however, to repeat verbatim the language of the regulations in each of the forms.

In response to the Public Health Service's substitution of "FDA–" for "FD–" as the prefix for FDA forms, the prefix will be revised accordingly as new forms are printed. After new forms are available, the regulations that reference these forms will be editorially revised to reflect the "FDA–" designation. Existing forms should continue to be used until revised forms are available.

67. Several comments suggested that § 291.505(k)(1) be reworded (FD–2632 paragraph XIII) to state clearly that prior FDA approval is not necessary to change staff members.

Because not all program changes require prior approval from FDA or the State authority, Form FD–2632 is being revised in paragraph XIII by adding to the end of the sentence the words "if prior approval is required" to clarify this point.

68. One comment suggested omitting use of the word "addicts" from Form FD–2632, paragraph VI, and from Form FD–2633, paragraph III, because it is an inappropriate word that should be replaced by the word "patients."

FDA and NIDA agree and are revising the forms accordingly.

69. One comment wanted the phrase in Form FD–2635 "eventual withdrawal from methadone is an appropriate goal" deleted because for some patients it is not an appropriate goal.

FDA and NIDA believe that for many patients eventual withdrawal from methadone is an appropriate goal. However, years of experience with treatment programs suggest that for some patients eventual withdrawal now appears unrealistic. The regulations are revised accordingly to reflect this knowledge.

70. One comment suggested not using the annual report Form FD–2634 because it is unproductive and time consuming, or replacing it with a quarterly report form because it is difficult to compile the information yearly.

Form FD–2634 provides various government agencies with valuable information, including information necessary for proper funding of Federally-sponsored programs. Programs that find it difficult to compile the required information yearly may compile it quarterly and at year's end combine the quarterly reports onto the annual report form and submit the information at that time.

71. Several comments objected to completing Form FD–2636. The methadone regulations require that this form be completed by hospitals receiving methadone for use in maintenance or detoxification treatment. The comments pointed out that no similar form must be completed to receive methadone for other uses, such as analgesia. These comments said that it is unreasonable and unnecessary to require a hospital to complete a form when it receives a drug for a particular use if it is not required for the same drug intended for a different use. These comments also objected to the requirement that a hospital register, especially to stock methadone for one use and not another.

Special registration to dispense a narcotic drug for maintenance treatment or detoxification treatment is required by statute (Narcotic Addict Treatment Act of 1974, Pub. L. 93–281, 21 U.S.C. 823(g)). This special registration is in addition to the annual registration required by the Controlled Substances Act to prescribe or dispense controlled drugs in schedule II, III, IV, or V. Because under the Narcotic Addict Treatment Act of 1974, HHS is responsible for overseeing the treatment of narcotic dependence with narcotic drugs and because the completion of Form FD–2636 by hospitals gives HHS the information to help discharge its responsibility, FDA and NIDA cannot agree that this is an unnecessary and unreasonable regulation.

Miscellaneous Provisions

72. Many comments objected to § 291.505(d)(15)(iii) regarding termination of a patient from the program for recordkeeping purposes if the patient misses appointments for 2 weeks or more without notifying the program. They maintained that the rule would be too harsh, especially as applied to patients who are on a reduced pickup schedule. One comment asked whether a program would be required to repeat all the admission requirements for patients who "return" to a program after termination from the program under § 291.505(d)(15)(iii).

In the agencies' view, the rule as applied to all patients, including those on a reduced pickup schedule, is not overly harsh. A patient who misses this many appointments is probably demonstrating that he or she does not require his or her usual stabilization dose, and, thus, should not receive it for several reasons, including the danger of overmedication and the possibility that the patient is diverting part or all of the methadone he or she receives or that the take-home patient is not responsible in handling any take-home medication.

A patient whose episode of care is terminated under § 291.505(d)(15)(iii) and who returns for care at a later time must be considered a new patient subject to each of the admission and take-home criteria.

73. Several comments objected to the recommendation that an adequate involuntary termination procedure include an opportunity for the patient to contest, in an informal forum, the decision to terminate him or her from the program. They contended that to do so would take away a valuable clinical tool—quick expulsion from the program—because a review process would be very time consuming. Considerable risk to program staff could result from violent patients who may not be barred from treatment while the review process is pending. Also, this rule would require additional Federal funding because most programs cannot pay for the cost of court appeals and potential consequential or incidental damages should it lose on appeal. Another comment suggested that § 291.505(d)(10) be eliminated because the relationship between a physician and a patient does not lend itself to a due process procedure and if a patient does not obey program rules he or she should be removed from the program. Finally, a physician is not required legally or ethically to treat a patient against his or her will. The comment asked whether proposed § 291.505(d)(10) thus means that the government will attempt to force a physician to treat a patient and, if so, how this would be enforced.

The comments have persuaded the agencies not to require each program to establish a written policy regarding involuntary termination from treatment. However, the agencies have included this concept in the final rule as a recommended practice because they believe that for many programs such a policy would aid in assuring a better patient/program relationship in that each patient will know what is expected

of him or her and what they in turn can expect from the program.

Also, § 291.505(d)(10) has been modified to delete the phrase "due process rights of patients," because this has misled readers into believing such "rights" have been established by judicial interpretation of the Constitution. Whether or not the process is Constitutionally guaranteed, FDA and NIDA believe a methadone treatment patient should not be expelled from a program without at least a written statement of the reasons of expulsion, an opportunity to show that those reasons do not apply or are not true, and the opportunity to rebut the expulsion to the program director or to some physician on the program staff who is entitled to admit persons to the program.

This procedure need not preclude quick expulsion of a patient in a program. "Violent patients" who threaten other patients or staff members may be subject to arrest for assault or breach-of-peace as any other citizens, either with or without expulsion. Additional Federal funding will not be made available to pay legal fees or damages for programs' defense of patient expulsions. The agencies agree that any patient who does not follow program rules based on these regulations should be removed from the program, but they are concerned to ensure that any expulsion is based on infraction of a valid rule and not on the whim or prejudice of a program staff member.

74. One comment said that § 291.505(d)(10) is unnecessary because the State of Michigan Department of Mental Health guidelines governing recipient rights are already available. Another comment suggested that the detailes of the due process procedure under § 291.505(d)(10) be published by the Department of Health and Human Services to explain how a program can comply, and further suggested that § 291.505(d)(10) require that a program offer detoxification treatment to a patient before involuntarily discharging him or her from treatment.

Section 291.505(b)(10) is not unnecessary because, although Michigan has developed rules dealing with involuntary termination procedures, not all States have done so. If Michigan's guidelines meet the recommendations of § 291.505(d)(10), programs may use them to satisfy this section. Also, FDA and NIDA believe that it is not necessary to publish departmental guidelines at this time.

75. Several comments suggested that because of new take-home requirements, the methadone regulations should be revised to require program participation in a "multiple enrollment system" similar to the rule in effect in 1972 (see 37 FR 26799; December 15, 1972) to help prevent diversion.

The reasons given for omitting this requirement (see 39 FR 17449; May 16, 1974 and 39 FR 37636; October 23, 1974) are still valid: Potential for inappropriate breaches of confidentiality, and the ability to control the problem at the program level.

76. Several comments said that the rule must be modified to include specific rules or guidelines for the medication of transfer patients, transient patients, and incarcerated patients. In particular, the comments asked for guidelines on the maximum methadone dose to these patients and whether they are eligible for take-home medication.

The suggested modifications for specific rules are beyond the scope of this rulemaking. However, the agencies believe that this rule and the accompanying recommendations accommodate all patients, including the procedures for transferred, transient, and incarcerated patients.

77. Two comments said that the recommendations which appear throughout the proposed rule should be eliminated because monitoring agencies will interpret them as requirements if they are mixed in with the regulations and although the recommendations represent current good medical practice, they may not in the near future because of rapid changes in this field of medicine and because the regulatory process does not lend itself to rapid change. Thus, the comments stated, the recommendations should be removed from the regulations and be included instead in informational brochures published by FDA/NIDA or published in the scientific literature.

The recommendations represent sound medical practice in the safe and effective treatment of narcotic addicts with methadone, and FDA and NIDA urge that they be followed. Federal monitoring agencies will not interpret the recommendations as requirements merely because they are included in the regulations. Each Federal monitor is experienced in drug inspections and investigations, is thoroughly familiar with the current regulations, and is guided by the relevant compliance program guidance manual, which includes explanations of the requirements for treatment programs and of the recent changes in the regulations. To help ensure that the regulations are interpreted correctly, the Federal Government conducts training sessions throughout the country for its inspectors and investigators as well as for other monitoring agencies, including the various State authority personnel.

Because each program must be familiar with the regulations, FDA and NIDA determined to include the recommendations in the regulations to ensure that each program is also familiar with the recommendations. FDA and NIDA will consider publishing informational brochures as a means of supplementing the published regulations and recommendations if the need arises.

78. One comment objected to § 291.505(d)(10)(ii), which states in part that "upon successfully reaching a drug-free state the patient should be retained in the program for as long as necessary to assure stability in the drug-free state * * *." It is not good psychologically to have such a patient continue to identify with the treatment clinic environment. Thus, regulations must be promulgated to require programs to develop a means of separating these patients from the peer pressure which exists in the treatment clinic. Another comment questioned how a program could compel such a patient to remain in the program.

The intent of this section is not to compel a patient to remain in a program. Rather, the intent is to recommend that the program-patient relationship continue beyond the time when the patient reaches the drug-free state. Patient participation in a program must be voluntary (see § 291.505(d)(3)(ii)). This recommendation is based on the generally accepted finding that drug abuse often involves psychological as well as physiological problems which must be addressed to obtain total rehabilitation and the fact that pressure to return to drug use exists for some time after voluntary discharge from maintenance treatment. The section is reworded to clarify these points. To require separation of maintenance and detoxification patients from patients who have reached the drug-free state appears unnecessary. Such a rule may be imposed by a program or State if it is needed in that program or State.

79. Several comments objected to all the regulations because they give absolute clinical control to physicians, and no share of clinical control to other professionals such as sociologists, psychiatrists, and psychologists.

FDA and NIDA recognize that the proper treatment of narcotic addicts involves to varying extents, contributions from several of the professional disciplines including sociologists, psychiatrists, psychologists, and physicians. However, this revised regulation constitutes the Secretary's standards under the Narcotic Addict Treatment Act of 1974 and is published, in part, under the authority of section 4 of Pub. L. 91–513 (42 U.S.C. 257a), which concerns the medical treatment of

narcotic addicts. Because these are medical standards, it is both necessary and proper that a physician is given the ultimate responsibility and necessary authority in the treatment of a patient. This approach is not inconsistent with the present philosophy of many methadone treatment programs. Also, the particular drug used in this type of treatment is a narcotic. The ultimate responsibility for its proper use and for the patient's care rests with the person who writes the order to administer or dispense it.

80. One comment said that the entire proposal conflicts with the Federal funding criteria published in the **Federal Register** of May 27, 1975.

FDA and NIDA are unaware of a conflict between NIDA Treatment Services Grants (the former Federal funding criteria) and the requirements contained in this final rule. The criteria in NIDA Treatment Services Grants apply only to programs that receive NIDA grants. The methadone regulations apply to all methadone programs, whether receiving NIDA funds or not. Thus, where the NIDA grant criteria are more restrictive than the methadone regulations, the programs receiving NIDA funds must comply with them. For example, the NIDA grants criteria may require extra services or certain staff qualifications that do not appear in the methadone regulations. Therefore, programs that do not receive NIDA grants need not provide the extra services, but programs that do receive NIDA grants must provide the extra services. Programs in those States where treatment standards have been developed which are more restrictive than the Narcotic Treatment Standards must also comply with the State standards.

81. Several comments opposed the regulations as being too flexible. They said none of the recommended practices will be followed and the stricter regulations (published in 1972) should be reinstated because tighter controls are necessary to deal with unethical programs.

FDA and NIDA should not subject all programs to inflexible standards simply because a few programs are unethical. Unethical programs can be dealt with effectively through strict enforcement of the minimum standards in this rule.

82. One comment suggested that patients with iatrogenic addiction (medically related addiction) should be exempt from the minimum standards and treated as patients with a purely medical problem, and they should not be forced into the environment and culture of the "street" addict.

Such an exemption is best handled on a case-by-case basis under § 291.505(d)(12)—*Exemptions from specific program standards.* Because the number of such patients is relatively small, including a specific exemption for them in the regulations appears unnecessary. Also, any practitioner who wishes to treat such a patient separately may apply to FDA for a one-patient program approval. FDA and NIDA are reexamining this issue, however, in light of the most recent information. If they conclude that a specific exemption is necessay or that standards specifically addressed to this type of patient are desirable, it will appear as a proposed rule in the **Federal Register.**

83. One comment suggested amending the rule to include specific guidelines about the patient's right to treatment and the program's right to refuse treatment.

Section 291.505(d)(3)(v) states "If in the professional judgment of the medical director a particular patient would not benefit from methadone treatment she/he may be refused such treatment even if she/he meets the admission standards." This section is clear and no revision is necessary.

84. One comment said a 1-week notice before inspections is necessary because surprise inspections are unfair.

The comment does not state why an inspection without a 1-week notice is unfair or why an inspection after a 1-week notice would not be unfair. The purposes of an official inspection include the means to determine how a program conducts its normal day-to-day operation. The current procedure accomplishes this purpose, and FDA and NIDA see no good reason to modify it at this time.

85. Several comments said that because more take-home medication is allowed and because there are reports of many deaths related to take-home medication, the label of the take-home bottle should include warnings to help with this problem.

One comment suggested the methadone regulations need to be reorganized to make them easier to read and easier for programs to comply with. It stated the reorganization should be done independently of this final rule, yet in conjunction with a reexamination of the costs to programs to provide all the newly required services to their patients, especially for NIDA-funded programs.

FDA and NIDA advise that they are considering the merit of these suggestions. If the suggested changes are determined to be necessary, they will appear in a future **Federal Register** publication.

86. One comment pointed out that FDA published an announcement in March 1975 that the "emergency treatment situation" would be dealt with in the near future but that this proposed rule does not mention that problem. Another comment stated that it is unrealistic to prohibit emergency room physicians from using methadone in an emergency situation because this prohibition is contrary to both good medical practice and to the regulations of the Drug Enforcement Administration.

Because the Drug Enforcement Administration (DEA) has already issued a regulation about emergency uses of methadone for narcotic addicts by physicians who are not specifically registered to conduct a narcotic treatment program (see 21 CFR 1306.07), FDA and NIDA do not believe a duplicate regulation is necessary. FDA and NIDA will not take action against a physician who is in compliance with the DEA requirements in such a situation.

87. One comment suggested this final rule include informational guidelines regarding what the long-term risks are to patients in maintenance treatment. It suggested that an amended informed consent form include the guidelines. Another comment suggested deleting the requirement that a patient sign a consent form to obtain treatment in a methadone program because consent forms are not required for other medical treatment. The comment contended that methadone maintenance and detoxification treatment are no different from other medical treatment and should not be the exception to the rule.

FDA and NIDA are considering the need to revise Form FD-2635 to include more specific information about the possible risks and complications from the use of methadone. FDA and NIDA cannot agree, however, that the patient should no longer be required to sign the consent form as a prerequisite to admission to a methadone program. Requiring a patient to sign a consent form before treatment is not without precedent in medicine. Also, the consent form for methadone treatment serves several important functions—among them, ensuring that the patient is voluntarily participating in the methadone program and understands the possible risks and complications from the use of methadone.

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2. "Methadone and Pregnancy, Special Bibliographies No. 1," National Institute of Drug Abuse prepared by Student Association

for Study of Hallucinogens under contract No. HSM–42–73–216, September 1974.

3. "Drug Abuse Warning Network Phase VI Report, May 1977–April 1978," Drug Enforcement Administration, National Institute on Drug Abuse, prepared by IMS America under DEA contract No. 77–11.

4. "Symposium on Comprehensive Health Care for Addicted Families and Their Children," Services Research Report, National Institute on Drug Abuse, May 20–21, 1976, New York.

5. "Methadone: The Drug and Its Therapeutic Uses in the Treatment of Addiction," Report of the National Clearinghouse for Drug Information, Series 31, No. 1, July 1974.

6. Davis, Miryam and Betty Shanks, "Neurological Aspects of Perinatal Narcotic Addiction and Methadone Treatment," *Addictive Diseases: an International Journal*, 2(2): 213–226, 1975.

7. "Methadone Data From FDA Approved Methadone Treatment Units," collected in the National Drug Abuse Treatment Utilization Survey, April 1978.

Therefore, under the Comprehensive Drug Abuse Prevention and Control Act of 1970 (sec. 4, 84 Stat. 1241 (42 U.S.C. 257a)), the Narcotic Addict Treatment Act of 1974 (sec. 3, 88 Stat. 124–125 (21 U.S.C. 823(g))), and applicable delegations of authority thereunder (37 FR 27646, December 19, 1972; 38 FR 27315–27316, October 2, 1973, and under authority delegated to the Commissioner of Food and Drugs (21 CFR 5.1)), Part 291 of Title 21 of the Code of Federal Regulations is amended in § 291.505 by revising the section heading, paragraphs (a)(3), (b)(1)(iii), (2)(iii) and (iv), (c)(4)(i) through (iii), and (d)(1), (3)(i) through (v), (4) through (11); by deleting paragraph (d)(3)(vi); by adding paragraphs (d)(14) through (16); and by revising the introductory text of paragraph (f)(1), the introductory text of (f)(2), (f)(2)(i), (vi), (vii), and (viii), (g), (j)(2), and (k) to read as follows:

§ 291.505 Conditions for use of methadone; appropriate methods of professional practice for medical treatment of the narcotic addiction of various classes of narcotic addicts with methadone under section 4 of the Comprehensive Drug Abuse Prevention and Control Act of 1970.

(a) * * *

(3) "Maintenance treatment" using methadone is the continued administering or dispensing of methadone, in conjunction with provisions of appropriate social and medical services, at relatively stable dosage levels for a period in excess of 21 days as an oral substitute for heroin or other morphinelike drugs, for an individual dependent on heroin. An eventual drug-free state is the treatment goal for many patients; it is recognized, however, that for some patients the drug may be needed for a long period of time.

* * * * *

(b) * * *

(1) * * *

(iii) *Hospital affiliation.* If a program is not physically located within a hospital which has agreed to provide any needed medical care for drug-related problems for the program's patients, it is recommended practice that there be a formal, documented agreement between the program sponsor and a responsible hospital official demonstrating that hospital care, both inpatient and outpatient, is fully available to any patient who may need it for such problems. It is suggested that the program sponsor enter into an agreement with the hospital official to provide general medical care for patients. Neither the program sponsor nor the hospital is required to assume financial responsibility for the patient's medical care.

* * * * *

(2) * * *

(iii) *Responsibility for patient.* After a patient is referred to a medication unit, the program sponsor retains continuing responsibility for the patient's care. The program sponsor is responsible for ensuring that the patient receives needed medical and social services at least monthly at the primary facility.

(iv) *Services.* Medication units are limited to administering or dispensing medication and collecting urine for urine testing, following the procedures outlined in paragraph (d)(4) of this section. If a private practitioner wishes to provide other services besides administering or dispensing medication and collecting urine samples, she/he must submit an application for separate approval.

* * * * *

(c) * * *

(4) * * *

(i) *Form FD–2632 "Application for Approval of Use of Methadone in a Treatment Program."* This form, required by paragraph (k) of this section, shall be completed and signed by the program sponsor and submitted in triplicate to the Food and Drug Administration and the State authority.

(ii) *Form FD–2633 "Medical Responsibility Statement for Use of Methadone in a Treatment Program."* This form, required by paragraph (k) of this section, shall be completed and signed by each licensed physician authorized to administer or dispense methadone and submitted in triplicate to the Food and Drug Administration and the State authority. The names of any other persons licensed by law to administer or dispense narcotic drugs working in the program shall be listed, even if they are not at present responsible for administering or dispensing the drug.

(iii) *Form FD–2634 "Annual Report for Treatment Program Using Methadone."* This form, required by paragraph (k) of this section, shall be completed and signed by the program sponsor for every program over which she/he has responsibility for each calendar year of operation. It shall be submitted in triplicate to the Food and Drug Administration and the State authority on or before January 30 of each year.

* * * * *

(d) * * *

(1) *Description of facilities.* Drug treatment services may be provided only through appropriate drug abuse treatment facilities at site(s) approved by Federal, State, and local authorities. A program is required to have ready access to a comprehensive range of medical and rehabilitative services. The name, address, and description of each hospital, institution, clinical laboratory, or other facility available to provide the necessary services is to be given to the Food and Drug Administration and the State authority. This listing is to include the name and address of each medication unit.

* * * * *

(3) *Minimum standards for admission*—(i) *History of addiction and current physiologic dependence.* (*a*) A person may be selected as a patient for a maintenance program, regardless of age, only if a program physician determines that the person is currently physiologically dependent upon a narcotic drug and became physiologically dependent at least 1 year before admission for maintenance treatment. A 1-year history of addiction means that an applicant for admission to a maintenance program was physiologically addicted to a narcotic at a time at least 1 year before admission to a program and was addicted, continuously or episodically, for most of the year immediately before admission to a program. In the case of a person for whom the exact date on which physiological addiction began cannot be ascertained, the admitting program physician may, in his or her reasonable clinical judgment, admit the person to methadone maintenance treatment, if from the evidence presented, observed, and recorded in the patients record, it is reasonable to conclude that there was physiologic dependence at a time approximately 1 year before admission.

(*b*) Although daily use of a narcotic for an entire year could satisfy the

definition, operationally one might be physiologically dependent without daily use during the entire 1-year period and still satisfy the definition. The following, although not exhaustive, are examples of applicants who would meet the minimum standard of a 1-year history of addiction and who, if currently physiologically dependent on the date of application for admission, would be eligible for admission to a maintenance program:

(*1*) Physiologic addiction began in August 1976 and continued to the date of application for admission in August 1977.

(*2*) Physiologic addiction began in January 1977 and continued until April 1977. Physiologic addiction began again in July 1977 and continued until the application for admission in January 1978.

(*3*) Physiologic addiction began in January 1976 and continued until October 1976. The date of application for admission was January 1977, at which time the patient had been readdicted for 1 month preceding his/her admission.

(*4*) Physiologic addiction consisted of four episodes in the last year, each episode lasting 2½ months.

(*c*) It is recommended practice that in determining current physiologic dependence the physician consider signs and symptoms of intoxication, a positive urine speciman for a narcotic drug, and old or fresh needle marks. Other evidence of current physiologic dependence may be obtained by noting early signs of withdrawal (lacrimation, rhinorrhea, pupilary dilation and piloerection) during the initial period of abstinence. Withdrawal signs may be observed during the initial period of hospitalization or while the person is an out-patient undergoing diagnostic evaluation (e.g., medical and personal history, physical examination, and laboratory studies). Increased body temperature, pulse rate, blood pressure and respiratory rate are also signs of withdrawal, but their detection may require inpatient observation. It is unlikely but possible that a person could be currently dependent on narcotic drugs without having a positive urine test for narcotics. Conversely, it is possible that a person could have a positive urine test for narcotics and not be currently physiologically dependent. Thus, a urine sample that is positive for narcotics is not a requirement for admission to detoxification or maintenance treatment.

(*d*) The program physician or an appropriately trained staff member designated and supervised by the physician shall record in the patient's record the criteria used to determine the patient's current physiologic dependence and history of addiction. In the latter circumstance, the program physician shall review, date, and countersign the supervised staff member's evaluation to demonstrate his or her agreement with the evaluation. The final decision for determining physiologic dependence and history of addiction is required to be made by the program physician. Therefore, in the record there is required to be a signed and dated statement by the program physician, which indicates she/he has reviewed all the documented evidence to support a 1-year history of addiction and the current physiologic dependence and that in his or her reasonable clinical judgment the patient fulfills the requirements for admission to maintenance treatment. This review is required to be completed before the initial dose of methadone is administerted.

(ii) *Voluntary participation, informed consent.* The person responsible for the program shall ensure that: Participation in a program is voluntary; all relevant facts concerning the use of methadone are clearly and adequately explained to the patient; all patients, with full knowledge and understanding of its contents, sign the "Consent for Methadone Treatment" form (FD-2635) (see paragraph (k) of this section); for patients under the age of 18, a parent, legal guardian, or responsible adult designated by the State authority (e.g., "emancipated minor" laws) sign the second part of Form FD-2635, "Consent to Methadone Treatment."

(iii) *Exceptions to minimum admission criteria*—(*a*) *Penal or chronic care.* A person who has resided in a penal or chronic care institution for 1 month or longer may be admitted to methadone maintenance treatment within 14 days before release or discharge or within 6 months after release from such an institution without documented evidence to support findings of physiological dependence provided the person would have been eligible for admission before she/he was incarcerated or institutionalized and, in the reasonable clinical judgment of a program physician, treatment is medically justified. Documented evidence of the prior residence in a penal or chronic care institution and evidence of all other findings and the criteria used to determine the findings are required to be recorded in the patient's record by the admitting program physician, or by program personnel supervised by the admitting program physician. The admitting program physician shall date and sign these recordings or review the health-care professional's recordings before the initial methadone dose is administered to the patient. In the latter case, the admitting program physician shall date and sign the recordings in the patient's record made by the health-care professional within 72 hours of administration of the initial methadone dose to the patient.

(*b*) *Pregnant patients.* (*1*) Pregnant patients, regardless of age, who have had a documented narcotic dependency in the past and who may be in direct jeopardy of returning to narcotic dependency, with all its attendant dangers during pregnancy, may be placed on a maintenance regimen. For such patients, evidence of current physiological dependence on narcotic drugs is not needed if a program physician certifies the pregnancy and, in his or her reasonable clinical judgment, finds treatment to be medically justified. Evidence of all findings and the criteria used to determine the findings are required be recorded in the patient's record by the admitting program physician, or by program personnel supervised by the admitting program physician. The admitting program physician shall date and sign these recordings or review the health-care professional's recordings before the initial methadone dose is administered to the patient. In the latter case, the admitting program physician shall date and sign the recordings in the patient's record made by the health-care professional within 72 hours of administration of the initial methadone dose to the patient. Pregnant patients are required to be given the opportunity for prenatal care either by the program or by referral to appropriate health care providers.

(*2*) If a program cannot provide direct prenatal care for pregnant patients in methadone treatment, it shall establish a system of referring them for prenatal care which may be either publicly or privately funded. If there are no publicly funded prenatal referral opportunities, the program cannot provide such services, and the patient cannot afford them or refuses them, then the treatment program shall, at a minimum, offer her basic prenatal instruction on maternal, physical, and dietary care as a part of its counseling service.

(*3*) Counseling records and/or other appropriate patient records are required to reflect the nature of prenatal support provided by the program. If the patient is referred for prenatal services, the physician to whom she is referred is required to be notified that she is in

methadone maintenance treatement, provided that notification is in accordance with the Department of Health and Human Services Confidentiality Regulations (42 CFR Part 2). If a pregnant patient refuses direct treatment or appropriate referral for treatment, the treating program physician should consider using informed consent procedures, e.g., to have the patient acknowledge in writing that she had the opportunity for this treatment but refuses it. The program physician, consistent with the confidentiality regulations, shall request the physician or the hospital to which a patient is referred to provide, following birth, a summary of the delivery and treatment outcome for the patient and offspring. It is recognized that programs often request such information but for a variety of reasons do not always receive a response. In such situations, the program physician shall document in the record that such a request was made.

(*4*) Within 3 months after termination of pregnancy, the program physician shall enter an evaluation of the patient's treatment state into her record and state whether she should remain in the maintenance program or be detoxified.

(*5*) Caution should be taken in the maintenance treatment of pregnant patients. Dosage levels should be maintained at the lowest effective dose if methadone treatment is deemed necessary. It is the responsibility of the program sponsor to ensure that each female patient is fully informed of the possible risks to a pregnant woman or her unborn child from the use of methadone. She is required to be told that safe use in pregnancy has not been established in relation to possible adverse effects on fetal development.

(*c*) *Previously treated patients.* Under certain circumstances a patient who has been treated and later voluntarily detoxified from methadone maintenance treatment may be readmitted to methadone maintenance treatment, without evidence to support findings of current physiologic dependence, up to 2 years after discharge if the program attended is able to document prior methadone maintenance treatment of 6 months or more, and the admitting program physician, in his/her reasonable clinical judgment, finds readmission to methadone maintenance treatment to be medically justified. For patients meeting these criteria, the quantity of take-home medication will be determined in the reasonable clincial judgment of the program physician, but in no case may the quantity of take-home medication be greater than would have been allowed at the time that person voluntarily terminated previous treatment. Documented evidence of prior treatment and evidence of all other findings and criteria used to determine such findings must be recorded in the patient's record by the admitting program physician or program personnel under supervision of the admitting program physician. The admitting program physician shall date and sign these recordings or review the health-care professional's recordings before the initial methadone dose is administered to the patient. In the latter case, the admitting program physician shall date and sign the recordings in the patient's record made by the health-care professional within 72 hours of administration of the initial methadone dose to the patient.

(iv) *Special limitation; treatment of patients under 18 years of age.* A person under 18 is required to have had two documented attempts at detoxification or drug-free treatment to be eligible for maintenance treatment. A 1-week waiting period is required after a detoxification attempt, however, before an attempt is repeated. The program physician shall document in the patient's record that the patient continues to be or is again physiologically dependent on narcotic drugs. No one under 16 years of age is eligible for methadone maintenance treatment without the prior approval of the Food and Drug Administration and the State methadone authority. This does not preclude a person under 16 years of age who is currently physiologically dependent on narcotic drugs from being detoxified with methadone if it is deemed medically appropriate by the program physician and is done in accordance with paragraph (d)(9) of this section. No person under 18 years of age may be admitted to a maintenance treatment program unless a parent, legal guardian, or responsible adult designated by the State authority (e.g., "emancipated minor" laws) completes and signs consent form, Form FD–2635 "Consent to Methadone Treatment."

(v) *Denial of admission.* If in the reasonable clinical judgment of the medical director a particular patient would not benefit from methadone treatment, she/he may be refused such treatment even if she/he meets the admission standards.

(4) *Minimum urine testing: Uses and frequency.* (i) The person(s) responsible for a program shall ensure that: An initial drug-screening urinalysis is completed for each prospective patient; at least eight additional random urinalyses are performed on each patient during the first year in maintenance treatment; and at least quarterly random urinalyses are performed on each patient in maintenance treatment for more than 1 year, except that a random urinalysis is performed monthly on each patient who receives a 6-day supply of take-home medication. When urine is collected, specimens from each patient are required to be collected in a manner that minimizes falsification. Each urine specimen is required to be analyzed for opiates, methadone, amphetamines, cocaine, barbiturates, as well as other drugs as indicated. Each laboratory selected for or treatment program which performs urine testing is required to be in compliance with all applicable Federal proficiency testing and licensing standards and all State standards regarding such laboratories or treatment programs. Any changes of laboratories used for urine testing must have approval of the Food and Drug Administration. The person(s) responsible for a program shall ensure that urine test results are not used as the sole criterion to force a patient out of treatment but are used as a guide to change treatment approaches. She/he shall also ensure that when urine test results are used, presumptive laboratory results are distinguished from results that are definitive. It is also recommended practice that the person(s) responsible for the program who uses the results of presumptive urinalysis for patient management show evidence of reasonable access to confirmatory laboratory analysis for use on occasions when this is necessary, e.g., for intake urine testing on all prospective methadone patients, for any loss of patient privileges based on urinalysis, and for indicating frequency of use of other drugs not detectable by a screening method.

(ii) It is recommended practice that after the initial drug screening urinalysis, urine specimens for each patient be collected and analyzed on a randomly scheduled basis at least monthly for opiates, methadone, amphetamines, cocaine, and barbiturates, as well as other drugs as indicated. It is recommended practice that more frequent testing for a specific drug(s) and for a specific person occur when clinically indicated as determined by the reasonable clinical judgment of the medical director. It is recommended practice that results of urine testing be used as one clinical tool for the purposes of diagnosis, and in the determination of treatment plans, as well as used as one technique for overall program evaluation by

monitoring patient drug-using patterns before and during treatment.

(5) *Patient evaluation; minimum admission and periodic requirements*—(i) *Minimum contents of medical evaluation.* Each patient is required to have a medical evaluation by a program physician or an authorized health-care professional under the supervision of a program physician on admission to a program. At a minimum, this evaluation is required to consist of a medical history which includes the required history of narcotic dependence, evidence of current physiologic dependence unless excepted by the regulations, and a physical examination, and includes the following laboratory examinations: Serological test for syphilis, a tuberculin skin test, and a urinalysis for drug determination. The physical examination is required to consist of an investigation of the organ systems for possibilities of infectious disease, pulmonary, liver, and cardiac abnormalities, and dermatologic sequelae of addiction. In addition, the physical examination is required to include a determination of the patient's vital signs (temperature, pulse, and blood pressure and respiratory rate); an examination of the patient's general appearance, head, ears, eyes, nose, throat (thyroid), chest (including heart, lungs, and breasts), abdomen, extremities, skin and neurological assessment; and the program physician's overall impression of the patient.

(ii) *Recommended contents of medical evaluation. (a)* It is recommended practice that the following laboratory examinations be conducted for each patient on admission to a program in addition to the required examinations stated in paragraph (d)(5)(i) of this section.

(*1*) Complete blood count and differential;

(*2*) Routine and microscopic urinalysis;

(*3*) Liver function profile, e.g., SGOT and SGPT.

(*4*) When the tuberculin skin test is positive, a chest X-ray or other appropriate tests;

(*5*) Australian Antigen Hb Ag Testing (HAA Testing);

(*6*) When clinically indicated, an EKG;

(*7*) When appropriate, pregnancy test and a pap smear; and

(*8*) Other tests when clinically indicated.

(*b*) When a person is readmitted to a program, it is recommended that the decision determining the appropriate laboratory tests to be conducted be based on the intervening medical history and a physical examination.

(iii) *Recordings of findings.* The admitting program physician or an appropriately trained health-care professional supervised by the admitting program physician shall record in the patient's record all findings from the admission medical evaluation. In each case the admitting program physician shall date and sign these recordings, or date, review, and countersign these recordings in the patient's record to signify his/her review of and concurrence with the history and physical findings.

(iv) *Admission evaluation.* (*a*) Each patient seeking admission or readmission for treatment services is required to be interviewed by a person, e.g., a well-trained program counselor who should be qualified by virtue of education, training, or experience to assess the psychological and sociological background of drug abusers to determine the appropriate treatment plan for the patient. To determine the most appropriate treatment plan for a patient, the interviewer shall obtain and document in the patient's record the patient's history.

(*b*) A patient's history includes information relating to his/her educational and vocational achievements. If a patient has no such history, i.e., she/he has no formal education or has never had an occupation, this requirement is met by writing this information in the patient's history.

(*c*) It is recommended practice that a patient's history include information relating to his/her psychosocial, economic, and family background, and any other information deemed necessary by the program which is relevant to the application or which may be helpful in assessing the resources, e.g., psychological, economic, educational, and vocational strengths and weaknesses, that a patient brings to the treatment setting. It is recommended practice that each program establish its own methods for measuring those strengths and weaknesses to assess the severity of the patient's problem, establish realistic treatment goals, and develop an appropriate treatment plan to achieve these goals. Such assessments should be made on admission or as soon as the patient is stable enough for appropriate interviewing. Treatment plans should reflect individualization geared to the patient's needs.

(v) *Initial treatment plan.* (*a*) A primary counselor is one who is assigned by the program to develop, implement, and evaluate the patient's initial and periodic treatment plan and to monitor a patient's progress in treatment. The name of this counselor is required to be recorded in the patient's record. The initial treatment plan is required to contain realistic short-term goals which are mutually acceptable to the patient and the program. (It is recommended practice that these short-term goals be designed to expect completion within a finite time period, e.g., 90 to 180 days.) It also is required to state the behavioral tasks expected of a patient that are necessary to complete each short-term goal and the medical, psychosocial, economic, legal or other supportive services needed immediately by each patient, including the projected frequency with which these services will be provided. The primary counselor shall record the contents of a patient's initial treatment plan in the patient's record. It is recommended practice that this information be in sufficient detail to demonstrate that each patient has been assessed and that the services provided are based on the patient assessment findings and the available program and community services.

(*b*) It is recognized that patients need varying degrees of treatment and rehabilitative services which are often dependent on or limited by a number of variables, e.g., patient resources, available program and community services. It is not the intent of this regulation to prescribe a particular treatment and rehabilitative service or the frequency at which a service should be offered.

(*c*) Each patient's initial assessment, including the concomitant treatment plan reflecting the short-term mutually acceptable treatment goals, is required to be documented in each patient's record immediately after the patient is stabilized on a methadone dose or within 4 weeks after admission, whichever is sooner. The program supervisory counselor or other appropriate program personnel so designated by the program physician shall review and countersign all the information and findings required by this paragraph (d)(5)(v) of this section to be recorded in each patient's record.

(vi) *Periodic treatment plan evaluation.* (*a*) The program physician or the primary counselor shall review, reevaluate, and alter where necessary each patient's treatment plan at least once each 90 days during the first year of treatment, and then at least twice a year after the first year of continuous treatment.

(*b*) The program physician shall ensure that the periodic treatment plan becomes part of each patient's record and that it is signed and dated in the

patient's record by the primary counselor and is countersigned and dated by the supervisory counselor.

(c) At least once a year, the program physician shall date, review, and countersign the treatment plan recorded in each patient's record and ensure that each patient's progress or lack of progress in achieving the treatment goals is entered in the patient's record by the primary counselor. When appropriate, the treatment plan and progress notes should deal with the patient's mental and physical problems, apart from drug abuse. The treatment plan is required to include the name of and the reasons for prescribing any medication for emotional or physical problems.

(d) It is recommended practice that changes made to a treatment plan be fully explained to the patient.

(6) *Minimum program services*—(i) *Access to a range of services.* (a) A treatment program shall provide a comprehensive range of medical and rehabilitative services to its patients. These services normally should be provided at the primary facility, but if they are not, it is recommended practice that the program sponsor enter into formally documented agreements with other public or private agencies, institutions, or organizations to render these services. Such facilities should be easily accessible to the patient. Also, for pregnant patients in a treatment program who were not admitted under paragraph (d)(3)(iii)(b) of this section, a treatment program shall give them the opportunity for prenatal care either by the methadone program or by referral to appropriate health-care providers. If a program cannot provide direct prenatal care for pregnant patients in methadone treatment, it shall establish a system of referring them for prenatal care which may be either publicly or privately funded. If there is no publicly funded prenatal care available to which a patient may be referred, the program cannot provide such services, and the patient cannot afford or refuses prenatal care services, then the treatment program shall, at a minimum, offer her basic prenatal instruction on maternal, physical, and dietary care as a part of its counseling service.

(b) Counseling records and other appropriate patient records are required to reflect the nature of prenatal support provided by the program. If the program refers a patient for prenatal services, it shall inform the physician to whom she is referred that the patient is in methadone maintenance treatment, provided such notification is in accordance with the Department of Health and Human Service's Confidentiality Regulations (42 CFR Part 2). If a pregnant patient refuses direct prenatal services or appropriate referral for prenatal services, the treating program physician should consider using informed consent procedures, i.e., to have the patient acknowledge in writing that she had the opportunity for this treatment but refuses it. The program physician shall request the physician or the hospital to which a patient is referred to provide, following birth, a summary of the delivery and treatment outcome for the patient and offspring. The information should be obtained in accordance with the Department of Health and Human Service's confidentiality regulations (42 CFR Part 2). If no response is received, the program physician shall document in the record that such a request was made and no response was received.

(c) Caution should be taken in the maintenance treatment of pregnant patients. Dosage levels should be maintained at the lowest effective dose if continued methadone treatment is deemed necessary. It is the responsibility of the program sponsor to ensure that each female patient is fully informed of the possible risks to a pregnant woman and her unborn child from the use of methadone. The program shall inform each female patient that safe use in pregnancy had not been established in relation to possible adverse effects on fetal development.

(d) Any service not furnished at the primary facility shall be listed when application for approval is submitted to the Food and Drug Administration and the State authority. Modification of any program services is required to be reported to the Food and Drug Administration when these services are added, modified, or deleted.

(ii) *Minimum medical services; designation of a medical director and responsibilities.* Each program shall have a designated medical director who assumes responsibility for administering all medical services performed by the program. The medical director and other authorized program physicians are required to be licensed to practice medicine in the jurisdiction in which the program is located. The medical director is responsible for ensuring that the program is in compliance with all Federal, State, and local laws and regulations regarding medical treatment of narcotic addiction. In addition, the responsibilities of the medical director or other authorized physicians within the program include but are not limited to the following requirements:

(a) Ensuring that evidence of current physiologic dependence, length of history of addiction, or exceptions to criteria for admission are documented in the patient's record before the patient receives the initial methadone dose.

(b) Ensuring that a medical evaluation including a medical history has been taken, and physical examination has been done before the patient receives the initial methadone dose. However, in an emergency situation the initial dose of methadone may be given before the physical examination.

(c) Ensuring that appropriate laboratory studies have been performed and reviewed. However, the initial dose of methadone may be given before the results of the laboratory studies are reviewed.

(d) Signing or countersigning all medical orders as required by Federal or State law. (Such medical orders include but are not limited to the initial medication orders and all subsequent medication order changes, all changes in the frequency of take-home medication, and prescribing additional take-home methadone for emergency situations.)

(e) Reviewing and countersigning treatment plans at least annually.

(f) Ensuring that justification is recorded in the patients's record for reducing the frequency of clinic visits for observed drug ingesting, providing additional take-home medication under exceptional circumstances or when there is physical disability, or prescribing any medication for physical or emotional problems.

(iii) *Use of health-care professionals.* Although the final decision to accept a patient for methadone treatment may be made only by the medical director or other designated program physician, it is recognized that physicians can train program personnel to detect and document narcotic abstinence symptoms and that some jurisdictions allow State-licensed or certified health-care professionals, e.g., physician's assistants, nurse practitioners, to perform certain functions—record medical histories, perform physical examinations, and prescribe, administer, or dispense certain medications—that are ordinarily performed by a licensed physician.

(a) These regulations do not prohibit licensed or certified health-care professionals from performing those functions in narcotic treatment programs if it is authorized by Federal, State, and local laws and regulations, and if those functions are delegated to them by the medical director.

(b) If a health-care professional performs the functions, e.g., determines current physiological dependence and length of history of addiction, that the physician is required by these

regulations to perform, the physician shall review, sign, and date any resulting comments and evaluations written by the health-care professional before the initial methadone dose may be administered to the patient.

(c) When a physician is not available on site to review, sign, and date the comments and evaluations written by the health-care professional, the required physician review may be made by telephone and the initial dose of methadone may be administered to the patient on the physician's oral order. In such cases the health-care professional shall document in the patient's record that no physician was available on site, that the physician review was done by telephone, and that the initial dose of methadone was administered to the patient on the physician's oral order. Also, the physician shall, within 72 hours of this telephone procedure, date and sign the comments and evaluations written by the health-care professional in the patient's record.

(iv) *Emergency or other medical services.* It is recommended practice that each program enter into a written agreement with a licensed and accredited hospital in the community for the purpose of providing necessary emergency, inpatient, and ambulatory care for program patients. Neither the program sponsor nor the hospital is required to assume financial responsibility for the patient's medical care.

(v) *Vocational rehabilitation, education, and employment.* (a) Each program shall provide opportunities directly, or through referral to community resources, for patients who either desire or have been deemed by the program staff to be ready to participate in educational job-training programs or to obtain gainful employment as soon as possible. Each program shall maintain a list of references that may be used for referral purposes if rehabilitative activities are not provided directly. The references are required to include the opportunities for vocational training, education, and employment as well as the community resources that may be available to provide assistance for such activities.

(b) The patient's needs and readiness for vocational rehabilitation, education, and employment are required to be evaluated and recorded in the patient's records during the preparation of the initial treatment plan and reviewed and updated as appropriate in subsequent periodic treatment plan evaluations. It is recognized that some patients are either not ready for, or not in need of, these services. A statement to this effect in the patient's record will suffice to meet the requirement in this paragraph (d)(6)(V). For patients who are deemed ready for and referred for such services, a program staff member designated and supervised by the admitting program physician shall document in the patient's record the type of referral needed and the patient's progress. The patient's progress at the referral agency should be periodically updated.

(7) *Minimum staffing patterns*—(i) *Program personnel.* The person(s) responsible for a program shall determine program personnel requirements after considering the number of patients who are vocationally and educationally impaired; the number of patients with significant psychopathology; the number of patients who are also nonnarcotic drug or alcohol abusers; the number of patients with behavioral problems in the program; and the number of patients with serious medical problems.

(ii) *Supportive services.* The person(s) responsible for the program shall take notice, when considering the staffing pattern, that methadone maintenance treatment programs need to establish supportive services in accordance with the varying characteristics and needs of their patient populations. The person(s) responsible for a program shall also take notice of the availability of existing community resources which may complement or enhance the program's delivery of supportive services and then establish a staffing pattern based on a combination of patient needs and available, accessible community resources.

(iii) *Minimum staff.* The person(s) responsible for a program shall ensure that there is a ratio of at least 1 counselor to 50 patients.

(8) *Frequency of attendance: Quantity of take-home medication; dosage of methadone; initial and stabilization*—(i) *Dosage and responsibility for administration.* (a) The person(s) responsible for the program shall ensure that the initial dose of methadone does not exceed 30 milligrams and that the total dose for the first day does not exceed 40 milligrams, unless the program medical director documents in the patient's record that 40 milligrams did not suppress opiate abstinence symptoms.

(b) It is recommended practice that the initial dose of methadone be given in attempts to control or mitigate abstinence symptoms concomitant to withdrawal of narcotic drugs. Currently there is no absolute method available to determine narcotic tolerance levels. Thus, the initial dose is given empirically. Methadone dosages that are less than the patient's current level of narcotic tolerance may result in the patient's experiencing withdrawal symptoms. Dosages sufficiently greater than the current level of narcotic tolerance can result in central nervous system depression, coma, and death. Therefore, it is important that the initial dose be adjusted individually to the narcotic tolerance of the patient. If the patient has been a heavy user of heroin up to the day of admission she/he may require an initial dose of 15 to 30 milligrams with additional smaller increments 4 to 8 hours later. It is recommended practice that if the patient enters treatment with little or no narcotic tolerance (e.g., recently released from jail or using poor quality heroin), the initial dose be one-half these quantities. If there is any doubt, the smaller dose should be used initially and the patient kept under observation; if the symptoms of abstinence are distressing, an additional 5- to 10-milligram dose should be administered as needed. Subsequently, the dosage should be adjusted individually as tolerated and required. The stabilization dose frequently, but not necessarily, is higher than the dose needed to reduce withdrawal severity. The usual range of methadone maintenance dosages in the country today is between 40 and 100 milligrams daily.

(c) A licensed physician shall assume repsonsibility for the amounts of methadone administered or dispensed and shall record, date, and sign in each patient's record each change in the dosage schedule.

(d) The administering licensed physician shall ensure that a daily dose greater than 100 milligrams is justified in the patient's record and that a daily dose greater than 100 milligrams of methadone is not given to a patient admitted to a program after November 18, 1980, without notifying both the State methadone authority and the Food and Drug Administration within 72 hours after the dose is given to the patient. Notification shall be deemed accomplished if if is mailed, telephoned, or otherwise transmitted within the 72-hour period.

(e) It is recommended practice that the responsible physician regularly review each patient's dosage level, carefully considering either increasing or decreasing the dosage as indicated. It should be noted that according to the official labeling, therapeutic doses of meperidine have precipiated severe reactions in patients currently receiving monoamine oxidase inhibitors or those who have received such agents within 14 days. Similar reactions have not yet been reported with methadone, but if

the use of methadone is necessary in such patients, it is recommended that a sensitivity test be performed in which repeated small incremental doses are administered over the course of several hours while the patient's condition and vital signs are under careful observation. Likewise, physician should also be aware that according to the official labeling, concurrent administration of rifampin may possibly reduce the blood concentration of methadone to a degree sufficient to produce withdrawal symptoms. The mechanism by which rifampin may decrease blood concentrations of methadone is not fully understood, although enhanced microsomal drug-metabolized enzymes may influence drug disposition.

(ii) *Authorized dispensers of methadone; responsibility.* Methadone may only be administered or dispensed by a practitioner licensed under the appropriate State law and registered under the appropriate State and Federal laws to order narcotic drugs for patients, or by an agent of such a practitioner, supervised by and under the order of the practitioner. This agent is required to be a pharmacist, registered nurse, or licensed practical nurse, or any other health-care professional authorized by Federal and State law to administer or dispense narcotic drugs. The licensed practitioner assumes responsibility for the amounts of methadone administered or dispensed, and the licensed practitioner shall record and countersign all changes in dosage schedule.

(iii) *Form.* Methadone may be administered or dispensed in oral form only when used in a treatment program. Hospitalized patients under care for a medical or surgical condition are permitted to receive methadone in parenteral form when the attending physician judges it advisable. Although tablet, syrup concentrate or other formulations may be distributed to the program, all oral medication is required to be administered or dispensed in a liquid formulation. The dosage is required to be formulated in such a way as to reduce its potential for parenteral abuse and accidental ingestion and to be packaged for outpatient use in special packaging as required by 16 CFR 1700.14. Take-home medication is required to be labeled with the treatment center's name, address, and telephone number. Exceptions may be granted when these provisions conflict with State law with regard to the administering or dispensing of drugs.

(iv) *Maximum take-home medication; evidence in support of a finding of responsibility in handling methadone and frequency of take-home medication.* (*a*) Take-home methadone may be given only to a patient who, in the reasonable clinical judgment of the program physician, is responsible in handling methadone. Before the program physician reduces the frequency of a patient's clinical visits, she/he or a designated staff member shall record the rationale for the decision in the patient's clinical record. If this is done by a designated staff member a program physician shall review, countersign, and date the patient's record where this information is recorded. Take-home methadone may be dispensed solely in an oral/liquid form so as to minimize potential for abuse and is required to be packaged in accordance with the Poison Prevention Packaging Act (Pub. L. 91–601, 15 U.S.C. 1471 *et seq.*).

(*b*) It is recommended practice that the liquid vehicle be nonsweetened and contain a preservative so that the program may instruct patients to keep take-home methadone out of the refrigerator to try to minimize the likelihood of accidental overdoses by children or fermentation of the vehicle.

(*c*) The program physician shall consider the following in determining whether, in his/her reasonable clinical judgment, a patient is responsible in handling methadone.

(*1*) Absence of recent abuse of drugs (narcotic or nonnarcotic), including alcohol;

(*2*) Regularity of clinic attendance;

(*3*) Absence of serious behavioral problems at the clinic;

(*4*) Absence of known recent criminal activity, e.g., drug dealing;

(*5*) Stability of the patient's home environment and social relationships;

(*6*) Length of time in methadone maintenance treatment;

(*7*) Assurance that take-home medication can be safely stored within the patient's home; and

(*8*) Whether the rehabilitative benefit to the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

(*d*) It is recommended practice that when considering patient responsibility in handling methadone, the program physician either consult with, or consider the recommendations of, the staff members most familiar with the relevant facts about the patient involved.

(v) *Take-home requirements.* The requirement of time in treatment is a minimum reference point after which a patient may be eligible for take-home privileges. The time reference is not intended to mean that a patient in treatment for a particular time has a specific right to take-home medication. Thus, regardless of time in treatment, a program physician may, in his/her reasonable clinical judgment, deny or rescind the take-home medication privileges of a patient.

(*a*) In maintenance treatment it is required that a patient be under observation while ingesting the drug daily or at least 6 days a week, for at least the first 3 months. If, in the reasonable clinical judgment of the program physician, a patient demonstrates satisfactory adherence to program rules for at least 3 months, substantial progress in rehabilitation and responsibility in handling methadone (see paragraph (d)(8)(iv)(*c*)(*1*) through (*8*) of this section), and his/her rehabilitative progress would be enhanced by decreasing the frequency of his/her clinic attendance, the patient may be permitted to reduce his/her clinic attendance for drug ingestion under observation to three times weekly. Such a patient may receive no more than a 2-day take-home supply of methadone. If, in the reasonable clinical judgment of the program physician, a patient demonstrates satisfactory adherence to program rules for at least 2 years from his/her entrance into the program, substantial progress in rehabilitation and responsibility in handling methadone (see paragaph (d)(8)(iv)(*c*)(*1*) through (*8*) of this section), and his/her rehabilitative progress would be enhanced by decreasing the frequency of his/her clinic attendance, the patient may be permitted to reduce his/her clinic attendance for drug ingestion under observation to twice weekly. Such a patient may receive no more than a 3-day take-home supply of methadone. If, in the reasonable clinical judgment of the program physician, a patient has satisfactorily adhered to program rules for at least 3 consecutive years from his/her entrance into the maintenance treatment program, has made substantial progress in rehabilitation, has no major behavioral problems, is responsible in handling methadone (see paragraph (d)(8)(iv)(*c*)(*1*) through (*8*) of this section), and his/her rehabilitative progress would be enhanced by decreasing the frequency of his/her clinic attendance, the patient may be permitted to reduce clinic attendance for drug ingestion under observation to once weekly only if each of the following additional criteria is met: The program physician has written into the patient's record an evaluation that the patient is responsible in handling methadone (paragraph (d)(8)(iv)(*c*)(*1*) through (*8*) of this section); the patient is

employed (or actively seeking employment), attends school, is a homemaker, or is considered unemployable for mental or physical reasons by a program physician; the patient is not known to have abused any drugs including alcohol in the last year; and the patient is not known to have engaged in criminal activity, e.g., drug dealing, in the last year. A patient permitted to reduce clinic attendance for drug ingestion under observation to once weekly, may receive no more than a 6-day take-home supply of methadone.

(*b*)(*1*) If a patient, after receiving a supply of take-home medication, is inexcusably absent from or misses a scheduled appointment with a treatment program without authorization from the program staff, the program physician shall increase the frequency of the patient's clinic attendance for drug ingestion under observation. For such a patient, the program physician shall not reduce the frequency of the patient's clinic attendance for drug ingestion under observation until she/he has had at least 3 consecutive monthly urine tests that are neither positive for morphinelike drugs (except methadone) or other drugs of abuse nor negative for methadone, and until she/he is again determined by a program physician to be responsible in handling methadone (see paragraph (d)(8)(iv)(*c*) (*1*) through (*8*) of this section) and to meet the criteria in paragraph (d)(8)(v)(*a*) of this section).

(*2*) If a patient, after receiving a 6-day supply of take-home medication or other drugs of abuse, has a urine test which is confirmed to be positive for morphinelike drugs (except methadone) or other drugs of abuse nor negative for methadone, the program physician shall place the patient on a 3-month probationary period. If, during this probationary period, the patient has a urine test either positive for morphinelike drugs (except methadone) or other drugs of abuse or negative for methadone, the program physician shall increase the frequency of the patient's clinic attendance for drug ingestion under observation to at least twice weekly. Such a patient may receive no more than a 3-day take-home supply of methadone until she/he has had at least 3 consecutive monthly urine tests which are neither positive for morphinelike drugs (except methadone) or other drugs of abuse nor negative for methadone, and the program physician again determines that the patient is responsible in handling methadone (see paragraph (d)(8)(iv)(*c*) (*1*) through (*8*) of this section) and meets the criteria contained in paragraph (d)(8)(v)(*a*) of this section.

(*c*) In calculating the number of years of methadone maintenance treatment, the period is considered to begin on the first day methadone is administered, or on readmission if a patient has had a continuous absence of 90 days or more. Cumulative time spent by the patient in more than one program is counted toward the number of years of treatment, provided there has not been a continuous absence of 90 days or more.

(*d*) Each patient whose daily dose is above 100 milligrams is required to be under observation while ingesting the drug at least 6 days per week irrespective of the length of time in treatment, unless the program has received prior approval from the State authority and the Food and Drug Administration.

(vi) *Exceptions to take-home requirements.* If, in the reasonable clinical judgment of the program physician:

(*a*) A patient is found to have a physical disability which interferes with his/her ability to conform to the applicable mandatory schedule, she/he may be permitted a temporarily or permanently reduced schedule provided she/he is also found to be responsible in handling methadone.

(*b*) A patient, because of exceptional circumstances such as illness, personal or family crises, travel, or other hardship, is unable to conform to the applicable mandatory schedule she/he may be permitted a temporarily reduced schedule provided she/he is also found to be responsible in handling methadone. The rationale for an exception to a mandatory schedule is to be based on the reasonable clinical judgment of the program physician and shall be recorded in the patient's record by the program physician or by program personnel supervised by the program physician. In the latter situation the physician shall review, countersign, and date the patient's record where this rationale is recorded. In any event, a patient may not be given more than a 2-week supply of methadone at one time.

(9) *Minimum standards for detoxification treatment.* (i) For detoxification from narcotic drugs (not the gradual withdrawal of methadone from patients on methadone maintenance), methadone is required to be administered by the program physician or by an authorized agent of the physician, supervised by and under the order of the physician daily under close observation in reducing dosages over a period not to exceed 21 days. All requirements for maintenance treatment apply to detoxification treatment with the following exceptions:

(*a*) Take-home medication is not allowed during detoxification.

(*b*) A history of 1 year physiologic dependence is not required for admission to detoxification.

(*c*) Patients who have been determined by the program physician to be currently physiologically narcotic dependent may be detoxified with methadone, regardless of age.

(*d*) The recommended initial dose is 15 to 20 milligrams.

(*e*) No urine testing is required except for the initial drug screening urinalysis.

(*f*) The initial treatment plan and periodic treatment plan evaluation required for maintenance patients are not necessary for detoxification patients. However, a primary counselor must be assigned by the program to monitor a patient's progress toward the short-term goal of detoxification and possible drug-free treatment referral.

(*g*) The requirements of paragraph (d)(6) of this section, except (d)(6)(ii)(*a*) through (*d*), (iii), and (iv), do not apply to detoxification treatment.

(ii) A waiting period of at least 1 week is required between detoxification attempts. Before a detoxification attempt is repeated, the program physician shall document in the patient's record that the patient continues to be or is again physiologically dependent on narcotic drugs. The provisions of these requirements, except as noted in paragraph (d)(9)(i) of this section, apply to both inpatient and ambulatory detoxification treatment.

(iii) Detoxification treatment is not recommended for a pregnant patient.

(10) *Discontinuation of methadone use*—(i) *Involuntary termination from treatment.* It is recommended practice that the person(s) responsible for a program develop and post prominently about the program premises at least one copy of a written policy establishing criteria for involuntary termination from treatment. This policy should describe patients' rights as well as the responsibilities and rights of the program staff. At the time a patient enters treatment, an appropriate program staff member designated by the person(s) responsible for the program should inform the patient where the copy of the policy is posted and should inform him/her of the reasons for which she/he might be terminated from treatment, his/her rights under the involuntary termination procedure, and the fact that information about him/her shall be kept confidential in accordance with 42 CFR Part 2.

(ii) *Voluntary withdrawal from methadone use.* As with most types of medical treatment that require chronic daily administration of medication, patients in methadone treatment should be evaluated periodically regarding the risks and benefits of continuing the medication. For some, the eventual withdrawal from methadone is a realistic goal. However, years of experience demonstrate that for others this goal is not yet realistic, even though these patients show vocational, educational, and psychosocial improvement, and are productive members of society. Research and clinical experience have not yet identified all the critical variables that determine when a patient can be successfully withdrawn from methadone and remain drug free. Thus, the determination to withdraw voluntarily from methadone maintenance is empirical and is left to the patient and the reasonable clinical judgment of the physician. Upon reaching a drug-free state, the patient should be encouraged to remain in the program for as long as the program considers it necessary to ensure stability in the drug-free state. The frequency of required program visits for patients for drug-free state may be adjusted at the discretion of the medical director.

(11) *Inspections of programs; patient confidentiality.* A program may be inspected by duly authorized employees of the State authority, and in accordance with Federal controlled substances laws and Federal confidentiality laws by duly authorized employees of the Food and Drug Administration, the Drug Enforcement Administration of the Department of Justice, and the National Institute on Drug Abuse.

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(14) *Research.* When a program conducts research on human subjects or provides subjects for research, there must be written policies and written review to assure the rights of the patients involved. Appropriate informed consent forms are required to be signed by the patient and to be retained in his/her records. All research, development, and related activities in which human subjects are involved that are funded by the Department of Health and Human Service's grants or contracts are required to comply with the Department of Health and Human Service's regulations on the protection of human subjects, 45 CFR Part 46, and confidentiality of information, 42 CFR Part 2. All investigational research involving human subjects conducted for submission to the Food and Drug Administration must be conducted in compliance with 21 CFR 312.1.

(15) *Patient record system*—(i) *Patient care.* The person(s) responsible for a program shall establish a record system to document and monitor patient care. This system is required to comply with all Federal and State reporting requirements relevant to methadone. All records are required to be kept confidential and in accordance with all applicable Federal and State regulations regarding confidentiality.

(ii) *Drug dispensing.* The person(s) responsible for a program shall ensure that accurate records traceable to specific patients are maintained showing dates, quantity, and batch or code marks of the drug dispensed. These records must be retained for a period of 3 years from the date of dispensing.

(iii) *Patient's record.* An adequate record must be maintained for each patient. The record is required to contain a copy of the signed consent form(s), the date of each visit, the amount of methadone administered or dispensed, the results of each urinalysis, a detailed account of any adverse reactions, which must be reported within 2 weeks to the Food and Drug Administration on Form FD-1639, "Drug Experience Report," any significant physical or psychological disability, the type of rehabilitative and counseling efforts employed, an account of the patient's progress, and other relevant aspects of the treatment program. For recordkeeping purposes, if a patient misses appointments for 2 weeks or more without notifying the program, the episode of care is considered terminated and is to be so noted in the patient's record. This does not mean that the patient cannot return for care. If the patient does return for care and is accepted into the program, this is considered a readmission and is to be so noted in the patient's record. This method of recordkeeping helps assure the easy detection of sporadic attendance and decreases the possibility of administering inappropriate doses of methadone (e.g., the patient who has received no medication for several days or more and upon return receives the usual stabilization dose). An annual evaluation of the patient's progress must be recorded in the patient's record(s).

(16) *Security of drug stocks.* Adequate security is required to be maintained over stocks of methadone, over the manner in which it is administered or dispensed, over the manner in which it is distributed to medication units, and over the manner in which it is stored to guard against theft and diversion of the drug. The program is required to meet the security standards for the distribution and storage of controlled substances as required by the Drug Enforcement Administration, Department of Justice (21 CFR 1301.72-1301.76).

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(f) *Conditions for use of methadone in hospitals for detoxification treatment*—(1) *Form.* The drug may be administered or dispensed in either oral or parenteral form (see paragraph (d)(8)(iii) of this section).

(2) *Use of methadone in hospitals*—(i) *Approved uses.* For hospitalized patients, methadone for narcotic addict treatment may be administered or dispensed only for detoxification treatment. If methadone is administered for treatment of heroin dependence for more than 3 weeks, the procedure is no longer considered treatment of the acute withdrawal syndrome (detoxification) but is, rather, considered maintenance treatment. Only approved methadone programs may undertake maintenance treatment. This does not preclude the maintenance treatment of a patient who is hospitalized for treatment of medical conditions other than addiction and who requires temporary maintenance treatment during the critical period of his/her stay or whose enrollment in a program which has approval for maintenance treatment using methadone has been verified (see 21 CFR 1306.07(c)). Any hospital which already has received approval under this paragraph (f) may serve as a temporary methadone treatment program when an approved methadone treatment program has been terminated and there is no other facility immediately available in the area to provide methadone treatment for the patients. The Food and Drug Administration may give this approval upon the request of the State authority or the hospital, when no State authority has been established.

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(vi) *Inspection.* The Food and Drug Administration and the State authority may inspect supplies of the drug and evaluate the uses to which the drug is being put. The identity of the patients will be kept confidential in accordance with confidentiality requirements of 42 CFR Part 2. Records on the receipt, storage, and distribution of narcotic medication are subject to inspection under Federal controlled substances laws; but use or disclosure of records identifying patients will, in any case, be limited to actions involving the program or its personnel.

(vii) *Approval of hospital pharmacy.* Application for a hospital pharmacy to provide methadone for detoxification treatment must be submitted to the Food

and Drug Administration and the State authority and approval from both is required, except as provided for in paragraph (h)(5) of this section. Within 60 days after the Food and Drug Administration receives the application, it will notify the applicant of approval or denial or will request additional information, when necessary.

(viii) *Approval of shipments to hospital pharmacies.* Before a hospital pharmacy may lawfully receive shipments of methadone for detoxification treatment, a responsible official shall complete, sign, and file in triplicate with the Food and Drug Administration and the State authority Form FD–2636, "Hospital Request for Methadone for Detoxification Treatment" (see paragraph (k) of this section) and must have received a notice of approval thereof from the Food and Drug Administration.

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(g) *Confidentiality of patient records.* (1) Except as provided in paragraph (g)(2) of this section, disclosure of patient records maintained by any program is governed by the provisions of 42 CFR Part 2, and every program must comply with that part. Records on the receipt, storage, and distribution of narcotic medication are also subject to inspection under Federal controlled substances laws: But use or disclosure of records identifying patients will, in any case, be limited to actions involving the program or its personnel. In addition to the restrictions upon disclosure in 42 CFR Part 2, and in accordance with the authority conferred by section 303(a) of the Public Health Service Act (42 U.S.C. 242a(a)), every program is authorized to protect the privacy of patients therein by withholding from all persons not employed by such program or otherwise connected with the conduct of its operations the names or other identifying characteristics of such patients under any circumstances under which such program has reasonable grounds to believe that such information may be used to conduct any criminal investigation or prosecution of a patient. Programs may not be compelled in any Federal, State, or local civil, criminal, administrative, or other proceedings to furnish such information, but this paragraph does not authorize withholding information authorized to be furnished under 42 CFR Part 2. Records on the receipt, storage, and distribution of narcotic medication are subject to inspection under Federal controlled substances laws; but use or disclosure of records indentifying patients will, in any case, be limited to actions involving the program or its personnel.

(2) A treatment program or medication unit or any part thereof, including any facility or any individual, shall permit a duly authorized employee of the Food and Drug Administration to have access to and to copy all records on the use of methadone in accordance with the provisions of 42 CFR Part 2. A treatment program may reveal such records only when necessary in a related administrative or court proceeding.

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(j) * * *

(2) *Information regarding approved programs and hospitals.* The Food and Drug Adminstration will provide methadone manufacturers and the public with names and locations of programs and hospitals that have been approved to received shipments of methadone for narcotic addiction treatment. All information contained in the forms required by paragraph (k) of this section is available for public disclosure except for names or other identifying information with respect to patients.

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(k) *Program forms.* The program sponsor must ensure that the following forms are completed by the proper program staff and submitted to the appropriate State authority and the Division of Methadone Monitoring (HFD–340), Food and Drug Administration, 5600 Fisher Lane, Rockville, MD 20857. Forms are available upon request from the Divisions of Methadone Monitoring (HFD–340), at the same address,

Form

FD–2632—Application for Use of Methadone in a Treatment Program.
FD–2633—Medical Responsibility Statement.
FD–2634—Annual Report Form.
FD–2635—Patient Consent Form.
FD–2636—Hospital Application.

Effective date. This regulation shall be effective November 18, 1980.

(Sec. 4, 84 Stat. 1241 (42 U.S.C. 257a); sec. 3, 88 Stat. 124–125 (21 U.S.C. 823(g)))

Dated: September 11, 1980.

James D. Laurence,

Acting Director, National Institute on Drug Abuse.

Dated: September 11, 1980.

Mark Novitch,

Acting Commissioner of Food and Drugs

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