

Chapter Trans 309

AMBULANCE INSPECTION

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Note: Chapter Trans 309 created effective November 1, 1986 replaces ch. Trans 157.

Subchapter I—General Provisions

Trans 309.01 Purpose and scope; construction.

(1) The purpose of this chapter is to prescribe minimum vehicle and medical equipment specifications for ambulances and to establish administrative procedures for implementing the ambulance inspection program under s. 341.085, Stats.

Note: To be licensed as an ambulance service provider in Wisconsin, all ambulances used by the ambulance service provider must be first inspected by Wisconsin DOT per ch. Trans 309.

(2) This chapter applies to all ambulances in service in this state.

(3) (a) This chapter shall be construed by the department to reasonably effectuate the legislative purpose of promoting safe, efficient emergency transportation for individuals who are sick, injured and disabled.

(b) Vehicles subject to the standards and specifications prescribed in the chapter are also subject to any other administrative rule or statute governing motor vehicle design, construction or equipment. Unless the express terms or context requires otherwise, this chapter shall be construed as supplementing rather than conflicting with other such statutes or administrative rules.

(c) This chapter prescribes minimum standards applicable to all ambulances subject to inspection under s. 341.085, Stats. Ambulance service providers may exceed these minimum standards. Also, some ambulances may be subject to higher or more restrictive standards imposed as conditions for receiving federal assistance in connection with the acquisition of ambulance vehicles and equipment. Ambulance service providers are responsible for complying with all conditions and requirements, including those related to color and marking, contained in federal assistance grants or agreements.

History: Cr. Register, October, 1986, No. 370, eff. 11–1–86; am. (3) (a), Register, April, 1994, No. 460, eff. 5–1–94; am. (2), Register, February, 1999, No. 518, eff. 4–1–99; CR 22–048; am. (3) (a) Register July 2023 No. 811, eff. 8–1–23.

Trans 309.02 Definitions. As used in this chapter:

(1k) “Advanced emergency medical technician” has the meaning given in s. 256.01 (1k), Stats.

(1m) “Ambulance” means any authorized emergency motor vehicle as defined in s. 340.01 (3), Stats., whether privately or publicly owned, which is designed, constructed or equipped to transport patients.

(2) “Ambulance service provider” has the meaning given in s. 256.01 (3), Stats.

(3) “Department” means the department of transportation.

(4) “Emergency medical technician” has the meaning given in s. 256.01 (6), Stats.

(5) “Emergency medical technician – intermediate” has the meaning given in s. 256.01 (7), Stats.

(6k) “Gross axle weight rating” or “GAWR” means the maximum distributed weight that may be supported by an axle of a road vehicle.

(6r) “Gross vehicle weight rating” or “GVWR” means the combination of the vehicle’s curb weight and total usable payload.

(7) “In–service ambulance” means an ambulance that is ready to take calls, including emergencies, transfers or standing by at a special function.

(8) “Inspector” means any officer or employee of the department who is authorized and assigned to conduct ambulance inspections under this chapter.

(9) “Medical director” means a medical director as defined in s. 256.01 (11), Stats.

(9k) “OEM” means original equipment manufacturer.

(9r) “Paramedic” has the meaning given in s. 256.01 (14), Stats.

(10) “Person” means any individual, corporation, partnership, association, the state and political subdivisions thereof and any municipal corporation.

(11) “Reserve ambulance” means an ambulance kept in reserve in case an in–service ambulance needs to be taken out of service for repairs.

(12) “Type I ambulance” means an ambulance of 10,001–pound to 14,000–pound GVWR, that is constructed on a cab chassis furnished with a modular unit ambulance body.

(13) “Type I–AD ambulance” means an ambulance of 14,001–pound GVWR or more that is constructed on a cab chassis with a modular ambulance body.

(14) “Type II ambulance” means an ambulance constructed on a van chassis.

(15) “Type III ambulance” means an ambulance of GVWR from 10,001 to 14,000 pounds that is constructed on a cutaway van chassis with an integrated modular ambulance body.

(16) “Type III–AD ambulance” means an ambulance of 14,001 pound GVWR or more that is constructed on a cutaway van chassis with an integrated modular ambulance body.

History: Cr. Register, October, 1986, No. 370, eff. 11–1–86; r. (2), (11), renum. (3), (5), (6), (9), (10), (12), (13) and (14) to be (2), (3), (5), (6), (9), (10), (11) and (12) and am. (5), (6) and (10), r. and recr. (4), Register, April, 1994, No. 460, eff. 5–1–94; correction in (5) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1996, No. 488; renum. (1) and (7) to (12) to be (1m), (8) to (10), (12) to (14) and am. (12) and (14), cr. (1), (7) and (11), Register, February, 1999, No. 518, eff. 4–1–99; corrections

in (1), (2), (4), (5), (6), and (9) made under s. 13.92 (4) (b) 7., Stats., Register December 2010 No. 660; 2013 Wis. Act 363: r. (1) Register May 2014 No. 701, eff. 6–1–14; CR 19–074: cr. (1k), r. and recr. (4), (5), r. (6), cr. (6k), (6r), (9k), (9r), r. and recr. (12) to (14), cr. (15), (16) Register October 2020 No. 778, eff. 11–1–20; correction in (12), (15), (16) made under s. 35.17, Stats., Register October 2020 No. 778.

Trans 309.03 Inspections and enforcement. (1) No person may use any motor vehicle for the purpose of providing ambulance services unless the vehicle has been inspected and approved by the department for use as an ambulance in this state. Except as otherwise provided, each ambulance shall be inspected at least biennially to the satisfaction of the inspector to ensure that the ambulance meets the minimum standards applicable to that vehicle under subchs. I, II and III. Whenever the ambulance service provider upgrades to a higher level of provider service, the service provider shall notify the inspector. When a reserve ambulance is put into in–service ambulance status, it shall meet all requirements of this chapter.

(1g) Ambulance service providers based out of state but operating in Wisconsin shall have their home state’s most current inspection on file with the department and shall comply with all Wisconsin motor vehicle legal requirements including ch. Trans 305, ch. 347, Stats., and this chapter, except for inspection by the department under sub. (1).

(1m) Sub. (1) does not prevent the inspector from doing spot inspections to check for compliance with this chapter.

(1r) Whenever the department receives a complaint about a service provider alleging non–compliance with this chapter, the inspector shall investigate and, where appropriate, inspect the provider’s ambulances.

(2) The ambulance service provider shall present the vehicle for inspection when notified by the department and shall cooperate with the inspector. Whenever possible, the department shall perform the inspections at the ambulance service provider’s place of business or other site convenient to the ambulance service provider’s base of operation. The inspector shall conduct the inspection in a manner that will not interfere with the provision of ambulance service.

(3) (a) Except as provided in sub. (4), if upon inspection a vehicle is found to be unsafe or improperly constructed or equipped for use as an ambulance, or if the ambulance service provider’s license has been revoked, the inspector shall attach an “OUT OF SERVICE” sticker to the glass in the rear door of the vehicle. A vehicle may not be put in service as an ambulance while the sticker is so displayed. Except as provided in par. (b), the “OUT OF SERVICE” sticker displayed shall be reinspected by and shall have the sticker removed after passing reinspection by an employee of the division of state patrol or authorized agent of the service provider at the direction of the division of state patrol employee prior to reuse as an ambulance. The “OUT OF SERVICE” sticker shall not be removed until the deficiencies noted on the inspection report have been corrected, or the ambulance provider’s license has been reinstated.

(b) 1. If a vehicle that has been declared “out of service” and is no longer able to serve as an ambulance, the owner or lessee of the vehicle shall remove the “OUT OF SERVICE” sticker and all special ambulance markings and features from the vehicle, including all of the following:

a. The warning, flood lights and siren unless the vehicle is being converted for use as another kind of authorized emergency vehicle. The current owner or lessee must physically remove all lighting equipment required by s. Trans 309.15 (2), the siren and public address equipment required by s. Trans 309.17 and all lettering and markings required by s. Trans 309.19. The current owner or lessee must also remove all equipment required in subch. III. Ambulance lighting shall be brought into compliance with vehicle general lighting requirements in ch. 347, Stats. and ch. Trans 305.

b. Any lettering identifying the vehicle as an ambulance.

c. All equipment required in subch. III.

2. The owner or lessee of the vehicle is not required to obtain approval from the department but shall notify the department when he or she proceeds under this paragraph.

(4) If upon inspection a vehicle is found defective or deficient but, in the judgment of the inspector, may nevertheless be operated as an ambulance without seriously affecting the safe transportation of individuals who are sick, injured, or disabled or the general public, the inspector shall note the deficiency on the ambulance inspection report and shall specify the time, not to exceed 30 days, in which the ambulance service provider is required to correct the defect or deficiency. The inspector may require proof of correction of the defect or deficiency in writing. If the defect or deficiency is not corrected within the time allowed, the vehicle may not be used as an ambulance.

(5) A vehicle being used as an ambulance shall immediately be rendered out of service and the service provider may be assessed a monetary penalty if, upon inspection, the ambulance is found to have any of the following, and sub. (4) does not apply:

- (a) A malfunctioning brake system.
- (b) A faulty exhaust system.
- (c) A faulty battery system.
- (d) A malfunctioning fuel system.
- (e) An inadequate on–board oxygen system.
- (f) An unsafe structure.
- (g) Unsafe tires.
- (h) Ten or more minor violations which, in the opinion of the inspector, shows a lack of effort on the part of the service provider to stay in compliance with this chapter.

(i) Repeat violations from the previous inspection report with no maintenance history or documentation that the problem had been corrected.

(j) A malfunctioning or inadequate environmental climatic control system.

(k) A malfunctioning or inadequate cot or cot securement system.

(m) Inoperative complete front, side or rear emergency lighting.

(n) An inoperative siren.

(o) Carbon monoxide concentrations within the vehicle greater than 10 ppm (parts per million) above the outside ambient carbon monoxide concentration.

(p) A malfunctioning or inadequate steering system.

(q) Belts that are damaged, contaminated by oil or improperly adjusted.

(r) A defective or inadequate suspension system.

(s) The ambulance exceeds the GVWR as set by the OEM.

(t) The ambulance exceeds the GAWR as set by the OEM.

(6) The vehicle shall be rendered out of service and the provider may be assessed monetary penalties when the provider knowingly resists or obstructs the inspector while the inspector is doing any act in an official capacity and with lawful authority. For purposes of this subsection, “obstructs” includes, without limitation, knowingly giving or demonstrating false information to the inspector.

(7) The penalty for violating sub. (5) (a) to (h) or (j) to (t) is a forfeiture of up to \$50.00 per violation. The penalty for violating sub. (5) (i) is a forfeiture of up to \$100.00. The penalty for violating sub. (6) is a forfeiture of up to \$200.00.

(8) (a) The ambulance service provider shall notify the inspector as soon as possible if an ambulance is involved in a motor vehicle crash which involves serious injury or death.

(b) If an ambulance is being placed back into service after being involved in a crash, the ambulance service shall notify the inspector and shall provide proof of the repairs in writing before being placed back into service.

(9) (a) The department shall consider the age, condition, and equipment of ambulances before granting approval for their continued use. The department shall not permit the use of any ambulance for emergency medical purposes which is deemed to be unsafe or unfit for such service.

(b) In construing and enforcing the provisions of this chapter, the act, omission or failure of any officer, agent, servant or other person acting for or employed by the registered owner or the lessee of the ambulance is deemed to be the act, omission or failure of such registered owner or lessee. This paragraph does not apply to violations of ch. 346, Stats.

History: Cr. Register, October, 1986, No. 370, eff. 11–1–86; am. (1), (3) (a) and (b) 1. intro., r. (3) (b) 1. b., renum. (3) (b) 1. c. and d. to be (3) (b) 1. b. and c., Register, April, 1994, No. 460, eff. 5–1–94; am. (1), (3) (b) 1. (intro.), a., b., 2. and (4), cr. (1m), (1r) and (5) to (7), Register, February, 1999, No. 518, eff. 4–1–99; CR 19–074: am. (title), cr. (1g), am. (3) (a), (b) 1. (intro.), a., (4), cr. (5) (j) to (t), am. (7), cr. (8), (9) Register October 2020 No. 778, eff. 11–1–20; correction in (3) (b) 1. (intro.), a., (4), (8) (b), (9) (b) made under s. 35.17, Stats., Register October 2020 No. 778; **CR 22–048: am. (4) Register July 2023 No. 811, eff. 8–1–23.**

Trans 309.04 Specialized emergency medical care vehicles. (1) In recognition of their highly specialized design, construction, equipment and function, mobile intensive care transport units, critical care transport units and intensive care vehicles designed and equipped for neonatology medical services, that are used only for transportation of patients between hospitals, are exempt from the vehicle equipment standards prescribed in ss. Trans 309.09 to 309.11, 309.14, 309.15 (3), 309.18 and 309.19 and subch. III.

(2) A vehicle subject to this section may not be used as a primary response vehicle, but may be used only for mobile intensive care or neonatology medical care purposes.

(3) A vehicle subject to this section may respond as an additional resource vehicle during times such as a disaster emergency when local resources, including mutual aid resources, are exceeded.

History: Cr. Register, October, 1986, No. 370, eff. 11–1–86; am. (1), Register, April, 1994, No. 460, eff. 5–1–94; am. (2), cr. (3), Register, February, 1999, No. 518, eff. 4–1–99; CR 19–074: am. (1) Register October 2020 No. 778, eff. 11–1–20.

Trans 309.06 Sale or lease of new or used vehicles for use as ambulances. (1) Any person selling or leasing any new or used vehicle that is intended to be used as an ambulance shall provide the purchaser or lessee with a written notice stating that the vehicle complies with the requirements of ss. Trans 309.09 to 309.16.

(2) An ambulance may be loaned or leased to an ambulance service provider by an ambulance manufacturer or dealer in order to avoid a hardship on that ambulance service provider and the emergency medical service needs of the community or communities it represents. The ambulance service must notify the inspector or department that they are obtaining the ambulance, the reason why, and the approximate duration as soon as possible. The loaned or leased ambulance must be temporarily replacing, for not more than 6 months, an ambulance inspected and approved by the department under this chapter. If the ambulance service needs the use of a loaned or leased ambulance for any period of time greater than 6 months, approval must be granted by the department's inspector. The entity loaning or leasing the ambulance must ensure the ambulance complies with the requirements of ss. Trans 309.09 to 309.16. The ambulance service receiving the loaned or leased ambulance must comply with all the applicable requirements of this chapter, except for those requirements of this chapter that can be waived under the joint written agreement of the ambulance service provider receiving the loaned or leased ambulance and the department inspector.

History: Cr. Register, October, 1986, No. 370, eff. 11–1–86; am., Register, April, 1994, No. 460, eff. 5–1–94; CR 19–074: renum. Trans 309.06 to (1), cr. (2) Register October 2020 No. 778, eff. 11–1–20; correction in (2) made under s. 35.17, Stats., Register October 2020 No. 778.

Trans 309.07 Variances. (1) The department may grant a variance if it determines that the lack of such variance will create an undue hardship in meeting the emergency medical service needs of the community the applicant serves.

(2) In determining whether an undue hardship may be created if a variance is not granted, the department shall consider all of the following:

(a) The kind and amount of emergency medical services available in the immediate area served by the applicant.

(b) The presence of other ambulance service providers in surrounding communities that might be available to assist in emergencies through mutual aid agreements or other similar arrangements.

(c) The number and type of emergency and nonemergency service calls made by the applicant within the 2–year period immediately preceding the date of application.

(d) Any plans developed by the applicant to upgrade the existing vehicles to established specifications.

(e) Any other information that may be relevant to the question of the need for a variance in the particular case.

(3) Each application for a variance shall be referred by the department to the department of health services for review and recommendation. The department shall give great weight to such recommendation when deciding whether a variance should be granted.

(4) The issuance of a variance to any person for any ambulance does not exempt that vehicle from the biennial inspection requirements imposed in this chapter.

(5) The right to continue operation of an ambulance for which a variance has been granted or recognized under this section is not transferable to any other person or vehicle and a copy of the variance must be carried in the ambulance at all times.

History: Cr. Register, October, 1986, No. 370, eff. 11–1–86; am. (1) and (4), Register, April, 1994, No. 460, eff. 5–1–94; r. (1) and (4), renum. (2) (a), (b) (intro.), 1. to 5., (5) and (6) to be (1) and (2) (intro.), (a) to (e), (4) and (5) and am. (2) (intro.) to (d), (4) and (5), Register, February, 1999, No. 518, eff. 4–1–99; correction in (3) made under s. 13.92 (4) (b) 6., Stats., Register December 2010 No. 660; CR 19–074: am. (5) Register October 2020 No. 778, eff. 11–1–20.

Trans 309.08 Documentation. (1) REGISTRATION AND INSURANCE. At the time of inspection, the service provider shall open to inspection the proof of current registration and insurance on each ambulance to be inspected. The proof of registration and insurance or copies of each shall be carried in each ambulance and be available upon request of the inspector.

(2) DRUG LIST. Upon inspection, the service provider shall provide a copy of the current list of approved drugs from the services medical director. The list shall state the minimum amount of each drug the provider will carry on each ambulance.

(3) MAINTENANCE. An ambulance service provider shall maintain their ambulances as specified by the OEM. Vehicle service or maintenance records shall be maintained by the ambulance service provider for the life of the ambulance and shall be made available to the department upon inspection.

(4) CRASH REGISTER. An ambulance service provider shall keep a written or electronic register of each crash their vehicles are involved in. The register shall include the crash number issued by the investigating agency, date, location, driver name, number of injuries, number of fatalities and vehicles towed.

History: Cr. Register, February, 1999, No. 518, eff. 4–1–99; CR 19–074: am. (1), r. and recr. (2), cr. (3), (4) Register October 2020 No. 778, eff. 11–1–20; correction in (3), (4) made under s. 35.17, Stats., Register October 2020 No. 778.

Subchapter II—Vehicle Standards

Trans 309.09 Patient compartment interior dimensions. (1) The patient compartment shall have not less than 300

cubic feet of space less 10% deviation for cabinets and shall meet the following specifications:

(a) *Length.* Measured from the partition to the inside edge of the rear loading doors, the patient compartment shall be not less than 116 inches in length. There shall be not less than 25 inches and not more than 30 inches of unobstructed space at the head of the primary patient, measured from the face of the backrest of the EMT's seat to the forward edge of the primary cot.

(b) *Width.* The compartment shall provide a minimum of 12" of clear aisle walkway between the edge of the primary patient cot and base of the nearest vertical feature measured along the floor.

(c) *Height.* The patient compartment shall be not less than 60 inches in height over the patient area measured from the floor to the ceiling, exclusive of cabinets or equipment and symmetrical corners and edges.

(2) The interior of the body shall be free of all unnecessary projections. It shall be maintained in a sanitary condition. All hangers or supports for equipment and devices shall be mounted as flush as possible with the surrounding surface when not in use. Padding shall be placed at all head area obstructions which may prove dangerous to persons moving about in the patient compartment. Other exposed edges shall be beveled with not less than a 1/8 inch radius or chamfer, and a 1/2 to 1 inch radius on exposed corners. The finish of the entire patient compartment including interiors of storage cabinets shall be impervious to soap and water, disinfectants and mildew and shall be fire resistant. Any floor to wall surface joints shall be sealed with an impervious seal.

History: Cr. Register, October, 1986, No. 370, eff. 11-1-86; am. (1) (a) and (2), Register, April, 1994, No. 460, eff. 5-1-94; corrected to restore dropped copy, Register, April, 1997, No. 496; am. (1) (c), Register, February, 1999, No. 518, eff. 4-1-99; CR 19-074: am. (1) (b) Register October 2020 No. 778, eff. 11-1-20.

Trans 309.10 Doors. An ambulance shall have 2 unobstructed door openings in addition to the doors for the driver cab compartment. There shall be at least one door opening on the right forward side and a single door or double doors at the rear of the patient compartment. A forward hinged single door, double doors or a sliding type door shall have a minimum right side door opening of 30 inches in width, and 54 inches in height for Types I, I-AD, III and III-AD ambulances and 42 inches in height for Type II ambulances. The opening shall provide clearance to allow access and removal of a patient strapped to a long spine board. Single or double rear loading doors shall cover a clear opening of not less than 46 inches in height and 44 inches in width for Types I, I-AD, III and III-AD ambulances, and the manufacturer's standard for Type II ambulances. The ambulance body doors shall be equipped with not less than 250 square inches of safety glass area per door. Doors shall be designed for easy release from both the interior and exterior of the ambulance, but an accidental opening shall be prevented by an interlocking system that functions even when doors are not completely closed. Each door shall have effective compression or overlapping seals to prevent the entry of dust, water and air. Doors may contain recessed compartments to the interior for storage of supplies and devices.

History: Cr. Register, October, 1986, No. 370, eff. 11-1-86; CR 19-074: am. Register October 2020 No. 778, eff. 11-1-20.

Trans 309.11 Bumpers, steps and stepwells. Chassis manufacturer's standard bumpers shall be furnished with the exception of the rear bumpers of Types I, I-AD, III and III-AD ambulances. Types I, I-AD, III and III-AD ambulances shall have a sturdy full width rear vehicular and body bumper with step, secured to the vehicle's chassis-frame. The rear bumper and step shall be adequate to support the test weight of 500 pounds without flexing or buckling. If the patient compartment floor is more than 18 inches above the ground on a Type II ambulance, a step shall be installed within 2 inches of an equal distance between the ground and the patient compartment floor. All bumper steps shall be designed to prevent the accumulation of mud, ice or snow and shall be made of antiskid, open grating metal. Steps may be of a

folding style but may not be located within or exposed to the interior of the ambulance when the doors are closed. All steps shall extend the full width of the door opening for which they are provided and shall be not less than 5 inches nor more than 10 inches in depth.

History: Cr. Register, October, 1986, No. 370, eff. 11-1-86; CR 19-074: am. Register October 2020 No. 778, eff. 11-1-20.

Trans 309.12 Tires and wheels. (1) Each tire shall have not less than 1/8 inch tread depth. The depth shall be measured at 2 points not less than 15 inches apart in any major tread groove at or near the center of the tire.

(2) Wheels, tires and brake drum assemblies shall be in balance.

(3) Snow tires with tungsten carbide studs, which shall not project more than one-eighth inch beyond the treads surface of the tire, may be installed on an ambulance from the 15th day of November each year through the 1st day of April of the following year.

(4) Recapped tires may not be installed on any ambulance.

(5) Tires shall be maintained in good working condition. Tires shall not have serious cuts, bulges, sidewall defects or exposed fabric or cords.

(6) Radial and bias tires shall not be mounted on the same axle.

(7) Wheels shall not have any cracks, unseated lock rings, loose, broken or missing lugs, studs or clamps, bent or cracked rims or elongated stud holes.

(8) Tires shall not be loaded above the manufacturer's weight limits.

History: Cr. Register, October, 1986, No. 370, eff. 11-1-86; reprinted to restore dropped copy in (1), Register, April, 1997, No. 496; am. (1) and (2), cr. (5), Register, February, 1999, No. 518, eff. 4-1-99; CR 19-074: am. (3), (5), cr. (6) to (8) Register October 2020 No. 778, eff. 11-1-20; correction in (3) made under s. 35.17, Stats. Register October 2020 No. 778.

Trans 309.13 Batteries. All ambulances shall be equipped with a 2 or more battery system. All batteries should be securely attached to prevent dislocation in the event of an accident. When mounted outside of the engine compartment the battery shall be contained in a closed, drained, weather-tight and vented compartment in the body skirt, which shall retain the battery in the event of an upset or rollover. The battery compartment door or cover shall be secured by a latch. The battery cables may not be spliced.

History: Cr. Register, October, 1986, No. 370, eff. 11-1-86; am. Register, February, 1999, No. 518, eff. 4-1-99.

Trans 309.14 Environmental climatic equipment.

(1) **REQUIRED ENVIRONMENTAL CLIMATIC EQUIPMENT.** All ambulances shall be equipped with a complete climate environmental system to supply and maintain clean air conditions and an inside temperature at a comfortable level in both driver and patient compartments. The various systems for heating, ventilating and air conditioning may be separate or combination systems that permit independent control of environment within each compartment. The driver and patient compartment environments may not be dependent upon one another in any way.

(2) **INTERIOR ENVIRONMENT CLIMATE.** When an ambulance is prepared for immediate response with medications and solutions on the ambulance, the ambulance's interior climate shall be maintained so that the medications and solutions are kept within the temperature range required by the manufacturer.

History: Cr. Register, October, 1986, No. 370, eff. 11-1-86; CR 19-074: renum. Trans 309.14 to (1), cr. (1) (title), (2) Register October 2020 No. 778, eff. 11-1-20; correction in (2) made under s. 35.17, Stats., Register October 2020 No. 778.

Trans 309.15 Exterior ambulance lighting. (1) **GENERAL LAMPS.** Ambulances shall be equipped with headlamps, directional signal lamps, tail lamps, stop lamps, parking lamps, sidemarker lamps, license plate lamps, backup lamps, hazard warning lamps and clearance lamps meeting the requirements of ch. 347, Stats.

(2) EMERGENCY WARNING LAMPS. (a) All ambulances shall be equipped with warning lamps consisting of:

1. Except as provided in par. (b), 2 top-corner mounted alternating flashing red lamps facing forward with a white flashing light mounted at an equal distance between them;
2. Except as provided in par. (c), 2 top-corner mounted alternating flashing red lights facing to the rear;
3. Two top-corner mounted alternating flashing red lights facing to the right side;
4. Two top-corner mounted alternating flashing red lights facing to the left side; and
5. At least 2, red or red and white, flashing or rotating warning lamps located in, on, behind or in front of the vehicle's radiator grill. The lamps shall be designed and mounted so as to be plainly visible and understandable from a distance of 500 feet during both normal sunlight and hours of darkness.

(b) The lights required in par. (a) 1. may be replaced with a light bar with 2 or more rotating or flashing red or red and white lights which covers the same area.

(c) The lights required in par. (a) 2. may be replaced with rotating red or red and white lights revolving or flashing on a horizontal plane.

(d) Emergency warning lamps may not be obstructed by open doors.

(e) Ambulance service providers may not be required to alter emergency warning lamps already installed on ambulances in service prior to November 1, 1986.

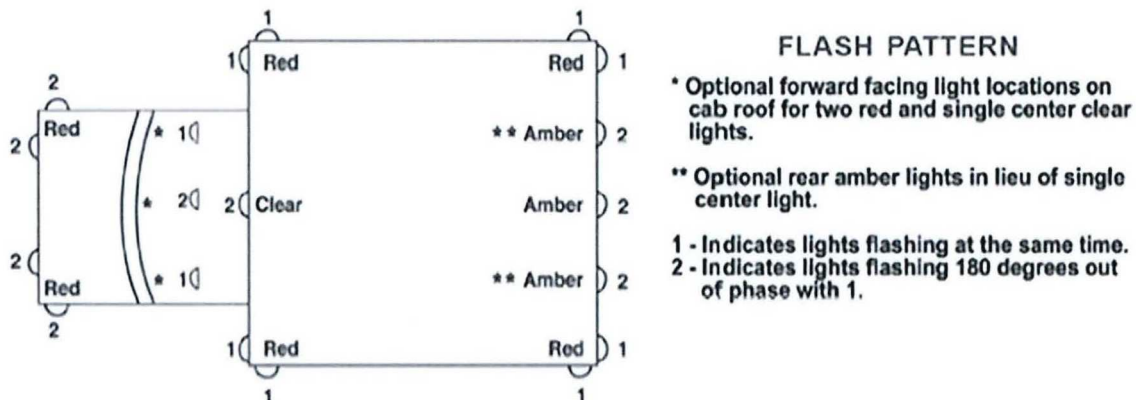
(f) The lamps shall be designed and mounted to be plainly visible and recognizable as emergency vehicle lights from a distance of 500 feet during both normal sunlight and hours of darkness.

(g) A flashing amber light may be installed to the rear top, positioned equally between the 2 top mounted corner flashing red lights, or 2 amber lights may be installed to the rear mounted to the insides of the 2 corner flashing red lights.

(3) FLOODLAMPS. Sealed flood lighting units shall be located at the rear and on the left and right sides of the ambulance. Floodlamps shall be integrally mounted below the roof line but not less than 75 inches above the ground and may not be obstructed by open doors. Each flood lamp shall have a minimum of 800 candlepower output. Flood lighting at the rear shall be arranged to illuminate the ground area immediately surrounding the loading doors. The switches shall be shielded and shall control each side separately.

(4) FIGURE. Lighting requirements described in this section are illustrated in figure 1.

Figure 1 – Emergency Lighting



History: Cr. Register, October, 1986, No. 370, eff. 11-1-86; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, April, 1987, No. 376; am. (1), (2) (a) 5., (b) and (e), Register, April, 1994, No. 460, eff. 5-1-94; am. (2) (b), (c) and (e), cr. (f), Register, February, 1999, No. 518, eff. 4-1-99; CR 19-074; am. (1), (2) (c), cr. (2) (g), (4), (Figure 1) Register October 2020 No. 778, eff. 11-1-20; correction in (2) (g) made under s. 35.17, Stats., and (4) (title) created under s. 13.92 (4) (b) 2., Stats. Register October 2020 No. 778.

Trans 309.16 Interior ambulance lighting. (1) DRIVER COMPARTMENT. The driver compartment shall be equipped with a dome lamp, instrument panel lamps and indicators, master switch panel or console lamps and door-open indicator. The lighting shall be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or line of vision from instrument and switch control panels or other areas that are illuminated while the vehicle is in motion.

(2) PATIENT COMPARTMENT. The patient compartment shall be equipped with overhead or dome lighting and switch panel lighting. Only white or a combination of white and red colored lamps or lenses may be used in the patient compartment. Patient compartment lights shall be automatically activated when the entrance doors are opened or when otherwise controlled by the driver's master switch. Interior light fixtures may not protrude more than 1.5 inches. Fluorescent lights that operate on 12 volts may be used, but they may not extend more than 4 inches from the mounting surface. Fluorescent fixtures may be mounted at the intersection of the ceiling and walls, and shall be equipped with removable covers that positively lock in place.

(3) ILLUMINATION LEVELS. Normal illumination in all patient areas shall be not less than 15 foot candle intensity measured along the entire center line of the clear floor without any outside ambient light. The primary cot and squad bench shall be provided with 35 to 55 foot candles of illumination measured on at least 90% of their surface. Lighting levels shall be controlled by the EMT with switches or with a fireproofed underwriter's laboratory approved rheostat.

History: Cr. Register, October, 1986, No. 370, eff. 11-1-86; am. (2) and (3), Register, April, 1994, No. 460, eff. 5-1-94; am. (2), Register, February, 1999, No. 518, eff. 4-1-99; CR 19-074; am. (2) Register October 2020 No. 778, eff. 11-1-20.

Trans 309.17 Siren and public address system.

(1) Each ambulance shall have an electric or electronic siren and amplified public address system. The siren or siren speakers shall be mounted below the windshield and forward of the front wheels. The siren shall produce wail and yelp sound patterns. The wall sound pattern shall have both automatic and manual controls.

(1m) The siren shall be activated by the steering wheel horn. The emergency light control panel shall have a switch marked "horn/siren" to activate either the vehicle's horn or siren. This

subsection applies to all ambulances that are put in service July 1, 1999.

(2) Ambulance service providers may not be required to alter siren mountings already installed on ambulances in service prior to May 1, 1994.

History: Cr. Register, October, 1986, No. 370, eff. 11–1–86; r. and recr. Register, April, 1994, No. 460, eff. 5–1–94; am. (1) and (2), cr. (1m), Register, February, 1999, No. 518, eff. 4–1–99.

Trans 309.18 Communications. (1) Each ambulance shall have a permanently mounted radio in the cab of the ambulance capable of contacting the hospital emergency department of the hospital it serves. In the rear compartment of the ambulance there shall be two way communications in the form of a radio capable of communication with the hospitals it serves. These radios shall comply with ch. DHS 110.

(2) Each ambulance service provider operating ambulances staffed either wholly or partially with EMTs practicing advance skills shall have remote 2–way communications for personnel when they are away from the ambulance.

History: Cr. Register, October, 1986, No. 370, eff. 11–1–86; am., Register, April, 1994, No. 460, eff. 5–1–94; am. (2), Register, February, 1999, No. 518, eff. 4–1–99; correction in (1) made under s. 13.92 (4) (b) 7., Stats., Register December 2010 No. 660; CR 19–074: am. (1) Register October 2020 No. 778, eff. 11–1–20.

Trans 309.19 Lettering and markings on ambulances. (1) Ambulances may be painted any color or combination of colors and shall bear the lettering and markings prescribed in sub. (2).

(2) The material for lettering and marking shall be a color contrasting with the color of the ambulance. The use of reflectorized material for the lettering and markings is preferred, but is not mandatory. The lettering and markings shall be of the type, size and location as follows:

(a) The word “AMBULANCE” or “RESCUE SQUAD” in block letters not less than 6 inches high shall be placed on each side and on the rear of the vehicle body.

(b) Reflectorized striping totaling not less than 4 inches shall encircle the entire ambulance body excluding the front end. The top edge of this stripe shall be no higher than 48 inches above the ground. This stripe may be broken up by wheel wells, hinges, handles, windows or lights. Reflective designs or materials can replace the 4 inch stripe in this paragraph if it covers an area equal or greater than the area covered by the 4 inch stripe and is incorporated into both sides and rear and begins no higher than 48 inches above the ground. Reflectorized lettering may be included as part of this striping. Reflectorized chevrons may also cover the rear of the ambulance from top to bottom and may be included as part of the striping encircling the body. This striping requirement shall apply to all units placed in service after November 1, 2020.

(c) The name of the ambulance service provider shall be displayed on each side of the ambulance.

History: Cr. Register, October, 1986, No. 370, eff. 11–1–86; renum. from Trans 309.20 and am., Register, April, 1994, No. 460, eff. 5–1–94; am. (1) and (2) (b), Register, February, 1999, No. 518, eff. 4–1–99; CR 19–074: am. (2) (b), cr. (2) (c) Register October 2020 No. 788, eff. 11–1–20; corrections in (2) (b) made under s. 13.92 (4) (b) 14. and 35.17, Stats., Register October 2020 No. 778.

Trans 309.20 Smoking in ambulances. No smoking may be allowed in any area of the ambulance at any time.

History: Cr. Register, February, 1999, No. 518, eff. 4–1–99.

Trans 309.205 Standard mandatory miscellaneous equipment. (1) An ambulance shall be equipped with the following:

(a) Fire extinguishers, including 2 ABC–capable fire extinguishers able to control the following fires: A – capable of extinguishing fires involving paper, wood, textiles and plastics; B – capable of extinguishing fires involving flammable liquids; and C – capable of extinguishing fires involving live electrical equipment, dry chemical or carbon dioxide. These fire extinguishers shall each be a minimum 5–pound unit, in a quick–release bracket,

one mounted in the driver–cab compartment or in the body reachable from outside the vehicle and one in the patient compartment. The mounting bracket shall be a stable design.

(c) “No Smoking” signs placed conspicuously in the cab and patient compartment.

(d) Two portable, battery–operated lights.

(e) Three reflectors or 3 noncombustible red light sticks with a minimum of one–hour service duration.

(f) One current U.S. Department of Transportation Emergency Response Guidebook, which provides general safety and environmental information for hazardous materials.

(i) One personal portable carbon monoxide detector.

(2) Unless the ambulance routinely responds with or is an agency that provides extrication assistance, the ambulance shall carry the following equipment or its equivalent:

(a) One 12–inch adjustable wrench.

(b) One screwdriver for slot head screws.

(c) One Phillips screwdriver.

(d) One hacksaw with 12–inch blades.

(e) One 10–inch locking grip pliers.

(f) One 16 ounce hammer.

(g) One 24–inch wrecking bar.

(h) Impact resistant eye protection.

(i) One pair of leather gloves.

(j) One roll of 2–inch duct tape.

(k) A spring loaded center punch.

(3) Small hand tools shall be stored in an easily accessible area.

History: CR 19–074: cr. Register October 2020 No. 778, eff. 11–1–20; correction in (1) (a), (2) (d) to (f) made under s. 35.17, Stats., Register October 2020 No. 778.

Trans 309.207 Vehicle safe operating conditions.

(1) The vehicle shall be in safe operating condition. The vehicle and all required vehicle equipment shall be functional and operable when the vehicle is in service.

(2) All equipment shall be maintained in full operating condition and in good repair and be free from rips, tears, holes, grease, dirt, and other offensive matter and shall not be carried beyond expiration dates. The finish of the entire patient compartment, including interiors of storage cabinets, shall be impervious to soap, water, and disinfectants and easily cleaned/disinfected (carpeting, cloth, and fabrics are not acceptable).

(3) All equipment carried in an ambulance must be securely stored so that, in the event of a sudden stop or movement of the vehicle, the patient and all occupants are not injured by moving equipment.

(4) During the calendar year when the required biennial ambulance inspection is not completed by the ambulance inspector with the department, the ambulance service provider shall obtain a department–approved inspection for each ambulance. The inspection shall be performed by a technician qualified to perform department annual inspections. Ambulance service providers may perform the required annual inspection themselves with a qualified technician. The original or a copy of the periodic inspection report for each ambulance must be retained by the ambulance service provider for 14 months from the report date and shall be made available to the department.

History: CR 19–074: cr. Register October 2020 No. 778, eff. 11–1–20; correction in (2) made under s. 35.17, Stats., and correction in (4) made under s. 13.92 (4) (b) 12., Stats., Register October 2020 No. 778.

Trans 309.209 Safety belts and child safety restraint systems. (1) Every ambulance shall be equipped with safety belts for the driver and each passenger in the driver compartment and at each seating position in the rear or patient compartment.

(2) All seatbelts, seatbelt use, child restraints and use shall comply with s. 347.48, Stats.

(3) Every ambulance shall carry a child restraint system appropriate for children under the age of 8 years old. When a child under the age of 8 years old is transported, that child shall be transported in a front or rear oriented direction.

History: CR 19–074: cr. Register October 2020 No. 778, eff. 11–1–20; change in numbering of (2), (3) under s. 13.92 (4) (b) 1., Stats., and corrections in (2) made under s. 13.92 (4) (b) 7. and 35.17, Stats., Register October 2020 No. 778.

Subchapter III—Medical Equipment Standards

Note: Pursuant to s. Trans 309.25, as created by CR 19–074, this subchapter is repealed eff. July 15, 2023, or upon promulgation by the Department of Health Services of administrative rules establishing standards and inspections, as well as legislative appropriation of resources for such inspections, whichever comes sooner.

Trans 309.21 Stretcher and chair stretcher and restraints. (1) Every ambulance shall be equipped with one commercial elevating wheeled cot maintained in good working order made up with a sheet and a blanket and a stair chair or carry chair, designed to permit a patient to be carried on stairways and through other narrow areas. Each ambulance shall be equipped with a crash stable slide, center mounted, or equivalent cot fastener assembly of the quick–release type to secure the elevating wheeled cot to the ambulance body. The cot fastener assembly shall be the manufacturer’s approved bracket for the cot used.

(2) At least 3 strap–type restraining devices for the chest, hip and knee shall be provided for each stretcher, capable of preventing longitudinal or transverse dislodgement of the patient during transit. Shoulder straps shall be required on the cot stretcher. Restraining straps shall be made of nylon or equivalent material and shall be at least 2 inches wide. The straps shall be constructed as a 2–piece assembly with quick–release buckles and shall be removable for easy cleaning. If a second patient is transported in the patient compartment on a long spine board the ambulance shall be equipped with the manufacturer’s approved securement for a long spine board and 3 strap–type restraining devices for the chest, hip and knee.

Note: Pursuant to s. Trans 309.25, as created by CR 19–074, this section is repealed eff. July 15, 2023, or upon promulgation by the Department of Health Services of administrative rules establishing standards and inspections, as well as legislative appropriation of resources for such inspections, whichever comes sooner.

History: CR 19–074: r. and recr. Register October 2020 No. 778, eff. 11–1–20; correction in (2) made under s. 35.17, Stats., Register October 2020 No. 778.

Trans 309.22 Suction aspirator system. An electrically powered suction aspirator system shall be furnished with an illuminated switch and a panel–mounted, labeled, quick disconnect inlet device on the panel. The suction pump shall be located in an area that is accessible, but the patient compartment shall be insulated from the pump’s sound and vibration. The pump shall be vented to the vehicle’s exterior. A vacuum control and a shut–off valve, or combination thereof, shall be provided to adjust vacuum levels. A vacuum indicator gauge of 3 inches \pm 0.5 inches in diameter, with numerical markers at least every 100 mm Hg and a total range of 0 to 760 mm Hg, shall be provided. The collection bottle or bag shall be nonbreakable and transparent with a minimum 1,000 ml capacity. The minimum inside diameter for the suction tubing connectors shall be at least 1/4 inch. One spare, non–breakable suction collecting bottle shall be stored nearby if a disposable bag is not used. The following accessories shall be furnished and stored to be readily available, and shall be a single–patient use item: one suction rinsing water bottle; one semi–rigid non–metallic pharyngeal suction tip; at least one spare suction tip and at least one adult and one infant catheter; and one 6–foot length or more of translucent wide bore, non–kinking suction tubing, reasonably thick walled to prevent its collapse under high suction. The suction aspirator system shall provide a minimum of 30 liters per minute flow at the catheter tip. The suction aspirator system shall achieve a minimum of 300 mm Hg vacuum within 4 seconds after the suction tube is closed.

Note: Pursuant to s. Trans 309.25, as created by CR 19–074, this section is repealed eff. July 15, 2023, or upon promulgation by the Department of Health

Services of administrative rules establishing standards and inspections, as well as legislative appropriation of resources for such inspections, whichever comes sooner.

History: CR 19–074: r. and recr. Register October 2020 No. 778, eff. 11–1–20; correction made under s. 35.17, Stats., Register October 2020 No. 778.

Trans 309.23 Oxygen equipment. (1) The ambulance shall have a hospital–type piped oxygen system capable of storing and supplying a minimum of 120 cubic feet of medical oxygen. The main oxygen supply shall have a minimum of 500 PSI. The oxygen containers shall be secured in a storage compartment. The cylinder controls shall be accessible from inside the vehicle. The pressure readout shall be visible inside the patient compartment. The piped oxygen system shall include a pressure regulator preset to 50 PSI, \pm 5 PSI, line pressure installed at the cylinder, and nonferrous piping and low pressure hoses suitable for medical oxygen. Oxygen piping shall be concealed and not exposed to the elements or damage, be securely supported, and be readily accessible for inspection and replacement. Oxygen shall be piped to self–sealing outlets. One duplex oxygen outlet station for the primary patient shall be located on the action wall and at least one other oxygen outlet shall be located in the patient compartment. Two oxygen outlets shall be equipped with a plug–in flowmeter and delivery tube. The flowmeter shall be capable of delivering at least 15 liters per minute.

(2) A portable oxygen unit shall be carried. It shall be located near a patient compartment door and shall be accessible from outside of the ambulance. The portable oxygen unit shall have at least a 13–cubic–foot container and shall be equipped with a yoke, a pressure gauge, a non–gravity–dependent flowmeter, a delivery tube and oxygen masks. The portable oxygen supply shall have a minimum 500 PSI. The unit shall be capable of delivering an oxygen flow of at least 15 liters per minute. Portable cylinders or kits located in the patient compartment shall be secured with quick–release securing fittings. A full spare cylinder shall be stored in the ambulance. Oxygen masks shall be transparent and disposable.

Note: Pursuant to s. Trans 309.25, as created by CR 19–074, this section is repealed eff. July 15, 2023, or upon promulgation by the Department of Health Services of administrative rules establishing standards and inspections, as well as legislative appropriation of resources for such inspections, whichever comes sooner.

History: CR 19–074: r. and recr. Register October 2020 No. 778, eff. 11–1–20; correction in (1) made under s. 35.17, Stats., Register October 2020 No. 778.

Trans 309.24 Medical and surgical equipment.

(1) All ambulances shall be equipped with the following:

(a) An automatic, semiautomatic or manual defibrillator for use on adults and pediatric patients as specified in the standard operating procedures approved by the medical director that the ambulance service reports to and included in the plan approved by the department of health services, with appropriately sized defibrillation or conduction pads. This paragraph applies to all in–service ambulances.

(am) Oxygen administration equipment, including adequate length tubing; transparent masks, adult and child sizes, both non–rebreathing and valveless; nasal cannulas, adult, child, and infant sizes; nebulizers, adult, child, and infant sizes; and a tracheostomy tube. All masks, tubing and cannulas shall be single–patient use.

(b) One bag–valve–mask unit for each size, adult, child and infant. The bag shall be hand–operated, self–refilling with an accumulator capable of delivering an FiO₂ of 90 percent, and may not have a pop–off valve. The mask portion shall be transparent. The valve portion shall be clear, disposable and operable in cold weather. A child bag shall have a reservoir of approximately 450 ml, and an adult bag shall have a reservoir of at least 1000 ml.

(bm) All in–service ambulances shall have 2 approved non–visualized advanced airways.

(br) Laryngoscope with adult and pediatric blades.

(c) Oropharyngeal airways sizes 0 to 5, adult, child, and infant sizes.

- (cm) Nasopharyngeal airways sizes 16F to 34F, adult and child sizes.
- (cr) Adult and pediatric forceps.
- (d) Water soluble lubricant.
- (e) Pulse oximeter with pediatric and adult probes.
- (em) Blood glucose monitoring equipment.
- (f) Bandages and bandaging accessories to include:
1. Commercially packaged or sterile burn sheets, minimum 2.
 2. Triangular bandages, minimum 2.
 3. Sterile multi–trauma dressings in various large and small sizes.
 4. Abdominal dressings 10 inches by 12 inches or larger.
 5. Four–inch by 4–inch or other suitable size gauze sponges.
 6. Gauze rolls, various sizes sufficient for expected uses.
 7. Occlusive dressing or equivalent, sterile 3 inches by 8 inches or larger.
 8. Adhesive hypoallergenic tape of various sizes.
- (fm) Arterial tourniquet.
- (fr) Heavy bandage or paramedic scissors for cutting clothing, belts and boots.
- (g) Sphygmomanometer with pediatric, adult regular, and adult large size cuffs.
- (h) Adult and pediatric stethoscopes.
- (i) Cervical collars, rigid for children ages 2 years or older; child and adult sizes small, medium, and large.
- (im) Head immobilization devices, firm padding or commercial devices for adults and children.
- (j) Lower extremity, femur traction devices for adults and children.
- (jm) Upper and lower extremity immobilization devices, joint–above and joint–below fracture, in sizes appropriate for adults and children. The devices shall be rigid support constructed with appropriate material, such as cardboard, metal, pneumatic, vacuum, wood, or plastic.
- (k) Impervious, radiolucent long backboard and short extrication/ immobilization device. Long back–board shall be head–to–feet length with at least 3 appropriate restraint straps and with capabilities to add padding for children and handholds for moving patients.
- (km) Orthopedic, scoop–type, break–apart stretcher.
- (L) Obstetrical kit including all of the following:
1. Sterile gloves.
 2. Scissors or other cutting utensil.
 3. Umbilical cord clamps.
 4. Sterile dressings.
 5. Towels.
 6. Bulb suction or bulb syringe.
 7. Thermal absorbent blanket and head cover, aluminum foil roll, or appropriate heat–reflective material, enough to cover a newborn.
- (Lm) Length/weight–based tape or appropriate reference material for pediatric equipment sizing and drug dosing based on estimated or known weight.
- (m) Thermometer with low temperature capability.
- (n) Commercial cold packs and hot packs.
- (o) Sterile saline solution for irrigation, bottles or bags.
- (p) Blanket, a minimum of 4 sheets, linen or paper and pillow.
- (pm) Towels.
- (q) Disposable emesis bags or basins.
- (qm) Disposable bedpan.
- (qr) Disposable urinal.
- (r) Infection control equipment to include:
1. Three or more eye protection units (full peripheral glasses or shield).
 2. Three or more surgical masks.
 3. Three or more pairs of nonsterile gloves.
 4. Three or more jumpsuits or gowns that are disposable and impervious to body fluids.
 5. Three or more disposable shoe covers.
 6. Waterless hand cleanser, commercial antimicrobial, in towelette, spray or liquid form.
 7. Standard commercial sharps containers, fixed and portable.
 8. Bio–hazard bags of identifiable color, markings, or both.
 9. Disinfectant solution for cleaning equipment.
 10. N95 or N100 respiratory protection masks.
- (s) Patient physical restraints.
- (t) Medications and drugs specified in the standard operating procedures approved by the medical director that the ambulance service provider reports to and included in the plan approved by the department of health services.
- (2)** In addition to the medical and surgical equipment specified in sub. (1), ambulances staffed with emergency medical technicians may carry the equipment specified in pars. (a) to (e) based on a services scope of practice, approved protocols and required training approved by the medical director of the ambulance service provider reports to. Ambulances staffed with advanced emergency medical technicians and emergency medical technician–intermediates shall be equipped with the following:
- (a) Sterile intravenous infusion agents, in plastic containers, with necessary IV starting equipment, including an assortment of appropriately sized adult and pediatric IV catheters, including small sized catheters to at least 24 gauge.
 - (b) Electrocardiogram monitor with acquisition and transmission.
 - (c) Electrocardiogram monitor 12, 15 or 18 lead with acquisition and transmission.
 - (d) Two or more intraosseous needles.
 - (e) Prepackaged medications, drugs and solutions specified in the standard operating procedures approved by the medical director that the ambulance service provider reports to and the department of health services.
- (3)** In addition to the medical and surgical equipment specified in subs. (1) and (2), ambulances staffed with emergency medical technician – intermediates may carry the equipment specified in pars. (a) to (c) based on a services scope of practice and approved protocols and with training approved by the medical director that the ambulance service provider reports to. Ambulances staffed by paramedics shall carry the following:
- (a) Electrocardiogram monitor with interpretation.
 - (b) Electrocardiogram monitor 12, 15 or 18 lead with interpretation.
 - (c) Medications and drugs specified in the standard operating procedures approved by the medical director that the ambulance service provider reports to and the department of health services.
- (4)** No medications, drugs, fluids, solutions or containers shall be kept beyond their expiration date.
- (5)** All ambulance service providers shall perform tests or maintenance as recommended or required by the OEM on all medical equipment carried.
- Note:** Pursuant to s. Trans 309.25, as created by CR 19–074, this section is repealed eff. July 15, 2023, or upon promulgation by the Department of Health Services of administrative rules establishing standards and inspections, as well as legislative appropriation of resources for such inspections, whichever comes sooner.
- History:** CR 19–074: r. and recr. Register October 2020 No. 778, eff. 11–1–20; correction in (1) (am), (c), (cm), (f) 4. to 7., (g) to (i), (j) to (km), (o), (r) 7., 8., (2) (intro.), (3) (intro.), made under s. 35.17, Stats., and correction in (5) made under s. 13.92 (4) (b) 12., Stats., Register October 2020 No. 778.

Trans 309.25 Repeal of Subchapter III. This subchapter is repealed on July 15, 2023, or upon promulgation by the department of health services of administrative rules establishing standards and inspections, as well as legislative appropriation of resources for such inspections, whichever comes sooner.

Note: Pursuant to this section, as created by CR 19-074, this section is repealed eff. July 15, 2023, or upon promulgation by the Department of Health Services of administrative rules establishing standards and inspections, as well as legislative appropriation of resources for such inspections, whichever comes sooner.

History: CR 19-074: r. and recr. Register October 2020 No. 778, eff. 11-1-20; (title) created under s. 13.92 (4) (b) 2., Stats., and correction made under s. 35.17, Stats., Register October 2020 No. 778.