

FILE NO. 150052

Petitions and Communications received from January 6, 2015, through January 16, 2015, for reference by the President to Committee considering related matters, or to be ordered filed by the Clerk on January 27, 2015.

Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information will not be redacted.

From concerned citizens, regarding Happy Vape. 313 letters. File No. 141291. Copy: Each Supervisor. (1)

From Officers for Justice-Peace Officers' Association, regarding President of the Board of Supervisors vacancy. Copy: Each Supervisor. (2)

From Mayor, regarding Notice of Appointment to the District 3 seat on the Board of Supervisors: (3)
Julie Christensen

From Marie Gandolfo, regarding bicyclist behavior. Copy: Each Supervisor. (4)

From Public Health, submitting Annual 2014 Title XV Evaluation Reports. Copy: Each Supervisor. (5)

From Fish and Wildlife, regarding Phasing of Nonlead Ammunition Requirement. Copy: Each Supervisor. (6)

From Larry P. Blake, regarding Castro Cares program. Copy: Each Supervisor. (7)

From City Administrator, submitting Indemnification Quarterly Report January - December 2013. Copy: Each Supervisor. (8)

From City Administrator, submitting Indemnification Quarterly Report January - December 2014. Copy: Each Supervisor. (9)

From Sheriff, regarding Administrative Code 14B waiver request for Northpointe Inc. Copy: Each Supervisor. (10)

From Sheriff, regarding Administrative Code 14B waiver request for Thomson Reuters. Copy: Each Supervisor. (11)

From Public Defender, submitting 2014 Annual Report and 2015 Calendar. (12)

From Controller, submitting Citywide Contract Compliance Audits, FYs 2011-2012 and 2012-2013 combined report. Copy: Each Supervisor. (13)

From Verizon Wireless, submitting General Order No. 159A notice for Broadway and Battery SC1. Copy: Each Supervisor. (14)

From Adult Probation, regarding upcoming meetings and events. (15)

From concerned citizen, regarding healthcare. Copy: Each Supervisor. (16)

From Aaron Goodman, regarding 5m project. Copy: Each Supervisor. (17)

From Randall Kovar, regarding Youth Commission and voting age. Copy: Each Supervisor. (18)

From Diane Rivera, regarding Neighborhood Emergency Response Team. Copy: Each Supervisor. (19)

From concerned citizens, submitting signatures for petition regarding Municipal Transportation Agency. 4,082 signatures. Copy: Each Supervisor. (20)

From Joan Hasselgren, regarding traffic calming. Copy: Each Supervisor. (21)

From Vanessa Bailey, regarding Better Together Project. Copy: Each Supervisor. (22)

From Allen Jones, regarding Human Rights Commission. Copy: Each Supervisor. (23)

From Treasurer, submitting Monthly Pooled Investment Report for December 2014. Copy: Each Supervisor. (24)

From Controller, submitting report entitled Airport Commission: Better Oversight is Required to Improve the Change Management Process for the New Air Traffic Control Tower. Copy: Each Supervisor. (25)

From Controller, submitting report entitled Airport Commission: Avila Retail Development & Management, LLC, Correctly Paid Its Rent for 2012 and 2013. Copy: Each Supervisor. (26)

From Citizens' General Obligation Bond Oversight Committee, submitting FY2013-2014 Annual Report. Copy: Each Supervisor. (27)

From Jaime Michaels, regarding proposed Corona Heights Development. Copy: Each Supervisor. (28)

From Chamber of Commerce, regarding rights of formula retail employees in hotels. File No. 141300. Copy: Each Supervisor. (29)

From Termeh Yeghiazarian, regarding advertising on Muni. Copy: Each Supervisor. (30)

From Library Users Association, regarding implementation of BiblioCommons. Copy: Each Supervisor. (31)

From concerned citizens, regarding 110 The Embarcadero appeal. 7 letters. File No. 141320. Copy: Each Supervisor. (32)

From Mayor Lee, regarding appointment to the Residential Rent Stabilization & Arbitration Board: (33)

David Wasserman - term ending September 1, 2018.

From Public Health, submitting Annual Report of Gifts Received in FY2013-2014. Copy: Each Supervisor. (34)

From Terry Chong, regarding recent protests. Copy: Each Supervisor. (35)

From President Breed, regarding 2015 Board of Supervisors committee assignments. Copy: Each Supervisor. (36)

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: File 141291 FW: Letter Missing --> Support for AppealHappy Vape Shop & Hookah Lounge

From: Rene Casis [<mailto:renecasis@gmail.com>]
Sent: Sunday, January 11, 2015 1:20 PM
To: BOS Legislation (BOS)
Subject: Fwd: Letter Missing --> Support for AppealHappy Vape Shop & Hookah Lounge

Apologies, my original email address for the Board of Supervisors was errant.

Please find my request below to include my letter as it concerns the Appeal of the Happy Vape Shop & Hookah Lounge.

Kind regards,
Rene Casis

----- Forwarded message -----

From: Rene Casis <renecasis@gmail.com>
Date: Sun, Jan 11, 2015 at 1:15 PM
Subject: Letter Missing --> Support for AppealHappy Vape Shop & Hookah Lounge
To: bos.legislation@sfgov.org, Board.of.Supervisors@sfg.org, "Yee, Norman (BOS)" <Norman.Yee@sfgov.org>

All,
I submitted my letter to support the appeal of the Happy Vape Shop & Hookah Lounge on January 5, 2015 at 3:04pm ahead of the 5pm deadline. I noticed my email was not included in the Comment Letters.

[Comment Ltrs 010515](#)

Is it possible to include my letter especially as it was before the deadline?

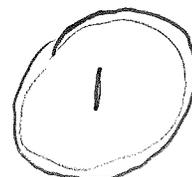
Thank you.

Kind regards,
Rene Casis

On Mon, Jan 5, 2015 at 3:04 PM, Rene Casis <renecasis@gmail.com> wrote:
To Whom It May Concern,

I writing to oppose the the proposed use of 1963 Ocean Avenue as a vapor tobacco shop and lounge.

As a resident of Ingleside Terraces, I feel the proposed business negatively impacts the neighboring community. On a related point, it is detrimental to the commercial success of Ocean Avenue. I am concerned that with the adjacent public schools that such a business is inappropriate as there is a proportionally large number of young children walking through the Ocean Avenue corridor.



I disagree with the Planning Commission's findings on 6 November 2014 that the proposed business provides retail enhancement to the district, that is not detrimental to the health of the residents or those working in the vicinity, and the notion that such a business is compatible with the neighborhood and the community.

The demographics of the neighborhoods adjacent to Ocean Avenue continues to change as more young families (and hence young children) reside in the area. I feel the focus of the new businesses should be focused on benefiting the community of residents, first and foremost. This proposed business (as well as the two marijuana dispensaries on Ocean Avenue) and the proximity of two public schools invites negative temptation to the young children residing and/or attending the adjacent schools.

I urge the Board of Supervisors to join the residents in the opposition of this business. In addition, I invite the Board to increase their partnership with the surrounding neighborhood boards and residents to create a community of businesses that will have a lasting positive impact of commerce to benefit the adjacent neighborhoods as well as San Francisco as a whole.

Sincerely,
Rene Casis
Ingleside Terraces

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Conditional Use Appeal - 1963 Ocean Avenue
Attachments: petition_pp1-4.pdf; petition_pp5-8.pdf

From: Robert Karis [<mailto:rckaris@gmail.com>]
Sent: Wednesday, January 07, 2015 8:56 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS)
Subject: Conditional Use Appeal - 1963 Ocean Avenue

Dear Angela Calvillo, Clerk of the Board:

Please enter the attached documents for my appeal of the decision of the Planning Commission by Motion No. 19271 (Case No. 2014.0206C), for the property located at: 1963 Ocean Avenue, Assessor's Block No. 6915, Lot No. 020.

Petition_pp1-4.pdf and petition_pp5-8.pdf are copies of the petition containing over 100 signatures of neighbors opposing the proposed vape shop at 1963 Ocean Ave. The petitions were submitted to the Planning Commission at the hearing on Nov. 6, 2014.

Thank you.

Sincerely,

Robert Karis, M.D.
Appellant

Opposition to the opening of the Happy Vape Store at 1963 Ocean Avenue

Dear San Francisco Planning Commissioners:

We, the undersigned residents of the Ocean Avenue neighborhood, oppose the opening of a "vape shop" on Ocean Avenue. This type of business is unnecessary as there are already stores on Ocean Avenue that sell e-cigarettes and 21 "vape shops" in the City of San Francisco. We live in a residential neighborhood with nearby schools including middle schools, high schools, and the City College of San Francisco. A vape shop will encourage new young users and others to use e-cigarettes that contain addictive nicotine and other harmful chemicals in their fumes. We do not want ourselves, our neighbors, or our children to use or to be exposed to this type of product.

DATE.....NAME.....ADDRESS OR NEIGHBORHOOD.....

11/4/14	Zachary Austin	Ingleside terrace
11/4/14	Charles Benoit	Ingleside Terrace
11.4.14	Kelly Cole	Ingleside Terrace
11.4.14	80D [Signature]	Ingleside Terrace
11/4/14	Shani Jones	Ingleside Terrace
11/4/14	Tanya O'Sullivan	" "
11/4/14	Gerry O'Sullivan	" "
11-4-14	Nicholas Massenkoff	" "
11/4-14	[Signature]	Ingleside Terrace
11-4-14	[Signature]	" "
11-4-14	Sasulgan	" "
11-4-14	Floyd A. Glenn	Ingleside Terrace

Opposition to the opening of the Happy Vape Store at 1963 Ocean Avenue

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DATE.....	NAME.....	ADDRESS OR NEIGHBORHOOD.....
10-4-14	Laurel Pomey	149 Urbano Dr
11-4-14	Judy Reynolds	660 Victoria ^{Victoria}
11-4-14	Sharon P	610 Victoria St
11-4-14	Patricia J. Duff	60 DeSoto, S.F.
11-4-14	Susan Jung	184 Corona SF
11-04-14	Edmund Jong	184 Corona St SF 94127
11-04-14	Patricia S. Weathers	45 Entrada St 94127
11-4-14	Julia Martin	85 Borica St 94127
11-5-14	Eda McNulty	311 Moncada St 94127
11-5-14	John McNulty	311 Moncada St. 94127
11/5/14	Kirk Schneider	Ingleside Terraces
11-5-14	Mary Brannon	130 De Soto, 94127
11-5-14	JOHN KINCA	" "

Opposition to the opening of the Happy Vape Store at 1963 Ocean Avenue

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DATE.....NAME.....ADDRESS OR NEIGHBORHOOD.....

11/5/14	A. Meyer	Ingleside Terraces
11/5/14	Dena McNulty	Ingleside Terraces
11/5/14	Michael McNulty	Ingleside Terraces
11/5/14	Jurate Paulinaitis	Ingleside Terraces
11/5/2014	Carolinio McSullivan	Ingleside Terraces
11/5/14	Keli B. Zitz	Ingleside Terraces
11/5/14	Janet A. Holm	Ingleside Terraces
11/5/14	Wendy Dwyer	Ingleside Terraces
11/5/14	Lisa Churchill	Ingleside Terraces
11/5/14	IO Norim	"
11/5/14	ST	"
11/5/14	Patricia Schreiber	"

11/3/2014

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DATE.....NAME.....ADDRESS OR NEIGHBORHOOD.....

11/3/2014 Pat Ryan 65 Urbano Dr, Ingleside Terraces

11/4/2014 Francis Hechinger 65 Urbano Dr. Ingleside Terraces

11/4/2014 Connie Fitzgerald 946 Junipero Serra Blvd

11/4/2014 Bill Fitzgerald 946 Junipero Serra

11/4/14 MICHAEL YOUNG 788 VICTORIA ST.

11/4/14 CHRISTINE YOUNG 788 VICTORIA ST.

11/4/14 - BRENDA YOUNG 788 VICTORIA ST.

11/4/14 LAWRENCE YOUNG 788 VICTORIA ST.

11/4/14 Jean-Marc Hechinger 65 Urbano Dr.

11/4/14 Nathalie Hechinger 65 Urbano, Dr

11/5/14 Danielle Hechinger 65 Urbano Dr.

11/5/14 Heather Lemellen Ingleside Terraces

Opposition to the opening of the Happy Vape Store at 1963 Ocean Avenue

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DATE.....NAME.....ADDRESS OR NEIGHBORHOOD.....

11-15-14 *[Signature]* 245 Corona St

11-15-14 *[Signature]* 245 Corona St.

11-05-14 Scott Hernandez 215 Corona St.

11-05-14 Michelle Hernandez 215 Corona St.

11-5-14 Jacobs Park 447 Faxon Avenue

11-5-14 Cheryl Lin 447 Faxon Ave

11/6/14 Elaine Mannon 295 Urbanis Dr.

11/6/14 Rockland Michael Allen 21 Mercedes Way

11/6/14 Jan Bernard 21 Mercedes Way

11/6/14 Becky Ramos 2224 Ocean Ave

11/6/14 Mike Ramos 2224 Ocean Ave

11/6/14 Vicky Francisco 176 Lunado Ct.

11/6/14 Gil Francisco 176 Lunado Ct.

11/6/14 Sandra Fullerton 975 Darien Way, Balboa Terrace

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DATE.....	NAME.....	ADDRESS OR NEIGHBORHOOD.....
Nov 5, 2014	Susan Ritchie	74 Lagunitas Dr SF 94132
11/5/2014	John Ritchie	74 Lagunitas Dr. SF 94132
11/5/2014	SUSAN WOOD	55 LAGUNITAS DR SF 94132
11/5/2014	Claudine Delagnes-Murray	80 Cranleigh Pl. 94132
11/5/2014	Thomas McHarty	70 Lagunitas Drive 94132
11/5/2014	Doug Kilroy	80 Lagunitas 94132
11/6/14	Mark Folger	775 Dorwin Way, Balboa Terrace
11/6/14	James McGillem	Delcamo, Sycamore T.
11/6/14	KATRINA PENTICA	Westwood Park Neighborhood
11/6/14	Ken Pentic	Westwood Park "
11/6/14	Shawny Nicholson	Miramar Avenue
11/6/14	Sean Nicholson	Miramar Avenue
11.6.14.	KATHLEEN McDONOUGH	SAN LEANDROWAY BALBOA TERRA
11.6.14.	KEVIN McDONOUGH	" "

LAKESIDE Neighborhood

Opposition to the opening of the Happy Vape Store at 1963 Ocean Avenue

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DATE.....NAME.....ADDRESS OR NEIGHBORHOOD.....

- 11/5/14 Ann Romero 875 Urbano Dr. SF CA 94127
- 11/5/14 Lyne Burrell 875 Urbano Dr. SF CA 94127
- 11/5/14 Adrienne Doucette 883 Urbano Dr SF, CA 94127
- 11/5/14 Melinda Smith-Creps 883 Urbano SF, CA. 94127
- 11/5/14 ~~Joe Frany~~ 763 Head ST. SF CA 94132
- 11/5/14 ~~Joe Frany~~ 898 URBANO DR S.F. CA 94127
- 11/05/14 Frank Navarro ✓ ✓ ✓ ✓
- 11/5/14 Malysa Navarro Ingleside Terrace
- 11/5/14 Gail Dent 265 Corona Ct 94127
- 11/5/14 Gail Dent 265 CORONA CT 94127
- 11/5/14 Gail Dent 265 Corona ct. 94127
- 11/5/14 Gail Dent 245 CORONA ST, 94127

Opposition to the opening of the Happy Vape Store at 1963 Ocean Avenue

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DATE.....NAME.....ADDRESS OR NEIGHBORHOOD.....

11/5/14	Lynda Dunphy	Ingleside Terraces
11/5/14	Daniel Dunphy	Ingleside Terraces
11/5/14	Elba Navarro	Ingleside Terraces
11/5/14	Elvira Navarro	Ingleside Terraces
11/5/14	Rene Casis	Ingleside Terraces
11/5/14	Jenny Hayward	Ingleside Terraces
11/5/14	Amy Suen	Ingleside Terraces
11/5/14	FRANK Suen	URBANO DRIVE SF
11/5/14	Mary Sherwood	I.T., Urbano
11/5/14	Drew Sherwood	I.T., Urbano
11/5/14	Charles Zetta Baker	Ingleside Terraces
11/5/14	Irene Creps	Urbano, I.T.

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: FW: Letter supporting the appeal of Planning Commission decision in Case No. 2014.0206C (Letter opposing the vape shop/steam stone hookah lounge at 1963 Ocean Ave.)
Attachments: Ling TEROC Letter.pdf

From: Pam Ling [<mailto:ling.pam@gmail.com>]
Sent: Monday, January 05, 2015 4:45 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); Wiener, Scott
Cc: Carolyn Karis; rckaris@gmail.com
Subject: Letter supporting the appeal of Planning Commission decision in Case No. 2014.0206C (Letter opposing the vape shop/steam stone hookah lounge at 1963 Ocean Ave.)

Attached please find my letter representing the State Tobacco Education and Research Oversight Committee (TEROC).

Pamela Ling

TOBACCO EDUCATION AND RESEARCH OVERSIGHT COMMITTEE



Pamela Ling, MD MPH
530 Parnassus Avenue, Suite 366
San Francisco, CA 94143-1390

RE: Appeal of Planning Commission approval of Conditional Use in Case No. 2014.0206C.

January 5, 2015

Dear San Francisco Board of Supervisors

My name is Dr. Pamela Ling, and I am a resident of San Francisco, but am writing primarily as a member appointed by the California State Senate Rules Committee to California's state Tobacco Education and Research Oversight Committee, commonly known as TEROC. I thank the Board of Supervisors for the opportunity to comment on the issue at hand, and to share our recommendations on the matter.

The Committee oversees Proposition 99, which funds the California Tobacco Control Program at the California Department of Public Health, as well as the Tobacco Related Disease Research Program at the University of California, and tobacco education efforts administered by the California Department of Education. This Committee also produces a master plan for tobacco control and tobacco-related research, and makes recommendations to the State Legislature for improving tobacco control and tobacco-related research efforts in California.

Besides my role as a Member of TEROC, I am a Professor of Medicine at the University of California San Francisco, and a researcher with expertise in how tobacco marketing and promotion encourages young people to start and continue tobacco use. I have studied cigarette, smokeless tobacco, and e-cigarette marketing messages, and my research found that many of the old marketing tactics that are no longer allowed for cigarettes are commonly used to sell e-cigarettes. Many of these messages appeal to youth.

- TEROC supports the regulation of e-cigarette sales by requiring vendors to obtain a tobacco retailer's license and prohibiting the sale of the product where cigarettes cannot be sold. Currently 71 cities and counties in California require a retailer to obtain a license to sell e-cigarettes.
- TEROC supports e-cigarette regulation by prohibiting the use of e-cigarettes wherever tobacco products cannot presently be used. Currently 73 cities and counties in California have ordinances prohibiting the use of e-cigarettes in some outdoor areas, some indoor areas, or both.

TOBACCO EDUCATION AND RESEARCH OVERSIGHT COMMITTEE

- This position is consistent with TEROC's official position on e-cigarettes, adopted at the Committee's May 22, 2013 meeting, which simply states:

“TEROC opposes the use of e-cigarettes in all areas where other tobacco products are banned.”

- TEROC adopted this official position for several reasons:
 - Smoke-free policies protect nonsmokers from exposure to toxins and encourage smoking cessation.
 - Introducing electronic cigarettes into clean air environments created by smoke-free policies reinforces the act of smoking as socially acceptable, and makes enforcement of existing laws that protect the public from secondhand smoke difficult due to similarities with cigarettes.
 - Early data show that electronic cigarette emissions can contain carcinogens and toxic chemicals, which may result in additional harm to the public.
- TEROC is particularly concerned by recent reports by the Centers for Disease Control and Prevention (CDC) and the 2014 national Monitoring The Future study of teens.
 - The percentage of U.S. middle and high school students who have used e-cigarettes more than doubled from 2011 to 2012, from 4.7 percent to 10.0 percent.
 - In 2012, more than 1.78 million middle and high school students nationwide had tried e-cigarettes.
 - The CDC study also found that 76.3 percent of middle and high school students who used e-cigarettes in the last 30 days had also smoked cigarettes.
 - In 2014, more than twice as many 8th- and 10th-graders reported using e-cigarettes as reported using tobacco cigarettes
 - With emerging tobacco products like e-cigarettes on the rise, this vulnerable population needs protection from exposure to these products.
- For these reasons, TEROC supports efforts to prohibit the use of e-cigarettes anywhere smoking is currently prohibited and the regulation of electronic cigarette (e-cigarette) sales.
- TEROC regularly produces a Master Plan for tobacco control for the State of California. The TEROC Master Plan includes the recommendation to support and defend local communities' efforts to enact tobacco control policies, including policies to decrease youth access to and initiation of tobacco use.

I appreciate the opportunity to discuss the issue with you, and I am happy to answer any questions you might have.

Sincerely,



Pamela Ling, MD MPH
Member, Tobacco Research and Education Oversight Committee (TEROC)

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Conditional Use Appeal - 1963 Ocean Avenue
Attachments: Appeal-Documents_Case_No_2014_0206C.pdf

From: Robert Karis [<mailto:rckaris2@gmail.com>]
Sent: Monday, January 05, 2015 2:12 PM
To: BOS Legislation (BOS)
Cc: Board of Supervisors (BOS); Yee, Norman (BOS); Robert Karis
Subject: Conditional Use Appeal - 1963 Ocean Avenue

Dear Angela Calvillo, Clerk of the Board:

Please enter the following document for my appeal of the decision of the Planning Commission by Motion No. 19271 (Case No. 2014.0206C), for the property located at: 1963 Ocean Avenue, Assessor's Block No. 6915, Lot No. 020.

Appeal-Documents_Case_No_2014_0206C.pdf

Thank you.

Sincerely,

Robert Karis, M.D.
Appellant

Appeal of the decision of the Planning Commission Conditional Use Authorization by Motion No. 19271 (Case No. 2014.0206C), for property located at 1963 Ocean Avenue, Assessor's Block No 6915, Lot No. 020.

We disagree with the following "Findings" contained in the Final Motion ("FM") No. 19271 of the Planning Commission in approving, on November 6, 2014, the Conditional Use Authorization for the tobacco paraphernalia establishment at 1963 Ocean Avenue.

The appeal to disapprove the Planning Commission's authorization of the Conditional Use for the vape shop/steam stone hookah lounge (aka Happy Vape) at 1963 Ocean Avenue is based on the following:

1. The Planning Commission did not appropriately apply the criteria for a Conditional Use Authorization for a tobacco paraphernalia establishment selling electronic cigarettes. [Planning Code ("Code") 303 (n), Ordinance #030-14 & #224-08]
2. This was the **first required** Conditional Use Authorization hearing for a tobacco paraphernalia establishment including the sale of electronic cigarettes. [Planning Code 227(u); Ordinance #224-08 & #030-14]
3. The proposed business is not compatible with the character of the neighborhood, the community, or its demographics. [Planning Code 303(c)(1)]
4. Compliance with the General Plan [the objectives, policies, and guidelines found in the seven studies of Ocean Avenue] is not consistent. [Planning Code 101.1 Master Plan]
5. The proposed business will be detrimental with the health, safety, and welfare of the residents. [Planning Code 303 (c)(2)].
6. The ruling by the Planning Commissioners was not unanimous. (5 to 2)
7. 75% of the property owners/residents within the 300 foot area around 1963 Ocean Avenue signed to support the appeal of the Planning Commission's Authorization. 90% of the people in the neighborhood do not find the proposed business necessary or desirable. [Planning Code 303(c)(1)]
8. The concentration of tobacco paraphernalia in the Ocean Avenue NCT is sufficient. The neighbors have not expressed a need or desire for a store selling electronic cigarettes, vaporizers and related tobacco paraphernalia, nor for a steam stone hookah lounge.

Background:

1963 Ocean Avenue is located at the western end of the Ocean Avenue NCT (Neighborhood Commercial Transit) District that extends from Phelan Avenue on the east to Manor Drive, a length of approximately $\frac{3}{4}$ mile. The site is within the **Balboa Park Station Plan Area. This plan states that the Ocean Avenue NCT is intended to provide convenience goods and services to the surrounding neighborhoods.**

1963 Ocean Avenue is located in District 7. The Ocean Avenue Area includes the residential neighborhoods of Ingleside Terraces, Balboa Terrace, Mount Davidson Manor, Westwood Park, Ingleside and Merced Heights in Districts 7 and 11.

[Note: some URLs may need to be copied and pasted into a web browser.]

Balboa Area Plan Generalized Land Use Map — (p. 18 of the Land Use Index of the General Plan of the City and County of San Francisco, 2011) http://www.sf-planning.org/ftp/general_plan/Land_Use_Index_August_2011.pdf
The San Francisco General Plan Master Plan [101.1] http://www.sf-planning.org/ftp/general_plan/ includes the Balboa Park Station Area Plan.

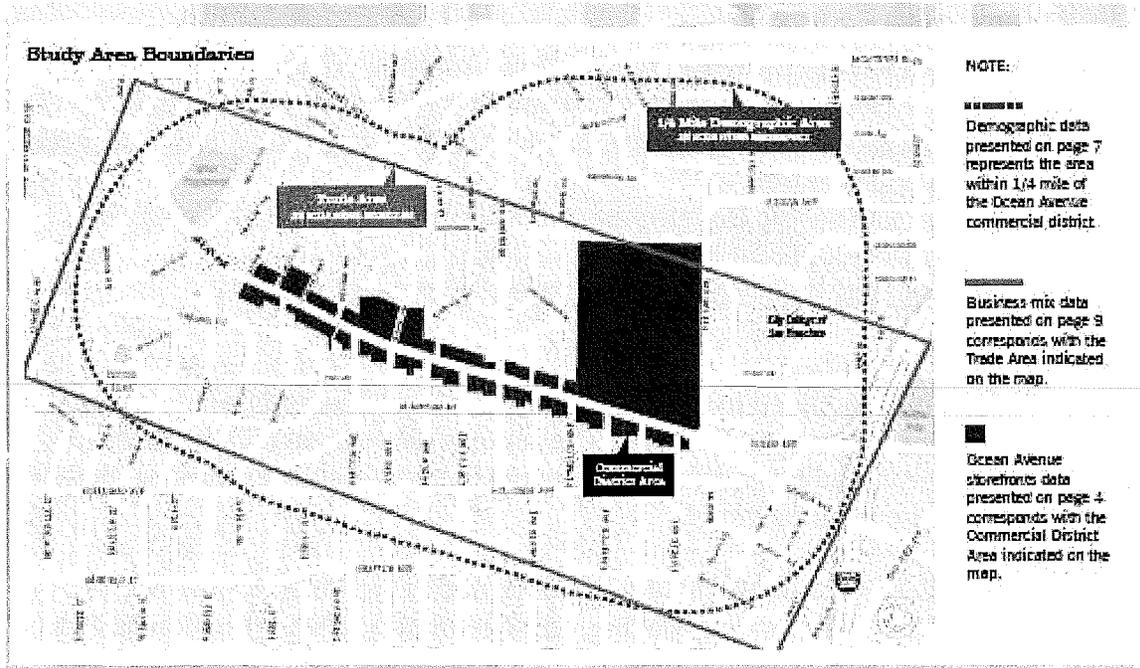


Land Use Districts

	RH-1		NCT-1		Balboa Park Station Area Plan Boundary
	RH-1(D)		NCT-2		
	RH-2		Ocean Avenue NCT		
	RM-1		P		

Map from the **OEWD Invest in Neighborhoods Study (2012)**

<http://investsf.org/neighborhoods/ocean-avenue/> Map found on page 6 of the
UPDATED_Neighborhood Profile OCEAN AVENUE.pdf



Ocean Avenue has undergone extensive study and review by various city agencies and consultant groups. The goals of these studies are strengthening what exists and attracting positive changes for the area. All of the studies, dating from 2008 through 2014, conducted of the Ocean Avenue Corridor, focus on **improving Ocean Avenue for the long-term**. The studies resulted in the following reports:

Reports on Ocean Avenue Corridor:

- **Historic Context Statement Balboa Park Area Plan & Historic Resource Survey 2008**
<http://www.sf-planning.org/Modules/ShowDocument.aspx?documentid=557>
- **Balboa Park Station Plan 2008** Balboa_Park_Station_Area_Plan_v2.pdf
http://www.sf-planning.org/ftp/general_plan/Balboa_Park_Station.htm
a pdf version of the study document is found at
<http://www.sf-planning.org/Modules/ShowDocument.aspx?documentid=1983>
- **Ocean Avenue Management Plan 2010**
<http://www.oewd.org/modules/showdocument.aspx?documentid=160>
OceanAvenueManagementPlan.pdf
- **SF General Land Use Plan** Land_Use_Index_August_2011.pdf – General introduction for entire city http://www.sf-planning.org/ftp/general_plan/index.htm and pdf version http://www.sf-planning.org/ftp/general_plan/Land_Use_Index_August_2011.pdf

Balboa Park Station Area Plan

[http://www.sf-planning.org/ftp/general_plan/Balboa Park Station.htm](http://www.sf-planning.org/ftp/general_plan/Balboa_Park_Station.htm)

- **OEWD Invest in Neighborhoods Study 2012**
[http://investsf.org/neighborhoods/ocean-avenue/UPDATED_Neighborhood Profile OCEAN AVENUE.pdf](http://investsf.org/neighborhoods/ocean-avenue/UPDATED_Neighborhood_Profile_OCEAN_AVENUE.pdf)
- **San Francisco Formula Retail Economic Analysis** prepared for the SF Planning Department by Strategic Economics June 2014 [http://www.sf-planning.org/ftp/files/legislative_changes/form_retail/Final Formula Retail Report 06-06-14.pdf](http://www.sf-planning.org/ftp/files/legislative_changes/form_retail/Final_Formula_Retail_Report_06-06-14.pdf)
- **Kjelstrom Economic Development Final report** Sept 2014 Kjelstrom Economic Development Final Report 2014.10.31.pdf
http://www.sfog.us/ocean_ave/kjelstrom_20141031.pdf

The studies point to the need for development of a vibrant commercial street that serves the surrounding neighborhoods. The reports encourage pedestrian traffic, use of public transit, and businesses that provide the goods and services needed by the residents in the neighborhood.

We disagree with the following “Findings” contained in the Final Motion No. 19271 of the Planning Commission in approving, on November 6, 20014, the Conditional Use Authorization for a tobacco paraphernalia establishment at 1963 Ocean Avenue.

Issue #1: Incorrect application of Planning Code 303(n) and 227 (u). The ruling of the Planning Commission on November 6, 2014, to approve the Conditional Use Application for the proposed business at 1963 Ocean Avenue, **did not properly apply the criteria for a Conditional Use Authorization (Code 303) of a tobacco paraphernalia establishment (Code 227(u))** [Note FM states 227(v); however the correct current Planning Code is 227(u).]

Rationale: The Planning Commission did not correctly apply Planning Code 303. During the hearing and in the decision, the Planning Commissioners did not consider fully whether this proposed business met the criteria of “necessary or desirable to the neighborhood,” whether it would potentially have a negative impact on the surrounding neighborhood, and whether the use complies with the San Francisco General Plan and more specifically, the Balboa Park Station Area Plan.

Commissioner Richards (who voted against approval) pointed out that the 1900 block of Ocean Avenue is not the appropriate context for the proposed business, a vape retail store with a steam stone hookah lounge in the basement. It is not a business that will attract neighborhood foot traffic. Commissioner Antonini (who voted against approval) questioned the need for a hookah lounge as a method to quit smoking. The project sponsor stresses that his business aims to help people stop smoking (tobacco

cigarettes). Commissioner Antonini questioned why the Commission had listened to neighborhood voices against a Starbucks but, in this matter, did not consider the many concerns of neighbors about this type of business on this block, about its potential effects on the character of the neighborhood, and about the health and safety of this community.

The other five commissioners focused mainly on issues involving filling a vacant storefront on this block. They discussed the number of entrances, attractive displays, visibility from the street, signage, elevator access, hours of operation, etc. – building design and construction issues, not the reasons that made a Conditional Use Authorization a requirement for an establishment planning to sell tobacco paraphernalia. The issue was not about the design or construction of the building but whether the products and goods to be sold by this business and used within the building were necessary or desirable or compatible with the neighborhood. The matter before the Commission was not a Discretionary Review but rather a Conditional Use Authorization – a matter of different standards and criteria.

Neighborhood voices oppose this particular type of business for its incompatibility with the neighborhood and for its detrimental effects on the character of the community and particularly for the 1900 block of Ocean Avenue. This business offering alternative tobacco paraphernalia products is not what the neighbors find necessary or desirable or compatible – the criteria for a Conditional Use Authorization.

Issue #2: 1963 Ocean Avenue was the first required Conditional Use Authorization hearing before the Planning Commission for an electronic cigarette/vape store business. The Planning Commissioners did not carefully nor explicitly consider whether this business, the selling of tobacco paraphernalia, was necessary or desirable for the neighborhood, whether it would be detrimental to the health, safety, and welfare of the community.

The proposed business at 1963 Ocean Avenue required a Conditional Use Authorization for a Tobacco Paraphernalia Establishment [Planning Code, Section 227(u)].

227(u) Tobacco Paraphernalia Establishments, defined as retail uses where more than 10% of the square footage of occupied floor area, as defined in Section 102.10, or more than 10 linear feet of display area projected to the floor, whichever is less, is dedicated to the sale, distribution, delivery, furnishing or marketing of Tobacco Paraphernalia from one person to another. "Tobacco Paraphernalia" does not include lighters, matches, cigarette holders, any device used to store or preserve tobacco, tobacco, cigarettes, cigarette papers, cigars, or any other preparation of tobacco that is permitted by existing law. Medical Cannabis Dispensaries, as defined in

Section 3301(f) of the San Francisco Health Code, are not Tobacco Paraphernalia Establishments.”

San Francisco Ordinance No. 030-14 of March 2014, extended tobacco paraphernalia to include the sale and use of electronic cigarettes.

<http://www.sfbos.org/index.aspx?page=15826>

131208	0030-14	04/26/2014	Health Code - Restrictions on Sale and Use of Electronic Cigarettes
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Rationale for disagreement with decision: The issues of the health, safety, and welfare of the neighbors are the ones that made this tobacco paraphernalia establishment a required conditional use and the ones that cause this business to be detrimental to the neighborhood. In the hearing, **Commissioners raised questions that implied confusion** about this **first conditional use for a vape store**. The matter before the Commission was not a Discretionary Review, but rather a Conditional Use Authorization, a matter that should be treated by the criteria of necessary or desirable and compatible with the neighborhood and of not being detrimental to the health, safety, and welfare of the community.

Health issues, concern about the content of nicotine, carcinogens, and toxic chemicals found in the electronic cigarettes plus inconsistent manufacturing and other environmental issues, are cited in Ordinance # 030-14. These are the reasons for the inclusion of electronic cigarettes as tobacco paraphernalia and for the requirement of a Conditional Use Authorization hearing before the Planning Commission. Harm to the health of the citizens of San Francisco prompted the Board of Supervisors to require a Conditional Use Authorization and CUA hearing for tobacco paraphernalia including electronic cigarettes.

In its Final Motion (FM), the Planning Commission in presenting its “Finding” concerning the criteria for Planning Code 303 (FM #7, p.4) stated the following on FM page 6 (E.i.) with respect to the **concentration** of Tobacco Paraphernalia Establishments as defined in Section 227(v) [actually 227(u)]:

there is “no other Tobacco Paraphernalia Establishments within the Ocean Avenue NCT that have received Conditional Use authorization.” [emphasis added]

This argument is misleading since this is **the first Conditional Use Authorization hearing citywide** for a tobacco paraphernalia establishment. This business at 1963 Ocean Avenue is the first application for a vape shop since the establishment of the CUA requirement by City Ordinance # 244-08, passed unanimously by the Board of Supervisors in October of 2008.

At the Planning Commission hearing on November 6th, Marcelle Boudreaux, the Planning Department representative, noted upon questioning by a

Commissioner that this project, 1963 Ocean Avenue, was the first business of this kind to require a CUA. She also noted that there were several other similar project applications in the pipeline. This case could and should be viewed as a test cast for this type of business establishment (vape shop and steam stone hookah lounge). Therefore, it is important to correctly apply the Conditional Use Authorization criteria to 1963 Ocean Avenue.

The health, safety, and welfare of the neighborhood should have received higher priority and evaluation by the Planning Commission. The health, safety, and welfare of the residents should have trumped filling a vacant storefront.

Issue #3: Incompatibility of the proposed Tobacco Paraphernalia Establishment [at 1963 Ocean Avenue] **with the neighborhood and its demographics.** {Planning Codes 737.1, 737.69 and 227(v)}; [FM E7, E.iii, p. 7]. Citing Planning Code Section 227(v) [actually 227(u)], the Finding states:

- iii. The proposed establishment is compatible with the existing character of the particular district for which it is proposed.

The proposal is a new commercial establishment, which proposes to utilize a vacant retail space for an electronic cigarette retail store and steam stone hookah lounge. The use will remain as retail establishment, and no changes are proposed to the fine-grained, pedestrian-oriented storefront. The establishment is compatible with the existing character of particular district for which it is proposed.

Rationale: The location of the proposed establishment is **not** “...compatible with the existing character of the particular district...” The Ocean Avenue NCT should serve the needs and character of the surrounding residential neighborhood.

According the demographics provided in the Invest in Neighborhoods, Ocean Avenue Neighborhood Profile, compiled in 2013 by the Office of Economic and Workforce Development, <http://investsf.org/wordpress/wp-content/uploads/2014/03/Neighborhood-Profile-OCEAN-AVENUE.pdf> [overview at <http://investsf.org/neighborhoods/ocean-avenue/>], the population of the Ocean Avenue neighborhood area is approximately 15,200. The over 5,000 households include a high percentage of Asians (47%), family households (66%) with children under 18, and people over 60. Please note: Each of these percentages is higher for the Ocean Avenue District than citywide.

Additionally, this Ocean Avenue district has higher percentages of single-family housing (RH-1 and RH-1(D) (84% v. 33% citywide), larger sized

family household averages (4.5 v. 3.1 citywide), and fewer renting households (27% v. 62% citywide).

There are 14 educational institutions, from elementary to college, in the vicinity. Many students from Aptos Middle School walk by the proposed business location on their way to and from school. The pedestrian traffic by these students plus by children living in the neighborhood is not compatible with the proposed establishment. Older students attending City College tend to ride the K Muni Metro to the eastern end of the Ocean Avenue NCT and patronize businesses at the eastern end of the commercial district. Other educational institutions in the vicinity include the Voice of Pentecost Academy (K-12, 130 feet from the proposed business), Commodore Sloat Elementary, Lick Wilmerding High School, Kumon Learning Center, the Stratford School, Archbishop Riordan High School, San Francisco State, and Mercy High School.

The San Francisco's General Plan includes the following goals and policies for Ocean Avenue in the Balboa Park Station Area Plan:

http://www.sf-planning.org/ftp/general_plan/index.htm

Goals:

- Improvement of the city as a place for living, by aiding in making it **more healthful, safe, pleasant, and satisfying**, with housing representing good standards **for all residents** and by providing adequate open spaces and appropriate community facilities.
- Coordination of the varied **pattern of land use** with public and semi-public service facilities required for efficient functioning of the city, and for the **convenience and well-being of its residents**, workers, and visitors.

Policies include: *That existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods*

Issue #4: Compliance with the General Plan [the objectives, policies, and guidelines found in the seven studies of Ocean Avenue] is **not consistent**.

[FM#8, p. 7] Neighborhood Commerce, Objectives and Policies: Objective 1, Policies 1.1 to 1.3:

The proposed development will provide specialty goods and services to the neighborhood and will provide employment opportunities to those in the community. Further, the Project Site is located within a Neighborhood Commercial District and is thus consistent with activities in the commercial land use plan.

Rationale: The proposed business does not provide specialty goods or services desired by the neighborhood. At least five official studies of the Ocean Avenue NCT include notations of requested and needed goods and services by neighbors and residents. None of these included a request for a vape shop, an

electronic cigarette retail store, or steam stone hookah lounge. The following desired businesses are excerpted from the studies and surveys:

- Balboa Park Station Plan, 2008 – every day goods and services without the need for the use of automobiles. The businesses should provide for a wide range of the goods needed by a large number of the residents rather than a product that appeals to a limited number of individuals.
- OEWD Invest in Neighborhoods, 2013 – need for home furnishings, general merchandise, clothing stores (everyday needs), books, used merchandise, full service restaurants, gift stores, lawn and garden supplies, shoes, jewelry, luggage and leather goods.
- Kjelstrom Economic Development Report, Sept 23-25, 2014 (p. 7). Meeting participants identified several targets: movie theater, bookstore, espresso bar, ice cream shop, stationery/card store, clothing stores (new and used), high-quality restaurants with great bars, garden shop/nursery, toy store, wine bar, musical instrument shop, and pet supplies/grooming.
- Residents have expressed desire for a greater diversity of restaurants (current ones are mainly Chinese/Asian), specialized grocery, gardening supplies, new and used book stores, clothing, galleries, music equipment, toys, bakery, and the like.
- Examples of retail that would be welcome on Ocean Avenue: Food products, appliances, electronics, furniture, sporting goods, lumber, clothing, fabrics, footwear, cosmetics, medicines, stationery, art, books, handicrafts, musical instruments, gifts, supplies for gifts, second hand goods

Issue #5: The Planning Commission did not properly apply Planning Code 303(c)(2).

(2) That such use or feature as proposed will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity, with respect to aspects including but not limited to the following:

Rationale: The proposed business is detrimental to the health, safety and welfare of the neighborhood. The Planning Commission did not place sufficient weight on the criteria of the required **Conditional Use Authorization for sale of tobacco paraphernalia**. The Planning Commission is well versed in matters of building design, building codes – matters of height, setback, materials, massing, etc. This Conditional Use for a tobacco paraphernalia establishment required the Commission to consider more particularly the health aspect of the items to be sold by this business within the building—an unusual consideration for the Commission, but essential for the determination of whether the proposed business use would be detrimental to the health, safety, and welfare of the residents.

The project sponsor speaks many times about “harm reduction,” of providing a “safer” alternative to tobacco cigarettes, of offering products and goods to

help people stop smoking tobacco cigarettes. However, this business is not a smoking cessation clinic. It is a commercial establishment that aims to profit through the sale of vaporizers, e-liquids, and other tobacco paraphernalia. Quantity of sales will benefit this business.

Electronic cigarettes were developed in the last ten years. The healthfulness and safety of these devices has not been definitely proven. Many scientists, doctors, and public health organizations have questioned the long-term effects of these battery-powered devices sold with glamorous advertising and used with candy-flavored liquids.

Ads for electronic cigarettes use the “Don’t Quit. Switch” approach, an old tactic of Big Tobacco, visually shown by the Campaign for Tobacco-Free Kids.

7. Their ads say, “Switch, Don’t Quit.”



Tobacco companies have long tried to discourage smokers from quitting by marketing cigarette changes as reducing health risk. Some e-cigarette ads carry a similar message.

http://www.tobaccofreekids.org/tobacco_unfiltered/post/2013_10_02_ecigarettes

It took many years and many deaths before people heeded the warnings about the dangers of tobacco smoking and secondhand smoke. Last year (2014) the current Surgeon General issued the 50th Anniversary Report. Valuable health effects have resulted from actions taken because of the warnings in the 1964 Surgeon General report. The 50th Anniversary report: “The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General, 2014” <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/> includes chapters with warnings about electronic cigarettes. The 50th Anniversary Consumer Guide “Let’s Make the Next Generation Tobacco-Free” stresses the dangers of nicotine addiction. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/consumer-guide.pdf>

In its "E-cigarette Primer,"

<https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/SmokefreeWorkplaceLaw/Documents/E-cigFactSheet.pdf> , the Oregon Public Health Department stated: "Smokeless does not mean harmless." Nicotine, an ingredient of many electronic cigarettes, has been found to be more addictive than alcohol. According studies from the [University of Minnesota](http://www1.umn.edu/periodic/tobacco/nicaddct.html) <http://www1.umn.edu/periodic/tobacco/nicaddct.html>

- "Nicotine is:
 - 1000 X more potent than alcohol
 - 10-100 X more potent than barbiturates
 - 5-10 X more potent than cocaine or morphine"

The long-term dangers of electronic cigarettes (with or without nicotine) are unknown. Electronic cigarettes may be safer than tobacco cigarettes but they may addict those who have not previously smoked.

It is true that the FDA has not issued definitive results and rulings about electronic cigarettes. However, the FDA raised warnings as early as 2009 [<http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM173430.pdf>] and has called for intensive studies. Nicotine liquids are toxic. The attractive candy-colored and flavored liquids have poisoned children. It only takes about 30 to 60 milligrams of nicotine to send a child to the emergency room. Ingesting or getting the liquid nicotine on the skin can send anyone, child or adult, to the emergency room.

Exploding batteries have harmed children and adults. The U.S. Fire Administration, in October 2014, published a 13-page document titled "Electronic Cigarette Fires and Explosions" [https://www.usfa.fema.gov/downloads/pdf/publications/electronic_cigarettes.pdf] that details the dangers of fires and explosions caused by electronic cigarettes. Appendix 1 of this document is an extensive list of specific incidents of reported fires and explosions that occurred from 2009 through March 2014 that were caused by electronic cigarettes.

Public health organizations that have questioned the health and safety of these devices and of vaping include:

- American Lung Association – letter from Kimberly Amazeen in BOS packet File 131208, p. 63. Also <http://www.lung.org/press-room/press-releases/advocacy/FDA-ECig-Deeming-Reg-Statement.html> ; <http://www.lung.org/stop-smoking/tobacco-control-advocacy/federal/e-cigarettes.html>
- TEROC (California Tobacco Education Research Oversight Committee) – <http://www.cdph.ca.gov/services/boards/teroc/pages/TEROCLandingPage%28default%29.aspx>
- World Health Organization – <http://www.who.int/nmh/events/2014/backgrounder-e-cigarettes/en/>

- American Cancer Society – “Restrict the Sale of Electronic Cigarettes” <http://www.cancer.org/myacs/eastern/areahighlights/cancernynj-news-ny-ecig-health-vote>
- California Youth Advocacy Network – about e-cigarettes <http://cyanonline.org/e-cig-reading/>; about Hookah including steam stone <http://cyanonline.org/hookah/>
- Centers for Disease Control and Prevention – Key findings <http://www.cdc.gov/tobacco/youth/e-cigarettes/>; concern especially about youth <http://www.cdc.gov/media/releases/2014/p0825-e-cigarettes.html>
- Campaign for Tobacco Free Kids – concern about poisoning cases http://www.tobaccofreekids.org/tobacco_unfiltered/tag/e-cigarettes and evidence of E-cigarette companies copying Big Tobacco’s advertising playbook “7 Ways E-Cigarette Companies Are Copying Big Tobacco’s Playbook (or 7 reasons FDA should quickly regulate e-cigarettes)” http://www.tobaccofreekids.org/tobacco_unfiltered/post/2013_10_02_ecigarettes
- Americans for Nonsmokers’ Rights – <http://no-smoke.org/learnmore.php?id=645>

Others who have stated concerns and positions about the health and safety of electronic cigarettes:

- Senators Diane Feinstein, Nancy Pelosi, Richard Blumenthal, Jay Rockefeller <http://time.com/2896962/electronic-cigarette-executives-get-schooled-in-senate-hearing/>
- Congresswoman Jackie Speier, June 2014, introduced legislation to regulate e-cigarette products http://speier.house.gov/index.php?option=com_content&view=article&id=1460:congresswomen-speier-introduces-smoke-act-to-regulate-e-cigarette-products&catid=20&Itemid=14
- Richard A. Carranza, Superintendent of the San Francisco Unified School District. Letter in March 6, 2014, BOS packet File #131208, p. 70
- TECH Times warned about the danger of e-cigarettes infecting computers with malware through the USB port during the charging of a battery. <http://www.techtimes.com/articles/20814/20141124/e-cigarettes-can-be-dangerous-for-your-computers-health-what-you-should-know.htm>

Scientific research takes time. Acting now against potential dangers is the wise approach. The Planning Commission did not properly apply the appropriate criteria in approving the Conditional Use application for a business with great potential health and safety harm to the neighborhood and particularly to the young, impressionable people in the area.

Issue #6: The Planning Commission approval of the Conditional Use was not unanimous. The vote was 5-2 with many questions raised and issues left unanswered. The Planning Commission disapproved a Conditional Use for a Starbucks because of neighborhood opposition. Big tobacco has the patents for extracting nicotine from tobacco leaves. Big tobacco funds the advertising making electronic cigarettes and vaping “cool” and attractive. One teen when questioned if she smoked replied, “No, I vape.” The Planning Commissioners unfortunately did apply the pertinent criteria of Planning Code Section 303 when approving this conditional use. They did not follow the criteria for a Conditional Use Authorization for a tobacco paraphernalia establishment.

Issue #7: Support of the appeal by residents: Signatures obtained to file this appeal represent more than **75% of the residential property owners/residents within 300 feet of the proposed business that the appellant was able to contact.** The individuals signing stated opposition to this type of business. They wished the focus to be on the long-term development of Ocean Avenue, and particularly of the 1900 block. They believed that filling a vacant storefront with “any” business, especially one that represents another alternative lifestyle, does not work toward the goal of long-term improvement of Ocean Avenue, the goal of the many studies noted in the Background section of this document.

Neighbors continue to state and believe that the proposed business, the vape store selling devices (e-cigarettes/vaporizers), vaping liquids/e-juices and batteries and operating a steam stone hookah lounge in the basement) is neither necessary nor desirable nor compatible with the neighborhood.

They noted that a large number of students from Aptos Middle School walk by this building on their way to and from school. The neighborhood parents do not want their children exposed to these products. Although the proposed business states that they will sell only to persons over 18, middle school age and high school students may be tempted to get older people to purchase for them.

Other opponents of this business state that if this proposed business does open, they will avoid the 1900 block of Ocean Avenue; thus defeating the purpose of filling a storefront vacancy. The proposed business will not increase foot traffic on Ocean Avenue by neighboring residents, one of the goals of the various Ocean Avenue studies.

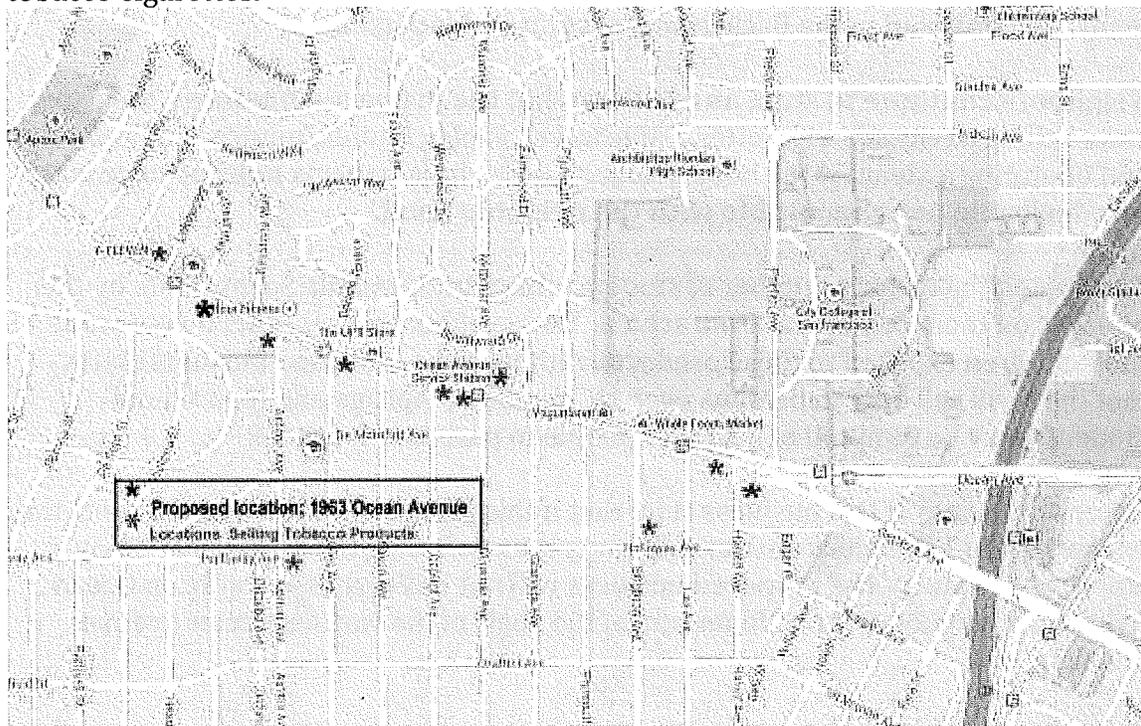
Several people noted that it is getting to the point where traditional businesses that have the option of locating elsewhere do not choose to open in the 1900 block of Ocean Avenue. They question how this block reached this situation, in which undesirable businesses came to predominate in the middle of very affluent neighborhoods.

The eastern end of Ocean Avenue has dramatically improved with the new Whole Foods. The western portion of the Ocean Avenue NCT needs improvement for the

long-term. Residents have expressed delight with the opening of the new hardware store on Ocean Avenue, the first to open anywhere in the city for many years. After twenty years, the residents are happy to finally have a bank (Chase) and a grocery store (Whole Foods) and a new branch of the San Francisco Public Library. Most residents are hopeful that the Target Express will open in the long vacant large store located on Ocean at Dorado/Jules. They enjoy and support the Fog Lifter Café, Sophia's Pizzeria, Cut to Contrast barber, Ocean Cyclery, Serge-a-Lot (sewing), Yoga Flow, all in the 1900 block of Ocean.

Issue #8: Concentration of tobacco paraphernalia businesses in Ocean Avenue NCT. [FM #7. E.i.ii, p. 6]. There is no need for this type of business on Ocean Avenue. In the various surveys conducted, no Ocean Avenue neighbor expressed a need for this type of business.

The concentration of tobacco paraphernalia is more than sufficient. The map shows the locations selling tobacco products on Ocean Avenue and in the vicinity. Six schools are found within this mapped area. The western end of Ocean Avenue, the section closest to 1963 Ocean Avenue, has six businesses selling e-cigarettes and/or tobacco cigarettes.



There are vape shops selling similar products at 19th and Taraval and at Mission near Geneva, 1.5 miles in either direction.

Magic Dragon Smoke Shop at 35 Cambon Drive in Park Merced shopping center, which according to its website opened in 2010, sells water pipes, vapor pens,

vaporizers, e-liquids, hookah and tobacco. Magic Dragon Smoke Shop is about 1 mile away (driving or walking) or .8 mile as the crow flies.

Conclusions:

We should value the health of the city and its residents and not allow this new business to open. Opposing the opening of the vape shop would support the long-term goals of the Board of Supervisors to reduce smoking in the City and to encourage healthy living. It would support the objectives, policies, and guidelines in the seven studies of Ocean Avenue.

The proposed vape shop/steam stone hookah lounge at 1963 Ocean Avenue might appeal to and attract a few youths to the business, but Ocean Avenue, the NCT and the neighborhood, should not be responsible for encouraging young adults to start a new addiction—to “candy flavored” e-Cigarettes, vaporizers, and steam stone hookah with unknown **long-term health risks**. And this business is not a stop smoking clinic.

In June 2014, at a Congressional hearing, Senator Blumenthal of Connecticut said:

"I think we have seen this movie before...It is called big nicotine comes to children near you and you are using the same kinds of tactics and promotions and ads that were used by big tobacco and proved so effective"

TIME “Electronic Cigarette Executives Get Schooled in Senate Hearing,” June 18, 2014: <http://time.com/2896962/electronic-cigarette-executives-get-schooled-in-senate-hearing/>

The TIME article ends with these quotes:

At the end of her time to question, Boxer said: “Mr. Healy and Mr. Weiss, you can con yourself. But we don’t know if this product gets people off cigarettes yet, so don’t think you are doing some great mission. Don’t say you care about kids... Don’t be a part of this, because you’ll regret it.”

But the harshest words came from Senator Jay Rockefeller (D- West Virginia), who said to the executives: “I’m ashamed of you. I don’t know how you go to sleep at night. I don’t know what gets you to work in the morning except the **color green of dollars**. You are what is wrong with this country.”

“7 Ways E-Cigarette Companies are Copying Big Tobacco’s Playbook” published on The Campaign for Tobacco-Free Kids website in October 2013 visually demonstrates the phenomenon of using the same playbook:

http://www.tobaccofreekids.org/tobacco_unfiltered/post/2013_10_02_ecigarettes



The webpage concludes:

No wonder youth e-cigarette use is on the rise.

These developments underscore the need for the FDA to quickly regulate e-cigarettes and take steps to prevent their marketing and sale to kids.

The Surgeon General's 50th Anniversary Report (2014) recounts 50 years of progress in combating the health hazards of smoking but warns of the attraction of teens to the electronic cigarettes, the new form of nicotine delivery. It took a long time to undo the influence of advertising promoting tobacco cigarettes. Many people died and continue to die from lung cancer and the effects of secondhand smoke.

We trust that the Board of Supervisors will move forward by not allowing the opening of this proposed business that would sell products that contain nicotine and produce harmful fumes with unknown long term health effects. We trust that the Board of Supervisor will act for the long-term benefit of the residents of Ocean Avenue and the citizens of San Francisco and overturn the Planning Commission's decision.

We ask the Board of Supervisors to disapprove the decision of the Planning Commission by its Motion No. 19271 approving a Conditional Use Authorization identified as Planning Case No. 2014.0206C on property located at 1963 Ocean Avenue. We ask that the tobacco paraphernalia establishment (dba Happy Vape) not be allowed to open business at this location.

From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

From: Christina Dang [<mailto:chdang713@gmail.com>]

Sent: Monday, January 12, 2015 11:24 AM

To: Mar, Eric (BOS); Farrell, Mark (BOS); Christensen, Julie (BOS); Tang, Katy (BOS); Breed, London (BOS); Kim, Jane (BOS); Yee, Norman (BOS); Wiener, Scott; Campos, David (BOS); Cohen, Malia (BOS); Avalos, John (BOS); Board of Supervisors (BOS)

Subject: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

Dear Board of Supervisors of San Francisco,

My name is Christina Dang and I am a native San Franciscan. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Thank you,

Christina Dang
277 Skyline Drive, Daly City, CA 94015

415-283-6483

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Vape shop issue

From: Reza, Omar [<mailto:RezaO@sfusd.edu>]
Sent: Thursday, January 08, 2015 2:22 PM
To: Board of Supervisors (BOS)
Subject: Vape shop issue

In all honesty, I believe this is a non-issue. Students all over the city are already exposed to this culture of smoke shops and the like. Stopping one smoke shop from setting up shop near our school will do little or nothing to prevent our kids from using tobacco.

This is a worthy cause, but a lost one because wherever else they go in the city they are going to see another store just like it. We can try as a society to protect our kids from smoking, but the reality is that one less smoke shop/vape shop will not deter them from smoking if they already have the urge or curiosity.

Sorry, but I do not support this issue. I do however wish you all well in this venture.

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Deny the Appeal and Support the Planning Commissions Decision to Grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit

From: Ronald Xie [<mailto:xie.ronald@gmail.com>]
Sent: Thursday, January 08, 2015 3:31 AM
To: Board of Supervisors (BOS)
Subject: Deny the Appeal and Support the Planning Commissions Decision to Grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit

Dear San Francisco Supervisors,

My name Ronald Xie, I am a frequenter of the Ocean Avenue area, and a student at CCSF for the last decade. I would like to pledge my support of the Happy Vape project as it is conducive to the area and a complimentary business that can fill one of the many vacancies on the Ocean Avenue block. Please deny the appeal and support the Planning Commissions decision to grant Happy Vape at 1963 Ocean Avenue their conditional use permit

After many years of coming to the neighborhood, I have found that the area seems to be losing its business's overtime. I remember when Blockbuster, Walgreens (the larger version), and Franciscan Hobbies used to bring a large draw, but now with the newer digital age, less items are necessary to stock and more activities are conducted online. There is an attrition factor here with the retail on Ocean Avenue having closed more businesses than they have opened new stores. No one is opposing the opening of new businesses, however new business needs to see the profit in the area. There is a lack of foot traffic and therefore a lack of retail interest. I believe Happy Vape is one step in the right direction.

Comparisons have been implied regarding the similarities between Happy Vapes products and the four other retailers that are offering similar products, such as, 7-Eleven, Hom Run Liquor, and A&N Liquor. These other stores seem to sell more than just e-cigarettes, many also offer cigarettes and alcohol. They are not offering the same service, selection, knowledge, or experience of a vape shop. There is a large difference between a vape shop that solely sells e-cigarettes and a convenience store that makes at most 10% of its profit from e-cigarette sales, that mainly is the experience.

The vaping experience to me has been closely related to hookah use, I have used both regularly in intervals of my life. I have found that in each experience I could relieve my desire to smoke cigarettes and join in with an activity that was at least somewhat less harmful to others. I should not have to travel from the ocean avenue area to the inner sunset to obtain this type of experience, not to mention traveling all the way to the opposite end of the sunset for Hookah. Why should Ocean Avenue be deprived of this type of venue? 21 other operators selling solely e-cigarettes have opened in other neighborhoods without a conditional use permit, some with more than two. Why do all the other neighborhoods get this feature yet Ocean Avenue is left out? On the basis of what this area is turning into? The area is filled with massage parlors, a billiards hall, tattoo parlors, and nail salons that may not need a conditional use permit to open. Yet this lone vape shop is being singled out? We live in a tolerant city. Where one's own choice of recreational activity is more a matter of personal opinion than that public policy.

In speaking with the project sponsor, Blake He, I have learned that there will be no vaping on the premises due to neighborhood appeasement and that all entertainment will come from some TVs and what is considered Ipod music. I believe that these concessions along with others being negotiated will better suit the current nature of the project and appease all groups and individuals who are detractors and opponents of this project. Please take into consideration the thoughts and opinions I have presented here as I am saddened to see this area take such a plunge after so many years of wonderful activity and liveliness.

Thank you for your consideration.

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Letter to Commissioners and Planner in Support of Happy Vape

From: Winnie Liao [<mailto:winnieliao912@gmail.com>]
Sent: Thursday, January 08, 2015 3:36 AM
To: Board of Supervisors (BOS)
Subject: Letter to Commissioners and Planner in Support of Happy Vape

Dear San Francisco Board of Supervisors,

I am Winnie, I am a friend as well as a concerned citizen. I support the Happy Vape project and I believe that e-cigarettes are a great alternative to smoking traditional cigarettes. I believe with the current regulations in place, e-cigarettes can really begin to take a chunk out of the cigarette smoking industry, while promoting a form of smoking cessation. There has been much controversy on the subject of e-cigarette use and its benefits and dangers, however much of this has been inconclusive. Since this seems to be an effective alternative for some people to smoking cigarettes, I can see a fitting place for this type of establishment in the area.

Thank you for your time and consideration,

Signed,

Winnie

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

From: Winnie Liao [<mailto:winnieliao912@gmail.com>]
Sent: Thursday, January 08, 2015 3:56 AM
To: Board of Supervisors (BOS)
Subject: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

Dear San Francisco Board of Supervisors,

My name is Winnie and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Thank you,

Winnie Liao

191 Winchester Street

Daly City, CA 94014

(415)374-9806

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: 1963 Ocean Ave

From: Blake He [<mailto:blakehe@gmail.com>]
Sent: Thursday, January 08, 2015 9:55 AM
To: Board of Supervisors (BOS); Carroll, John (BOS)
Subject: Fwd: 1963 Ocean Ave

Hi John,

I would like to include this email correspondence with Mark Scardina(President of the Ingleside Terraces Home Association) in the packet of information to supervisors please. Thank you.

Blake He

Happy Vape

Electronic vaporizer retail &
Steam stone hookah lounge
[\(415\)513-2620](tel:(415)513-2620)
1963 Ocean Ave.
San Francisco, CA 94127

----- Forwarded message -----
From: **Mark Scardina** <president@ithasf.org>
Date: Thu, Nov 13, 2014 at 11:04 AM
Subject: Re: 1963 Ocean Ave
To: Blake He <blakehe@gmail.com>

I am pleased to hear that you have addressed the board's concerns by not using the backyard area. As I previously responded, the board will not be taking a further position on supporting or opposing the business. However, I can say that the board has no plans to appeal the commission's decision.

Regards,

Mark

Mark Scardina
President
Ingleside Terraces Homes Assoc.
www.ithasf.org

On Nov 13, 2014, at 10:33 AM, Blake He <blakehe@gmail.com> wrote:

Dear Mr. Scardina,

We are pleased to inform you that we were approved of our conditional use permit at the planning commission last Thursday, November 06, 2014, five votes to two votes.

We are no longer using the backyard for any commercial purposes and were given conditions such as operation hours limited to 10 PM, installing an I.D. reader, posting age limit restrictions, no tasting or loitering in front of the store, and act as a community liaison by providing and posting contact information.

There is a 30 day appeal period.

We ask you and/or The Ingleside Terraces Homes Association to support our small business at 1963 Ocean Ave. We are new neighbors and want to be a part of the neighborhood.

Thank you for your time and consideration.

Sincerely,

Blake He

Happy Vape

Electronic vaporizer retail &
Steam stone hookah lounge
(415)513-2620
1963 Ocean Ave.
San Francisco, CA 94127

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141921 FW: Uphold the San Francisc Planning Commission's Decision to Grant Happy Vape at 1963 Ocean Avenue Their Conditional Use Permit and Deny the Appeal

From: chgo2cal@aol.com [<mailto:chgo2cal@aol.com>]

Sent: Monday, January 05, 2015 4:35 PM

To: Board of Supervisors (BOS)

Subject: Uphold the San Francisc Planning Commission's Decision to Grant Happy Vape at 1963 Ocean Avenue Their Conditional Use Permit and Deny the Appeal

With regard to the appeal scheduled on January 13, 2015 for 1963 Ocean Avenue's conditional use permit, I urge the Board to uphold the Planning Department's decision to approve the permit and deny the appeal.

Marilyn Elkins

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: FW: Appeal of Conditional Use Authorization -- 1963 Ocean Avenue
Attachments: Appeal_Case_No_2014_0206C.pdf

From: Carolyn Karis [<mailto:carolynkaris@gmail.com>]
Sent: Monday, January 05, 2015 12:58 PM
To: BOS Legislation (BOS)
Cc: Board of Supervisors (BOS); Yee, Norman (BOS); Robert Karis
Subject: Appeal of Conditional Use Authorization -- 1963 Ocean Avenue

Dear Angela Calvillo, Clerk of the Board:

Please enter the following document for the appeal of the decision of the Planning Commission by Motion No. 19271 (Case No. 2014.0206C), for property located at: 1963 Ocean Avenue, Assessor's Block No. 6915, Lot No. 020.

Sincerely,
Carolyn Karis
Victoria Street
Ingleside Terraces

Appeal of the decision of the Planning Commission Conditional Use Authorization by Motion No. 19271 (Case No. 2014.0206C), for property located at 1963 Ocean Avenue, Assessor's Block No 6915, Lot No. 020.

We disagree with the following "Findings" contained in the Final Motion ("FM") No. 19271 of the Planning Commission in approving, on November 6, 2014, the Conditional Use Authorization for the tobacco paraphernalia establishment at 1963 Ocean Avenue.

The appeal to disapprove the Planning Commission's authorization of the Conditional Use for the vape shop/steam stone hookah lounge (aka Happy Vape) at 1963 Ocean Avenue is based on the following:

1. The Planning Commission did not appropriately apply the criteria for a Conditional Use Authorization for a tobacco paraphernalia establishment selling electronic cigarettes. [Planning Code ("Code") 303 (n), Ordinance #030-14 & #224-08]
2. This was the **first required** Conditional Use Authorization hearing for a tobacco paraphernalia establishment including the sale of electronic cigarettes. [Planning Code 227(u); Ordinance #224-08 & #030-14]
3. The proposed business is not compatible with the character of the neighborhood, the community, or its demographics. [Planning Code 303(c)(1)]
4. Compliance with the General Plan [the objectives, policies, and guidelines found in the seven studies of Ocean Avenue] is not consistent. [Planning Code 101.1 Master Plan]
5. The proposed business will be detrimental with the health, safety, and welfare of the residents. [Planning Code 303 (c)(2)].
6. The ruling by the Planning Commissioners was not unanimous. (5 to 2)
7. 75% of the property owners/residents within the 300 foot area around 1963 Ocean Avenue signed to support the appeal of the Planning Commission's Authorization. 90% of the people in the neighborhood do not find the proposed business necessary or desirable. [Planning Code 303(c)(1)]
8. The concentration of tobacco paraphernalia in the Ocean Avenue NCT is sufficient. The neighbors have not expressed a need or desire for a store selling electronic cigarettes, vaporizers and related tobacco paraphernalia, nor for a steam stone hookah lounge.

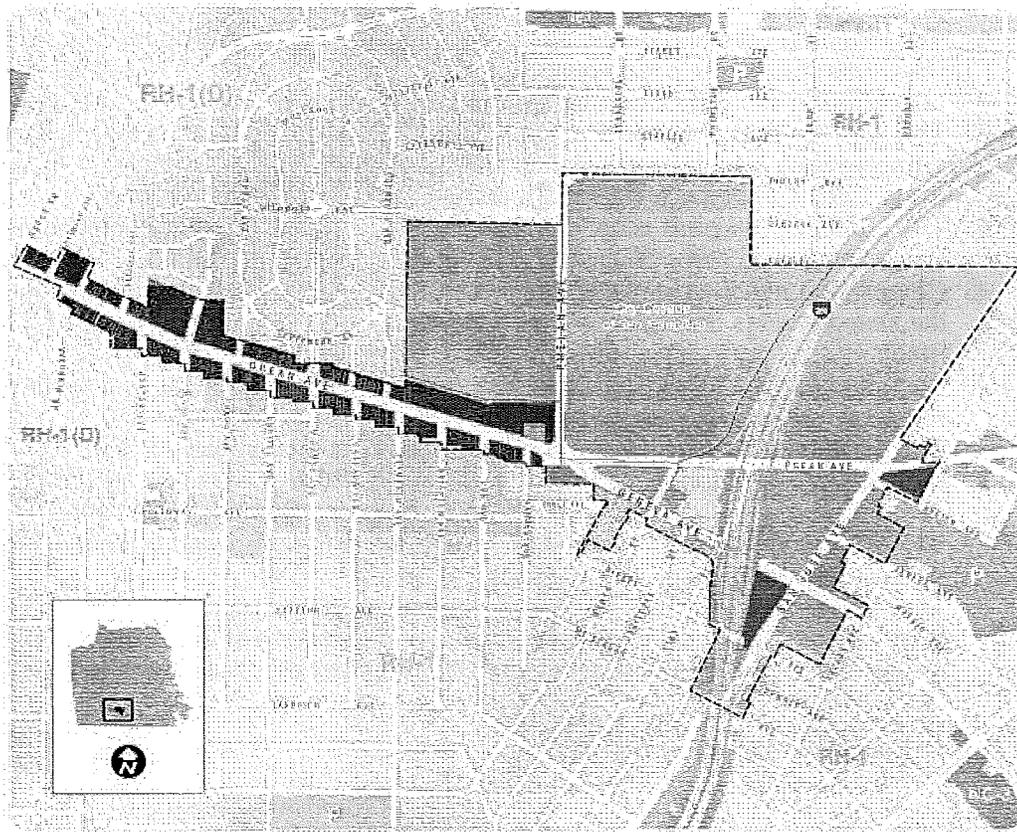
Background:

1963 Ocean Avenue is located at the western end of the Ocean Avenue NCT (Neighborhood Commercial Transit) District that extends from Phelan Avenue on the east to Manor Drive, a length of approximately $\frac{3}{4}$ mile. The site is within the **Balboa Park Station Plan Area. This plan states that the Ocean Avenue NCT is intended to provide convenience goods and services to the surrounding neighborhoods.**

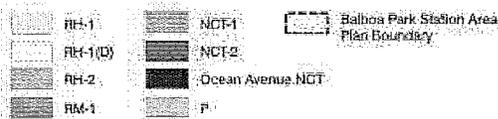
1963 Ocean Avenue is located in District 7. The Ocean Avenue Area includes the residential neighborhoods of Ingleside Terraces, Balboa Terrace, Mount Davidson Manor, Westwood Park, Ingleside and Merced Heights in Districts 7 and 11.

[Note: some URLs may need to be copied and pasted into a web browser.]

Balboa Area Plan Generalized Land Use Map — (p. 18 of the Land Use Index of the General Plan of the City and County of San Francisco, 2011) [http://www.sf-planning.org/ftp/general_plan/Land Use Index August 2011.pdf](http://www.sf-planning.org/ftp/general_plan/Land_Use_Index_August_2011.pdf)
The San Francisco General Plan Master Plan [101.1] http://www.sf-planning.org/ftp/general_plan/ includes the Balboa Park Station Area Plan.

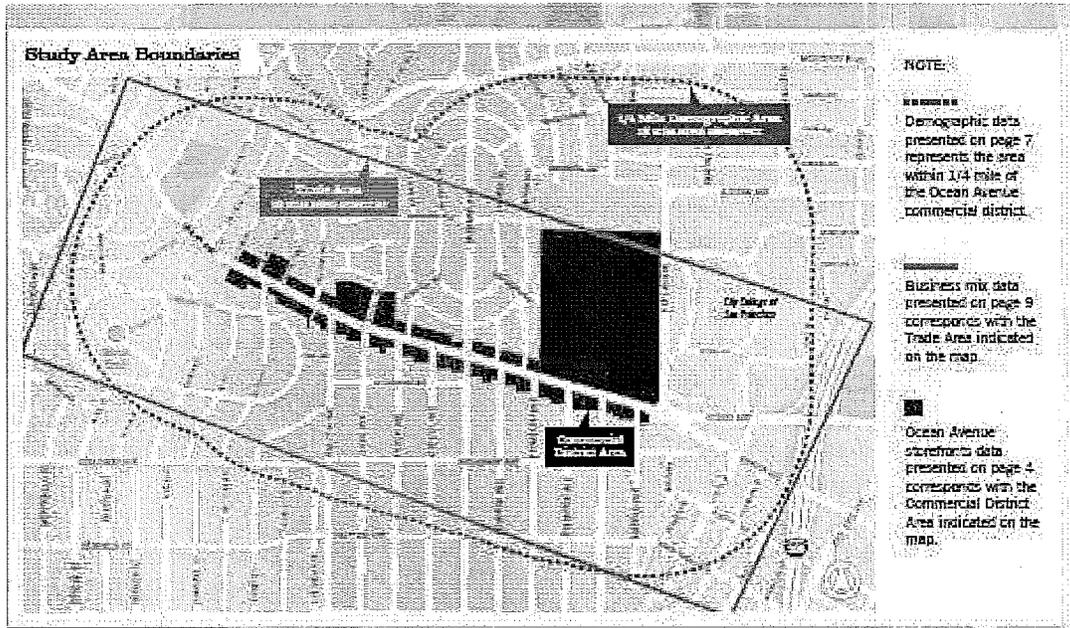


Land Use Districts



Map from the **OEWD Invest in Neighborhoods Study (2012)**

<http://investsf.org/neighborhoods/ocean-avenue/> Map found on page 6 of the UPDATED_Neighborhood Profile OCEAN AVENUE.pdf



Ocean Avenue has undergone extensive study and review by various city agencies and consultant groups. The goals of these studies are strengthening what exists and attracting positive changes for the area. All of the studies, dating from 2008 through 2014, conducted of the Ocean Avenue Corridor, focus on **improving Ocean Avenue for the long-term**. The studies resulted in the following reports:

Reports on Ocean Avenue Corridor:

- **Historic Context Statement Balboa Park Area Plan & Historic Resource Survey 2008**
<http://www.sf-planning.org/Modules/ShowDocument.aspx?documentid=557>
- **Balboa Park Station Plan 2008** Balboa_Park_Station_Area_Plan_v2.pdf
http://www.sf-planning.org/ftp/general_plan/Balboa_Park_Station.htm
a pdf version of the study document is found at
<http://www.sf-planning.org/Modules/ShowDocument.aspx?documentid=1983>
- **Ocean Avenue Management Plan 2010**
<http://www.owd.org/modules/showdocument.aspx?documentid=160>
OceanAvenueManagementPlan.pdf
- **SF General Land Use Plan** Land_Use_Index_August_2011.pdf – General introduction for entire city http://www.sf-planning.org/ftp/general_plan/index.htm and pdf version http://www.sf-planning.org/ftp/general_plan/Land_Use_Index_August_2011.pdf

Balboa Park Station Area Plan

http://www.sf-planning.org/ftp/general_plan/Balboa_Park_Station.htm

- **OEWD Invest in Neighborhoods Study 2012**
http://investsf.org/neighborhoods/ocean-avenue/UPDATED_Neighborhood_Profile_OCEAN_AVENUE.pdf
- **San Francisco Formula Retail Economic Analysis** prepared for the SF Planning Department by Strategic Economics June 2014 http://www.sf-planning.org/ftp/files/legislative_changes/form_retail/Final_Formula_Retail_Report_06-06-14.pdf
- **Kjelstrom Economic Development Final report** Sept 2014 Kjelstrom Economic Development Final Report 2014.10.31.pdf
http://www.sfog.us/ocean_ave/kjelstrom_20141031.pdf

The studies point to the need for development of a vibrant commercial street that serves the surrounding neighborhoods. The reports encourage pedestrian traffic, use of public transit, and businesses that provide the goods and services needed by the residents in the neighborhood.

We disagree with the following “Findings” contained in the Final Motion No. 19271 of the Planning Commission in approving, on November 6, 2014, the Conditional Use Authorization for a tobacco paraphernalia establishment at 1963 Ocean Avenue.

Issue #1: Incorrect application of Planning Code 303(n) and 227 (u). The ruling of the Planning Commission on November 6, 2014, to approve the Conditional Use Application for the proposed business at 1963 Ocean Avenue, **did not properly apply the criteria for a Conditional Use Authorization (Code 303) of a tobacco paraphernalia establishment (Code 227(u))** [Note FM states 227(v); however the correct current Planning Code is 227(u).]

Rationale: The Planning Commission did not correctly apply Planning Code 303. During the hearing and in the decision, the Planning Commissioners did not consider fully whether this proposed business met the criteria of “necessary or desirable to the neighborhood,” whether it would potentially have a negative impact on the surrounding neighborhood, and whether the use complies with the San Francisco General Plan and more specifically, the Balboa Park Station Area Plan.

Commissioner Richards (who voted against approval) pointed out that the 1900 block of Ocean Avenue is not the appropriate context for the proposed business, a vape retail store with a steam stone hookah lounge in the basement. It is not a business that will attract neighborhood foot traffic. Commissioner Antonini (who voted against approval) questioned the need for a hookah lounge as a method to quit smoking. The project sponsor stresses that his business aims to help people stop smoking (tobacco

cigarettes). Commissioner Antonini questioned why the Commission had listened to neighborhood voices against a Starbucks but, in this matter, did not consider the many concerns of neighbors about this type of business on this block, about its potential effects on the character of the neighborhood, and about the health and safety of this community.

The other five commissioners focused mainly on issues involving filling a vacant storefront on this block. They discussed the number of entrances, attractive displays, visibility from the street, signage, elevator access, hours of operation, etc. – building design and construction issues, not the reasons that made a Conditional Use Authorization a requirement for an establishment planning to sell tobacco paraphernalia. The issue was not about the design or construction of the building but whether the products and goods to be sold by this business and used within the building were necessary or desirable or compatible with the neighborhood. The matter before the Commission was not a Discretionary Review but rather a Conditional Use Authorization – a matter of different standards and criteria.

Neighborhood voices oppose this particular type of business for its incompatibility with the neighborhood and for its detrimental effects on the character of the community and particularly for the 1900 block of Ocean Avenue. This business offering alternative tobacco paraphernalia products is not what the neighbors find necessary or desirable or compatible – the criteria for a Conditional Use Authorization.

Issue #2: 1963 Ocean Avenue was the first required Conditional Use Authorization hearing before the Planning Commission for an electronic cigarette/vape store business. The Planning Commissioners did not carefully nor explicitly consider whether this business, the selling of tobacco paraphernalia, was necessary or desirable for the neighborhood, whether it would be detrimental to the health, safety, and welfare of the community.

The proposed business at 1963 Ocean Avenue required a Conditional Use Authorization for a Tobacco Paraphernalia Establishment [Planning Code, Section 227(u)].

227(u) Tobacco Paraphernalia Establishments, defined as retail uses where more than 10% of the square footage of occupied floor area, as defined in Section 102.10, or more than 10 linear feet of display area projected to the floor, whichever is less, is dedicated to the sale, distribution, delivery, furnishing or marketing of Tobacco Paraphernalia from one person to another. "Tobacco Paraphernalia" does not include lighters, matches, cigarette holders, any device used to store or preserve tobacco, tobacco, cigarettes, cigarette papers, cigars, or any other preparation of tobacco that is permitted by existing law. Medical Cannabis Dispensaries, as defined in

Section 3301(f) of the San Francisco Health Code, are not Tobacco Paraphernalia Establishments.”

San Francisco Ordinance No. 030-14 of March 2014, extended tobacco paraphernalia to include the sale and use of electronic cigarettes.

<http://www.sfbos.org/index.aspx?page=15826>

131208	0030-14	04/26/2014	Health Code - Restrictions on Sale and Use of Electronic Cigarettes
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Rationale for disagreement with decision: The issues of the health, safety, and welfare of the neighbors are the ones that made this tobacco paraphernalia establishment a required conditional use and the ones that cause this business to be detrimental to the neighborhood. In the hearing, **Commissioners raised questions that implied confusion** about this **first conditional use for a vape store**. The matter before the Commission was not a Discretionary Review, but rather a Conditional Use Authorization, a matter that should be treated by the criteria of necessary or desirable and compatible with the neighborhood and of not being detrimental to the health, safety, and welfare of the community.

Health issues, concern about the content of nicotine, carcinogens, and toxic chemicals found in the electronic cigarettes plus inconsistent manufacturing and other environmental issues, are cited in Ordinance # 030-14. These are the reasons for the inclusion of electronic cigarettes as tobacco paraphernalia and for the requirement of a Conditional Use Authorization hearing before the Planning Commission. Harm to the health of the citizens of San Francisco prompted the Board of Supervisors to require a Conditional Use Authorization and CUA hearing for tobacco paraphernalia including electronic cigarettes.

In its Final Motion (FM), the Planning Commission in presenting its “Finding” concerning the criteria for Planning Code 303 (FM #7, p.4) stated the following on FM page 6 (E.i.) with respect to the **concentration** of Tobacco Paraphernalia Establishments as defined in Section 227(v) [actually 227(u)]:

there is “no other Tobacco Paraphernalia Establishments within the Ocean Avenue NCT that have received Conditional Use authorization.” [emphasis added]

This argument is misleading since this is the first Conditional Use Authorization hearing citywide for a tobacco paraphernalia establishment. This business at 1963 Ocean Avenue is the first application for a vape shop since the establishment of the CUA requirement by City Ordinance # 244-08, passed unanimously by the Board of Supervisors in October of 2008.

At the Planning Commission hearing on November 6th, Marcelle Boudreaux, the Planning Department representative, noted upon questioning by a

Commissioner that this project, 1963 Ocean Avenue, was the first business of this kind to require a CUA. She also noted that there were several other similar project applications in the pipeline. This case could and should be viewed as a test cast for this type of business establishment (vape shop and steam stone hookah lounge). Therefore, it is important to correctly apply the Conditional Use Authorization criteria to 1963 Ocean Avenue.

The health, safety, and welfare of the neighborhood should have received higher priority and evaluation by the Planning Commission. The health, safety, and welfare of the residents should have trumped filling a vacant storefront.

Issue #3: Incompatibility of the proposed Tobacco Paraphernalia Establishment [at 1963 Ocean Avenue] with the neighborhood and its demographics. {Planning Codes 737.1, 737.69 and 227(v)}; [FM E7, E.iii, p. 7]. Citing Planning Code Section 227(v) [actually 227(u)], the Finding states:

iii. The proposed establishment is compatible with the existing character of the particular district for which it is proposed.

The proposal is a new commercial establishment, which proposes to utilize a vacant retail space for an electronic cigarette retail store and steam stone hookah lounge. The use will remain as retail establishment and no changes are proposed to the fine-grained, pedestrian-oriented storefront. The establishment is compatible with the existing character of particular district for which it is proposed.

Rationale: The location of the proposed establishment is **not** “...compatible with the existing character of the particular district...” The Ocean Avenue NCT should serve the needs and character of the surrounding residential neighborhood.

According the demographics provided in the Invest in Neighborhoods, Ocean Avenue Neighborhood Profile, compiled in 2013 by the Office of Economic and Workforce Development, <http://investsf.org/wordpress/wp-content/uploads/2014/03/Neighborhood-Profile-OCEAN-AVENUE.pdf> [overview at <http://investsf.org/neighborhoods/ocean-avenue/>], the population of the Ocean Avenue neighborhood area is approximately 15,200. The over 5,000 households include a high percentage of Asians (47%), family households (66%) with children under 18, and people over 60. Please note: Each of these percentages is higher for the Ocean Avenue District than citywide.

Additionally, this Ocean Avenue district has higher percentages of single-family housing (RH-1 and RH-1(D) (84% v. 33% citywide), larger sized

family household averages (4.5 v. 3.1 citywide), and fewer renting households (27% v. 62% citywide).

There are 14 educational institutions, from elementary to college, in the vicinity. Many students from Aptos Middle School walk by the proposed business location on their way to and from school. The pedestrian traffic by these students plus by children living in the neighborhood is not compatible with the proposed establishment. Older students attending City College tend to ride the K Muni Metro to the eastern end of the Ocean Avenue NCT and patronize businesses at the eastern end of the commercial district. Other educational institutions in the vicinity include the Voice of Pentecost Academy (K-12, 130 feet from the proposed business), Commodore Sloat Elementary, Lick Wilmerding High School, Kumon Learning Center, the Stratford School, Archbishop Riordan High School, San Francisco State, and Mercy High School.

The San Francisco's General Plan includes the following goals and policies for Ocean Avenue in the Balboa Park Station Area Plan:

http://www.sf-planning.org/ftp/general_plan/index.htm

Goals:

- Improvement of the city as a place for living, by aiding in making it **more healthful**, safe, **pleasant, and satisfying**, with housing representing good standards **for all residents** and by providing adequate open spaces and appropriate community facilities.
- Coordination of the varied **pattern of land use** with public and semi-public service facilities required for efficient functioning of the city, and for the **convenience and well-being of its residents**, workers, and visitors.

Policies include: *That existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods*

Issue #4: Compliance with the General Plan [the objectives, policies, and guidelines found in the seven studies of Ocean Avenue] is **not consistent**.

[FM#8, p. 7] Neighborhood Commerce, Objectives and Policies: Objective 1, Policies 1.1 to 1.3:

The proposed development will provide specialty goods and services to the neighborhood and will provide employment opportunities to those in the community. Further, the Project Site is located within a Neighborhood Commercial District and is thus consistent with activities in the commercial land use plan.

Rationale: The proposed business does not provide specialty goods or services desired by the neighborhood. At least five official studies of the Ocean Avenue NCT include notations of requested and needed goods and services by neighbors and residents. None of these included a request for a vape shop, an

electronic cigarette retail store, or steam stone hookah lounge. The following desired businesses are excerpted from the studies and surveys:

- Balboa Park Station Plan, 2008 – every day goods and services without the need for the use of automobiles. The businesses should provide for a wide range of the goods needed by a large number of the residents rather than a product that appeals to a limited number of individuals.
- OEWD Invest in Neighborhoods, 2013 – need for home furnishings, general merchandise, clothing stores (everyday needs), books, used merchandise, full service restaurants, gift stores, lawn and garden supplies, shoes, jewelry, luggage and leather goods.
- Kjelstrom Economic Development Report, Sept 23-25, 2014 (p. 7). Meeting participants identified several targets: movie theater, bookstore, espresso bar, ice cream shop, stationery/card store, clothing stores (new and used), high-quality restaurants with great bars, garden shop/nursery, toy store, wine bar, musical instrument shop, and pet supplies/grooming.
- Residents have expressed desire for a greater diversity of restaurants (current ones are mainly Chinese/Asian), specialized grocery, gardening supplies, new and used book stores, clothing, galleries, music equipment, toys, bakery, and the like.
- Examples of retail that would be welcome on Ocean Avenue: Food products, appliances, electronics, furniture, sporting goods, lumber, clothing, fabrics, footwear, cosmetics, medicines, stationery, art, books, handicrafts, musical instruments, gifts, supplies for gifts, second hand goods

Issue #5: The Planning Commission did not properly apply Planning Code 303(c)(2).

(2) That such use or feature as proposed will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity, with respect to aspects including but not limited to the following:

Rationale: The proposed business is detrimental to the health, safety and welfare of the neighborhood. The Planning Commission did not place sufficient weight on the criteria of the required **Conditional Use Authorization for sale of tobacco paraphernalia**. The Planning Commission is well versed in matters of building design, building codes – matters of height, setback, materials, massing, etc. This Conditional Use for a tobacco paraphernalia establishment required the Commission to consider more particularly the health aspect of the items to be sold by this business within the building—an unusual consideration for the Commission, but essential for the determination of whether the proposed business use would be detrimental to the health, safety, and welfare of the residents.

The project sponsor speaks many times about “harm reduction,” of providing a “safer” alternative to tobacco cigarettes, of offering products and goods to

In its "E-cigarette Primer,"

<https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/SmokefreeWorkplaceLaw/Documents/E-cigFactSheet.pdf> , the Oregon Public Health Department stated: "Smokeless does not mean harmless." Nicotine, an ingredient of many electronic cigarettes, has been found to be more addictive than alcohol. According studies from the [University of Minnesota](http://www1.umn.edu/periodic/tobacco/nicaddct.html) <http://www1.umn.edu/periodic/tobacco/nicaddct.html>

- "Nicotine is:
 - 1000 X more potent than alcohol
 - 10-100 X more potent than barbiturates
 - 5-10 X more potent than cocaine or morphine"

The long-term dangers of electronic cigarettes (with or without nicotine) are unknown. Electronic cigarettes may be safer than tobacco cigarettes but they may addict those who have not previously smoked.

It is true that the FDA has not issued definitive results and rulings about electronic cigarettes. However, the FDA raised warnings as early as 2009 [<http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM173430.pdf>] and has called for intensive studies. Nicotine liquids are toxic. The attractive candy-colored and flavored liquids have poisoned children. It only takes about 30 to 60 milligrams of nicotine to send a child to the emergency room. Ingesting or getting the liquid nicotine on the skin can send anyone, child or adult, to the emergency room.

Exploding batteries have harmed children and adults. The U.S. Fire Administration, in October 2014, published a 13-page document titled "Electronic Cigarette Fires and Explosions" [https://www.usfa.fema.gov/downloads/pdf/publications/electronic_cigarettes.pdf] that details the dangers of fires and explosions caused by electronic cigarettes. Appendix 1 of this document is an extensive list of specific incidents of reported fires and explosions that occurred from 2009 through March 2014 that were caused by electronic cigarettes.

Public health organizations that have questioned the health and safety of these devices and of vaping include:

- American Lung Association – letter from Kimberly Amazeen in BOS packet File 131208, p. 63. Also <http://www.lung.org/press-room/press-releases/advocacy/FDA-ECig-Deeming-Reg-Statement.html> ; <http://www.lung.org/stop-smoking/tobacco-control-advocacy/federal/e-cigarettes.html>
- TEROC (California Tobacco Education Research Oversight Committee) – <http://www.cdph.ca.gov/services/boards/teroc/pages/TEROCLandingPage%28default%29.aspx>
- World Health Organization – <http://www.who.int/nmh/events/2014/background-e-cigarettes/en/>

- American Cancer Society – “Restrict the Sale of Electronic Cigarettes”
<http://www.cancer.org/myacs/eastern/areahighlights/cancernynj-news-ny-ecig-health-vote>
- California Youth Advocacy Network – about e-cigarettes
<http://cyanonline.org/e-cig-reading/>; about Hookah including steam stone <http://cyanonline.org/hookah/>
- Centers for Disease Control and Prevention – Key findings
<http://www.cdc.gov/tobacco/youth/e-cigarettes/>; concern especially about youth <http://www.cdc.gov/media/releases/2014/p0825-e-cigarettes.html>
- Campaign for Tobacco Free Kids – concern about poisoning cases
http://www.tobaccofreekids.org/tobacco_unfiltered/tag/e-cigarettes
and evidence of E-cigarette companies copying Big Tobacco’s advertising playbook “7 Ways E-Cigarette Companies Are Copying Big Tobacco’s Playbook (or 7 reasons FDA should quickly regulate e-cigarettes)”
http://www.tobaccofreekids.org/tobacco_unfiltered/post/2013_10_02_ecigarettes
- Americans for Nonsmokers’ Rights –
<http://no-smoke.org/learnmore.php?id=645>

Others who have stated concerns and positions about the health and safety of electronic cigarettes:

- Senators Diane Feinstein, Nancy Pelosi, Richard Blumenthal, Jay Rockefeller <http://time.com/2896962/electronic-cigarette-executives-get-schooled-in-senate-hearing/>
- Congresswoman Jackie Speier, June 2014, introduced legislation to regulate e-cigarette products
http://speier.house.gov/index.php?option=com_content&view=article&id=1460:congresswomen-speier-introduces-smoke-act-to-regulate-e-cigarette-products&catid=20&Itemid=14
- Richard A. Carranza, Superintendent of the San Francisco Unified School District. Letter in March 6, 2014, BOS packet File #131208, p. 70
- TECH Times warned about the danger of e-cigarettes infecting computers with malware through the USB port during the charging of a battery. <http://www.techtimes.com/articles/20814/20141124/e-cigarettes-can-be-dangerous-for-your-computers-health-what-you-should-know.htm>

Scientific research takes time. Acting now against potential dangers is the wise approach. The Planning Commission did not properly apply the appropriate criteria in approving the Conditional Use application for a business with great potential health and safety harm to the neighborhood and particularly to the young, impressionable people in the area.

Issue #6: The Planning Commission approval of the Conditional Use was not unanimous. The vote was 5-2 with many questions raised and issues left unanswered. The Planning Commission disapproved a Conditional Use for a Starbucks because of neighborhood opposition. Big tobacco has the patents for extracting nicotine from tobacco leaves. Big tobacco funds the advertising making electronic cigarettes and vaping “cool” and attractive. One teen when questioned if she smoked replied, “No, I vape.” The Planning Commissioners unfortunately did apply the pertinent criteria of Planning Code Section 303 when approving this conditional use. They did not follow the criteria for a Conditional Use Authorization for a tobacco paraphernalia establishment.

Issue #7: Support of the appeal by residents: Signatures obtained to file this appeal represent more than **75% of the residential property owners/residents within 300 feet of the proposed business that the appellant was able to contact.** The individuals signing stated opposition to this type of business. They wished the focus to be on the long-term development of Ocean Avenue, and particularly of the 1900 block. They believed that filling a vacant storefront with “any” business, especially one that represents another alternative lifestyle, does not work toward the goal of long-term improvement of Ocean Avenue, the goal of the many studies noted in the Background section of this document.

Neighbors continue to state and believe that the proposed business, the vape store selling devices (e-cigarettes/vaporizers), vaping liquids/e-juices and batteries and operating a steam stone hookah lounge in the basement) is neither necessary nor desirable nor compatible with the neighborhood.

They noted that a large number of students from Aptos Middle School walk by this building on their way to and from school. The neighborhood parents do not want their children exposed to these products. Although the proposed business states that they will sell only to persons over 18, middle school age and high school students may be tempted to get older people to purchase for them.

Other opponents of this business state that if this proposed business does open, they will avoid the 1900 block of Ocean Avenue; thus defeating the purpose of filling a storefront vacancy. The proposed business will not increase foot traffic on Ocean Avenue by neighboring residents, one of the goals of the various Ocean Avenue studies.

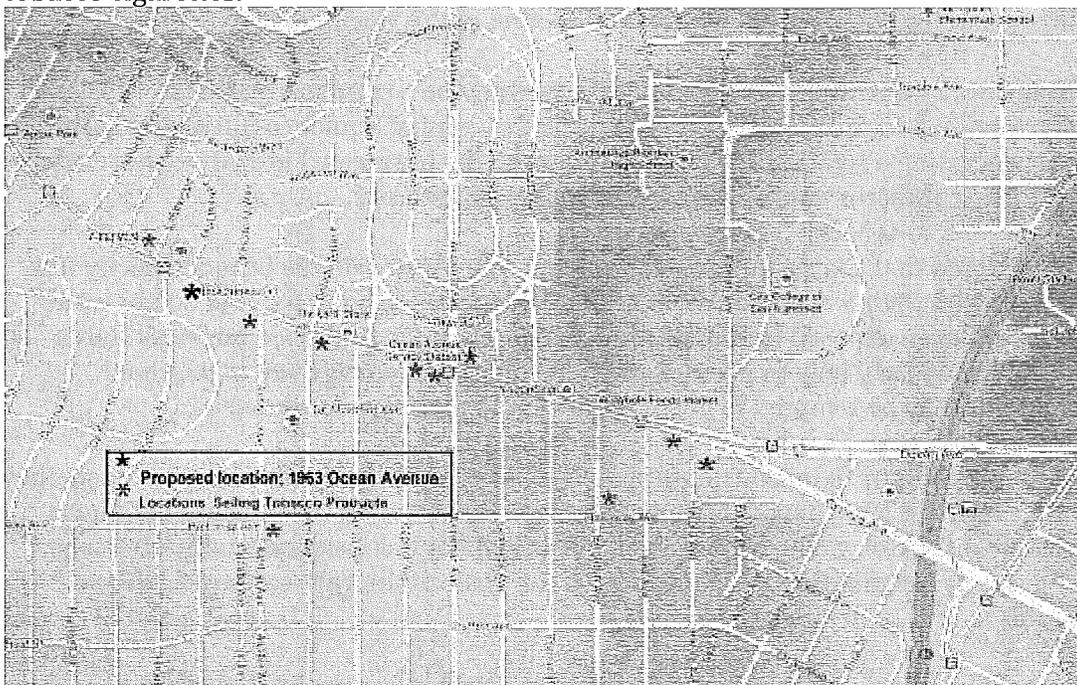
Several people noted that it is getting to the point where traditional businesses that have the option of locating elsewhere do not choose to open in the 1900 block of Ocean Avenue. They question how this block reached this situation, in which undesirable businesses came to predominate in the middle of very affluent neighborhoods.

The eastern end of Ocean Avenue has dramatically improved with the new Whole Foods. The western portion of the Ocean Avenue NCT needs improvement for the

long-term. Residents have expressed delight with the opening of the new hardware store on Ocean Avenue, the first to open anywhere in the city for many years. After twenty years, the residents are happy to finally have a bank (Chase) and a grocery store (Whole Foods) and a new branch of the San Francisco Public Library. Most residents are hopeful that the Target Express will open in the long vacant large store located on Ocean at Dorado/Jules. They enjoy and support the Fog Lifter Café, Sophia's Pizzeria, Cut to Contrast barber, Ocean Cyclery, Serge-a-Lot (sewing), Yoga Flow, all in the 1900 block of Ocean.

Issue #8: Concentration of tobacco paraphernalia businesses in Ocean Avenue NCT. [FM #7. E.i.ii, p. 6]. There is no need for this type of business on Ocean Avenue. In the various surveys conducted, no Ocean Avenue neighbor expressed a need for this type of business.

The concentration of tobacco paraphernalia is more than sufficient. The map shows the locations selling tobacco products on Ocean Avenue and in the vicinity. Six schools are found within this mapped area. The western end of Ocean Avenue, the section closest to 1963 Ocean Avenue, has six businesses selling e-cigarettes and/or tobacco cigarettes.



There are vape shops selling similar products at 19th and Taraval and at Mission near Geneva, 1.5 miles in either direction.

Magic Dragon Smoke Shop at 35 Cambon Drive in Park Merced shopping center, which according to its website opened in 2010, sells water pipes, vapor pens,

vaporizers, e-liquids, hookah and tobacco. Magic Dragon Smoke Shop is about 1 mile away (driving or walking) or .8 mile as the crow flies.

Conclusions:

We should value the health of the city and its residents and not allow this new business to open. Opposing the opening of the vape shop would support the long-term goals of the Board of Supervisors to reduce smoking in the City and to encourage healthy living. It would support the objectives, policies, and guidelines in the seven studies of Ocean Avenue.

The proposed vape shop/steam stone hookah lounge at 1963 Ocean Avenue might appeal to and attract a few youths to the business, but Ocean Avenue, the NCT and the neighborhood, should not be responsible for encouraging young adults to start a new addiction—to “candy flavored” e-Cigarettes, vaporizers, and steam stone hookah with unknown **long-term health risks**. And this business is not a stop smoking clinic.

In June 2014, at a Congressional hearing, Senator Blumenthal of Connecticut said:

“I think we have seen this movie before...It is called big nicotine comes to children near you and you are using the same kinds of tactics and promotions and ads that were used by big tobacco and proved so effective”

TIME “Electronic Cigarette Executives Get Schooled in Senate Hearing,” June 18, 2014: <http://time.com/2896962/electronic-cigarette-executives-get-schooled-in-senate-hearing/>

The TIME article ends with these quotes:

At the end of her time to question, Boxer said: “Mr. Healy and Mr. Weiss, you can con yourself. But we don’t know if this product gets people off cigarettes yet, so don’t think you are doing some great mission. Don’t say you care about kids... Don’t be a part of this, because you’ll regret it.”

But the harshest words came from Senator Jay Rockefeller (D- West Virginia), who said to the executives: “I’m ashamed of you. I don’t know how you go to sleep at night. I don’t know what gets you to work in the morning except the **color green of dollars**. You are what **is** wrong with this country.”

“7 Ways E-Cigarette Companies are Copying Big Tobacco’s Playbook” published on The Campaign for Tobacco-Free Kids website in October 2013 visually demonstrates the phenomenon of using the same playbook:

http://www.tobaccofreekids.org/tobacco_unfiltered/post/2013_10_02_ecigarettes



The webpage concludes:

No wonder youth e-cigarette use is on the rise.

These developments underscore the need for the FDA to quickly regulate e-cigarettes and take steps to prevent their marketing and sale to kids.

The Surgeon General's 50th Anniversary Report (2014) recounts 50 years of progress in combating the health hazards of smoking but warns of the attraction of teens to the electronic cigarettes, the new form of nicotine delivery. It took a long time to undo the influence of advertising promoting tobacco cigarettes. Many people died and continue to die from lung cancer and the effects of secondhand smoke.

We trust that the Board of Supervisors will move forward by not allowing the opening of this proposed business that would sell products that contain nicotine and produce harmful fumes with unknown long term health effects. We trust that the Board of Supervisor will act for the long-term benefit of the residents of Ocean Avenue and the citizens of San Francisco and overturn the Planning Commission's decision.

We ask the Board of Supervisors to disapprove the decision of the Planning Commission by its Motion No. 19271 approving a Conditional Use Authorization identified as Planning Case No. 2014.0206C on property located at 1963 Ocean Avenue. We ask that the tobacco paraphernalia establishment (dba Happy Vape) not be allowed to open business at this location.

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: File 141291 FW: No Vape/Hookah shop on Ocean Avenue at Victoria

From: BOS Legislation (BOS)
Sent: Monday, January 12, 2015 8:36 AM
To: Board of Supervisors (BOS)
Subject: FW: No Vape/Hookah shop on Ocean Avenue at Victoria

From: Jeanne Hughes [<mailto:jhughes@ccsf.edu>]
Sent: Friday, January 09, 2015 8:45 AM
To: BOS Legislation (BOS)
Subject: No Vape/Hookah shop on Ocean Avenue at Victoria

To Whom It May Concern,

Please do not allow the vape/hokkah shop plan on Ocean Avenue near Victoria to continue.

As a neighborhood member and parent of children who go to Aptos, or will soon be attending the school, I do not want such a business in my area. The location is too close to schools and, additionally, would be a blight as compared to the other recent developmental improvements on Ocean Avenue. Many children walk past the proposed shop before and after school each school day, and neighborhood children travel the route on the weekends and during the summers. A vape/hookah shop sends an unhealthy message to our children and should be located in an area where children are not present. Even if the shop is not open when children pass by, they get an unhealthy message from just seeing the storefront, which would serve to normalize a form of smoking.

Additionally, vape smoking smells horrible and I don't want the air quality poisoned by vapors as my family and I walk down Ocean Avenue....which we do on a regular basis. I have been a victim of vape vapors as I stood at a stoplight near SF State and found it to be as taxing to my respiratory system as regular cigarette smoke.

The research is still undone concerning the safety of e-cigarettes. It would be irresponsible to subject our children to a shop which would promote the practice of vaping when we don't know if it is safe.

Please keep this business of of Ocean Avenue and create guidelines to help such businesses locate elsewhere.

Thanks,
Jeanne-Marie Hughes, Ph.D.
Ingleside Resident
Parent
CCSF Faculty
SFSU Faculty

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: File 141291 FW: No Vapor/Hookas at 1963 Ocean SF

From: BOS Legislation (BOS)
Sent: Monday, January 12, 2015 8:36 AM
To: Board of Supervisors (BOS)
Subject: FW: No Vapor/Hookas at 1963 Ocean SF

From: Lesa Lewis [<mailto:lesallewisll@gmail.com>]
Sent: Saturday, January 10, 2015 8:42 AM
To: BOS Legislation (BOS)
Subject: No Vapor/Hookas at 1963 Ocean SF

Dear Board of Supervisors:

Please do not allow the selling of this product near Aptos Middle School. It would be another distraction for the students. Thank you.

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: File 141291 FW: Case No. 2014.0206C - vape shop permit

From: BOS Legislation (BOS)
Sent: Monday, January 12, 2015 8:36 AM
To: Board of Supervisors (BOS)
Subject: FW: Case No. 2014.0206C - vape shop permit

From: Judy Reynolds [<mailto:Judy.Reynolds@sjsu.edu>]
Sent: Sunday, January 11, 2015 7:59 PM
To: BOS Legislation (BOS)
Subject: Case No. 2014.0206C - vape shop permit

Dear San Francisco Board of Supervisors,

I want to add my name to those who are appealing approval by the Planning Commission of a Conditional Use permit for 1963 Ocean Avenue - Vape Shop/Steam Stone Hooka Lounge. This business is not necessary or desirable for the neighborhood. This business will not provide needed products or services for people living in this area.

Ocean Avenue has started its revival. The 1900 block of Ocean Avenue now has several businesses popular with neighbors. The Fog Lifter Café, Cut to Contrast barbershop, Ocean Cyclery, Serge-a-Lot and Yoga Flow. A hardware store and Champa Garden opened recently and a furniture store will open soon. These are the types of businesses the neighborhood needs and desires.

As San Francisco Supervisors, you have three times passed ordinances restricting tobacco smoking and sales, including electronic cigarettes. You wisely enacted legislation requiring a Conditional Use to open a tobacco paraphernalia establishment. Clearly you understand that this type of business is detrimental to the health and welfare of the residents. It is unwise to have such a business in such close proximity to schools and our City College as youth are the prime target of tobacco marketers. Tobacco is a proven carcinogen and will not contribute to the health of these young people or the neighborhood.

Please support the appeal of the Planning Commission approval. Do not impose this negative business on Ocean Avenue. The vape shop will not benefit the neighborhood.

Thank you,
Judy Reynolds
660 Victoria
San Francisco, CA 94127
415 841-0903

From: Board of Supervisors (BOS)
To: Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

From: Arwen Griffith [<mailto:arwenoreilly@gmail.com>]
Sent: Monday, January 12, 2015 7:49 AM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); Avalos, John (BOS); Breed, London (BOS); Campos, David (BOS); Chiu, David (BOS); Cohen, Malia (BOS); Farrell, Mark (BOS); Kim, Jane (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Wiener, Scott
Subject: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

Hello,

I somehow missed the approval of Happy Vape, an e-cigarette store on 1963 Ocean Ave., at Victoria. (Or maybe it happened before my child started attending Commodore Sloat, so I was unaware.) This is very close to Aptos Middle School and Commodore Sloat School, where my son goes. This seems like a colossally bad idea. I understand there are already two or three marijuana dispensaries in the neighborhood, and we really don't need something along these lines so close to a middle school in particular. Please do your best to make Ocean Ave more child-friendly, as hundreds of children walk down Ocean Ave. every day. This would be a very unwelcome addition.

Thank you,
Arwen Griffith
116 Manchester St
San Francisco CA
94110

(I don't live in the neighborhood but drive there every day for school.)

From: Board of Supervisors (BOS)
To: Wiener, Scott; Lamug, Joy; Carroll, John (BOS)
Subject: file 141291 FW: Letter supporting the appeal of Planning Commission decision in Case No. 2014.0206C

From: Ashleigh Harris [<mailto:ashleighharris@gmail.com>]
Sent: Thursday, January 08, 2015 3:15 PM
To: Board of Supervisors (BOS); Yee, Norman (BOS); Avalos, John (BOS); Breed, London (BOS); Campos, David (BOS); Chiu, David (BOS); Cohen, Malia (BOS); Kim, Jane (BOS); Mar, Eric (BOS); Tang, Katy (BOS)
Subject: Letter supporting the appeal of Planning Commission decision in Case No. 2014.0206C

Letter supporting the appeal of Planning Commission decision in Case No. 2014.0206C (opposing the vape shop at 1963 Ocean Ave.)

Dear Board of Supervisors,

I am an Ingleside resident and I live 3.5 blocks south of Ocean Avenue (50 Jules Ave). I will be deeply disappointed to see another vape shop become a part of this corridor.

The surrounding neighborhoods on Ocean Ave are heading in the right direction. Ocean Avenue needs to attract a variety of new businesses to help continue to revive this area. I fear that another smoke shop would deter new businesses from coming to Ocean Avenue and we'll continue to have empty store fronts.

This corridor has the potential to be a lively pedestrian-friendly commerce section of the city, another vape shop will not help that potential be realized.

Thank you for your time and consideration of this matter.

Sincerely,
Ashleigh Harris
Concerned Neighborhood Home Owner and Resident

--
Ashleigh Harris
(415) 871-8350
ashleighharris@gmail.com

- www.linkedin.com/in/ashleighharris/

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Cape Shop at 1963 Ocean Ave

From: Diana Chiang [<mailto:di.chiang888@gmail.com>]
Sent: Thursday, January 08, 2015 1:49 PM
To: Board of Supervisors (BOS); Yee, Norman (BOS); Avalos, John (BOS)
Subject: Cape Shop at 1963 Ocean Ave

I have two children who go to Aptos Middle School. I'm concerned about the possibility of opening a Vape Shop so close to the school. My kids, as well as many of the other students, frequently walk pass that location after school on their way to 7 Eleven, Walgreens or King's Tea shop when hanging out with their friends. Middle school is such a young and impressionable age to have a shop of that nature so close to the school. Please consider voting against this proposal.

Thank you!

Diana Chiang

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: Please oppose Happy Vape on Ocean Ave

From: leerawitscher@yahoo.com [<mailto:leerawitscher@yahoo.com>]

Sent: Wednesday, January 07, 2015 12:40 PM

To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); Avalos, John (BOS); Breed, London (BOS); Campos, David (BOS); Chiu, David (BOS); Cohen, Malia (BOS); Farrell, Mark (BOS); Kim, Jane (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Wiener, Scott

Subject: Please oppose Happy Vape on Ocean Ave

Hello,

I am writing to urge you to appeal the opening of Happy Vape, an e-cigarette store on 1963 Ocean Ave., @ Victoria. This is very close to Aptos Middle School and Commodore Sloat School. My son Aren currently attends CSS and will be going to Aptos. Next year, he will be walking to school (down Ocean Ave) with another student in our neighborhood. In addition, I believe there are already two or three marijuana dispensaries in the neighborhood.

Please do your best to make Ocean Ave more child-friendly, as hundreds of children walk down Ocean Ave. every day. Happy Vape would be a very unwelcome addition.

Thank you,
Lee Rawitscher
70 Eastwood Drive
SF, CA 94112
(415) 999-4123

Ocean Avenue. The Commission barely considered the detrimental health and community issues of this business. I believe that the Commissioners did not properly interpret Planning Code 303 for this matter.

Neighbors submitted over 20 letters of opposition to the Planning Commission. Over 120 signed a petition in opposition. Neighbors spoke strongly in opposition at the Planning Commission hearing on November 6th. Opposition stated that the business was not necessary or desirable for the neighborhood, that it would have a negative impact on the condition and character of the neighborhood, and that it would be detrimental to the health, safety, and welfare of the community. Over 75% of residential property owners within a 300-foot radius of 1963 Ocean signed to support the appeal of the Planning Commission ruling.

The Commissioners did not hear the pleas to stop the introduction of this negative business into our neighborhood. The vape store/steam stone hookah lounge will not benefit the neighbors. In any of the surveys or studies of Ocean Avenue (from the Balboa Park Station Plan of 2008 to the Final Formula Retail Report of June 2014) there are no requests for such a business. In fact, we believe this business will further depress the 1900 block of Ocean Avenue. This block has struggled for years to improve. We wish to stop the downward cycle.

The 1900 block of Ocean Avenue has 40 storefronts, a large number to keep filled with businesses. Great, positive businesses do exist on this block: the Ocean Cyclery, the Fog Lifter Café, the Serge-a-Lot sewing store, Sophia's Pizzeria, two popular Chinese restaurants, and 24-hour Fitness. Many neighbors use the Cut to Contrast barber and the Yoga Flow studio. However, the 1900 block of Ocean Avenue does have a high number of "alternative" offerings: an MCD (1944), billiards parlor (1948) open to 2 A.M. and currently seeking to serve alcohol, three massage parlors, foot and otherwise (which advertise in adult pages and online websites; a fourth parlor was closed because of proven illegal activities), two tattoo parlors (1907 and 391 Ashton). We do appreciate and frequent the positive businesses on this block and on the rest of Ocean Avenue. We do not need another alternative life-style business like the vape shop/steam stone hookah lounge. It is not necessary or desirable nor compatible with the neighborhood.

To reinforce my support for the positive businesses and services on Ocean Avenue, I frequently shop at Fruit Barn, Whole Foods, CVS, Walgreens, Ocean Cyclery, and the new True Value Hardware. I'm a frequent user of the Ocean Avenue Public Library and the bank. For all of these purchases, I walk. I would like to make more purchases on Ocean Avenue. I would support businesses such as a bakery, a butcher, a bookstore (I have purchased at the Comix store farther west on Ocean), or general clothing store.

We do not understand how a Starbucks can be blocked from some areas because of neighborhood opposition, but the introduction of a potential health threat to the neighbors and the youths attending

the 14 educational establishments within the Ocean Avenue vicinity could be allowed, despite strong opposition by residents.

Marcelle Boudreaux, the Planning Department representative for this matter, stated when questioned in the hearing, that although 1963 Ocean Avenue was the first Conditional Use for tobacco paraphernalia to come before the Planning Commission, she had several other similar applications in the works.

The statement in the Planning Commission Final Motion No. 19271, Page 6, Section E, i, and repeated in Section E, ii, that “There are no other Tobacco Paraphernalia Establishments within the Ocean Avenue NCT that have received Conditional Use authorization.” is misleading since 1963 Ocean Avenue is the FIRST business to apply for Conditional Use Authorization after the Board of Supervisors extended Conditional Use to electronic cigarettes on March 25, 2014.

Contrary to the Final Motion statement, p. 5, that “The proposed use is designed to meet the needs of the immediate neighborhood as well as limited comparison shopping goods for a wider market”: Almost no one in our neighborhood has expressed a desire for this type of business.

Additionally, this business will not help improve the 1900 block of Ocean Avenue. We do not seek this type of diversity of goods, another alternative offering with significant health issues.

California state senators, U.S. Senators, Congresswoman Jackie Speier, the American Lung Association, the CDC, and NIH have all stated opposition to e-cigarettes. College and university campus-free policies, including those of San Francisco State and City College, have recently added warnings and restrictions for electronic cigarettes and vaporizers. They warn of the power of the candy-coated, glamorized advertising associated with these devices. The ads make these devices seem “Cool” and “Hip.” However, they aim to addict a new generation to nicotine. Cigarette smoking in the United States has declined since the Surgeon General issued a warning in 1964. E-Cigarette and vaporizer manufacturers are using the same tactics used by Big Tobacco to sell tobacco cigarettes.

Happy Vape might appeal to a few youths but should Ocean Avenue be responsible for encouraging young adults to start a new addiction—“candy flavored” e-Cigarettes, vaping, and steam stone hookah with unknown long-term health risks. It took a long time and many deaths before the Surgeon General of the United States issued the Report on Smoking and Health.

A repeat of this pattern is unneeded. The long-term effects of electronic cigarettes and vaping are not known. Disapproving the Planning Commission decision is the wise action.

Thank you,

Carolyn Karis

Victoria Street

Ingleside Terraces

From: Board of Supervisors (BOS)
To: Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: Case 2014.206c appeal of planning commission vote

-----Original Message-----

From: Judy [<mailto:tohutchi@yahoo.com>]
Sent: Tuesday, January 06, 2015 6:20 AM
To: Board of Supervisors (BOS); Yee, Norman (BOS); Avalos, John (BOS); Tang, Katy (BOS); Breed, London (BOS); scott.weiner@sfgov.org; Cohen, Malia (BOS); david.campis@sfgov.org; Chiu, David (BOS); Farrell, Mark (BOS); Kim, Jane (BOS)
Subject: Case 2014.206c appeal of planning commission vote

Dear Board of Supervisors,
Please vote Yes on the appeal to REVERSE the approval of VAPE business on Ocean Ave.
We are trying to build our community. The proposed business is too close to school sites, right across from Aptos middle school, very vulnerable age group.
Thank you for doing the right thing for the community and the kids who do not have a voice.
Judy Hutchinson

Sent from my iPhone

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: file 141291 FW: Appeal request for Ocean Ave

-----Original Message-----

From: Allyson Rupp [<mailto:allyson.rupp@yahoo.com>]
Sent: Monday, January 05, 2015 11:57 PM
To: Board of Supervisors (BOS)
Cc: Yee, Norman (BOS); rckaris@gmail.com
Subject: Appeal request for Ocean Ave

Esteemed Board,

As a proud resident of San Francisco, a home owner in Mount Davidson Manor and mom to two young boys, I am writing to you to encourage you to overturn your permit approval of the E-Cigarette / Vape Lounge proposed to occupy space in my neighborhood (at 1963 Ocean Ave, Case No. 2014.0206C).

We live a short half block from this location, where we encourage our boys (ages 5 and 7) to be active, explore our neighborhood and walk, ride and run outdoors. They, and the children in our neighborhood, who attend our local schools (Commodore Sloat and Aptos), do not need to encounter the environmental and social hazards of such an institution. We already have several "medicinal marijuana dispensaries" locally, which often draw an unsavory clientele base, and do not always foster safety or comfort as we move about our neighborhood. Our neighborhood is growing and changing, and the vacant store fronts need to be occupied by industries that support our kids, establish values and provide safe and positive examples for our residents.

Please reconsider your approval of this permit and, instead, allow our neighborhood to enable exciting new and family-oriented businesses to thrive.

Thank you for your attention and consideration,

Allyson Rupp
76 Keystone Way
San Francisco, CA 94127

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: Appeal of planning commission decision in case no:2014.0206C

From: Sandie Yu [<mailto:Sandieyu87@yahoo.com>]
Sent: Monday, January 05, 2015 10:01 PM
To: Board of Supervisors (BOS)
Cc: BOS Legislation (BOS)
Subject: Appeal of planning commission decision in case no:2014.0206C

Dear board of supervisors,

I would like to voice my support to appeal the planning commission decision to allow for vape shop/ hookah lounge at 1963 Ocean Ave.

I am a resident of this area, living half of a block from this location. I have two young children who go frequently walk through this area. I do not support a shop who is selling e-cigarettes and operating a hookah lounge in a close proximity to both Commodore Sloat Elementary School and Apto Middle School in my neighbor. I strongly urge you to overturn the planning commission's decision. We want ocean avenue to attract more family friendly businesses, and encourage more community building. This shop does not fit our neighborhood needs. It would be a huge step backward!

Thank you for your consideration!

Sandie Yu
415-706-9165
55 Keystone Way
SF, Ca 94127

Sent from my iPhone

From: Board of Supervisors (BOS)
To: Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

From: Stacey Estes [<mailto:stassilc@aol.com>]
Sent: Monday, January 05, 2015 8:45 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); Avalos, John (BOS); Breed, London (BOS); Campos, David (BOS); Chiu, David (BOS); Cohen, Malia (BOS); Farrell, Mark (BOS); Kim, Jane (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Wiener, Scott
Subject: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

Hello,
I am writing to urge you to support the appeal to the opening of Happy Vape, an e-cigarette store on 1963 Ocean Ave., @ Victoria. This is very close to Aptos Middle School and Commodore Sloat School, and two of my children are currently at Commodore Sloat. In addition, I believe there are already two or three marijuana dispensaries in the neighborhood. Please do your best to make Ocean Ave more child-friendly, as hundreds of children walk down Ocean Ave. every day. This would be a very unwelcome addition.

Thank you,
Stacey Estes
2 Winston Drive
SF, CA 94132

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: file 141291 FW: Thanks for agreeing to write a letter opposing the e-cigarette shop

From: brenda brown [mailto:brenbrownda@gmail.com]
Sent: Monday, January 05, 2015 6:23 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS)
Subject: Fwd: Thanks for agreeing to write a letter opposing the e-cigarette shop

Support of appeal of the Conditional Use Authorization for 1963 Ocean Avenue; Case No. 2014.0206C

I support the appeal and oppose the opening of the vape shop at 1963 Ocean Avenue that would sell e-cigarettes, e-liquids (the flavored nicotine liquids used to create the "vapor"), and other tobacco paraphernalia. I'm requesting the Board of Supervisors to overturn the Planning Commission's approval of the Conditional Use Authorization for this vape shop.

A business requiring a Conditional Use Authorization (CUA) must prove that it is "necessary or desirable and compatible with the neighborhood" and that "it will not be detrimental to the health, safety, and welfare of the community." I believe that the Planning Commission did not appropriately apply these criteria. It was the first CUA for tobacco paraphernalia before the Planning Commission, a city agency accustomed to dealing with building height, building design, and other issues of construction.

Here are some reasons why I'm opposed to the 1963 Ocean Avenue store:

- a) I'm no expert but I'm against these cigarettes because they dispense **nicotine** and also the liquid contains unregulated and potentially harmful chemicals.
- b) Ocean Ave. already has many stores where cigarettes and e-cigarettes are sold.
- c) This store won't contribute to the improvement of this commercial street nor will it help to attract needed business to this commercial district.
- d) Ocean Ave., particularly the 1900 block, already has too many alternative businesses that make it less attractive to neighbors and to potential businesses that could serve our residential neighborhood (including families with children under 18).
- e) As an educator with 35 years of experience, I'm very familiar with the effects of addiction on youth. There are 14 schools in the vicinity from elementary to university. E-Cigarette makers are targeting youth with ads echoing those of Big Tobacco. [Check out http://www.tobaccofreekids.org/tobacco_unfiltered/post/2013_10_02_ecigarettes for some examples. Teens and youth (20s) attracted to the "cool" "hip" factor" of the e-cigarettes could be a new generation addicted to nicotine.

Thank you for your attention to this important matter. Sincerely, Brenda Brown

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: Case No. 2014.0206C

From: Rich Gonzales and/or Geraldine Azinheira [<mailto:rich@aceweb.com>]
Sent: Monday, January 05, 2015 5:29 PM
To: Board of Supervisors (BOS); BOS Legislation (BOS)
Subject: Case No. 2014.0206C

Dear sir or Madam,

I am a parent of a student attending the Aptos Middle school. I do not want a "e-vapor" lounge opening near the school. I would not want another bar or especially, a medical marijuana store opening near the school either. Please oppose the permit recently granted to the folks who want to open that shop/lounge.

Thank you,

Rich Gonzales

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: file 141291 FW: Support of appeal of the Conditional Use Authorization for 1963 Ocean Ave; Case No. 2014.0206C

From: Francois Hechinger [<mailto:FHECHINGER@bdo.com>]
Sent: Monday, January 05, 2015 5:09 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS)
Cc: rckaris@gmail.com
Subject: Support of appeal of the Conditional Use Authorization for 1963 Ocean Ave; Case No. 2014.0206C

I SUPPORT the APPEAL of the Planning Commission's approval of the Conditional Use for 1963 Ocean Ave. I STRONGLY OPPOSE this project as it is not necessary or desirable for the neighborhood.

The City has invested in the restoration of Ocean Ave Corridor. Ocean Ave has started its renewal! The 1900 block of Ocean Ave now has several businesses popular with neighbors: Ocean Cyclery, Fog Lifter Café, Yoga Flow, Emmy's Chinese Restaurant, and Serge-a-Lot (sewing). A long waited hardware store, Whole Foods, Yogurt Land, and CVS Pharmacy opened in Ocean Ave. A furniture store will soon open. These are the type of businesses the neighborhood needs and desires!

As San Francisco Supervisors, you have three times passed ordinances restricting tobacco smoking and sales, including electronic cigarettes. You wisely enacted legislation requiring a Conditional Use to open a tobacco paraphernalia establishment. You agree that this type of business is detrimental to the health and welfare of the residents of San Francisco.

Please support the appeal of the Planning Commission approval. Do not impose this negative business on Ocean Ave. The Vape Shop/Hookah Lounge will not benefit the neighborhood. The 1900 block of Ocean Ave has an MCD, two tattoo parlors, three massage parlors. The residents are tired of these businesses popping up that are detrimental to the health and welfare to minors, adjacent neighbors, workers, and San Francisco citizens!

Sincerely,

Francois Hechinger

Francois Hechinger
Partner - West Region Venture & Private Equity Tax Practice Leader
415-490-3219 (Direct) 317-3219 (Internal)
415-397-2161 (Fax)
FHECHINGER@bdo.com

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From: Board of Supervisors (BOS)
To: Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: Letter supporting the appeal of Planning Commission decision in Case No. 2014.0206C (Opposing the vape shop at 1963 Ocean Ave.)

-----Original Message-----

From: Karen Gallagher [<mailto:karen.gallagher@gmail.com>] On Behalf Of Karen Gallagher
Sent: Monday, January 05, 2015 5:03 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); Avalos, John (BOS); Breed, London (BOS); Campos, David (BOS); Chiu, David (BOS); Cohen, Malia (BOS); Farrell, Mark (BOS); Kim, Jane (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Wiener, Scott
Subject: Letter supporting the appeal of Planning Commission decision in Case No. 2014.0206C (Opposing the vape shop at 1963 Ocean Ave.)

Dear Board of Supervisors,

We have recently become aware that a new hookah lounge / Vape store has received city approval to open at 1963 Ocean Avenue. We're writing to urge you to join us in opposition to this permit.

As you are aware, Ocean Avenue is in the midst of a revival, with some recent additions of many family friendly businesses near the Whole Foods. These new businesses have significantly improved the image of Ingleside and nearby neighborhoods and have made great strides towards attracting families to the area as well as retaining those who have been here for years. We believe the opening of Happy Vape would be a step in the wrong direction. Particularly given the multiple marijuana dispensaries, massage parlors, etc. already operating on Ocean Avenue, the opening of this store risks establishing this area as a major destination for marijuana commerce.

Our kids attend Commodore Sloat Elementary school, we live in the neighborhood and walk to school. We walk right past this location as we try to frequent and support the businesses along the Ocean Avenue corridor on our way home. As a member of the Commodore Sloat PCO (Parent Committee), we do our best to promote walking to school and we strive to make it an enjoyable experience for our families - we don't want to avoid Ocean Ave. It concerns us that this would happen close to an elementary school - and even worse - only 3 blocks from our middle school and the public park - with a name like Happy Vape.

Thank you for your consideration and support.

Sincerely,
Karen Gallagher
900 Faxon Ave
San Francisco

From: Board of Supervisors (BOS)
To: Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: SUBJ: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

From: Caroline Leconte [<mailto:caroline.leconte@gmail.com>]
Sent: Monday, January 05, 2015 4:56 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); Avalos, John (BOS); Breed, London (BOS); Campos, David (BOS); Chiu, David (BOS); Cohen, Malia (BOS); Farrell, Mark (BOS); Kim, Jane (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Wiener, Scott
Subject: SUBJ: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

Hello,

I am writing to urge to support the appeal to the opening of Happy Vape, an e-cigarette store on 1963 Ocean Ave., @ Victoria. This is very close to Aptos Middle School and Commodore Sloat School. In addition, I believe there are already two or three marijuana dispensaries in the neighborhood.

Please do your best to make Ocean Ave more child-friendly, as hundreds of children walk down Ocean Ave. every day. This would be a very unwelcome addition.

Thank you,

Caroline Munck

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Case No. 2014.0206C, January 13, 2015, 1963 Ocean Avenue
Attachments: Letter to BOS.1.5.2015-signed.pdf

From: suzanne mcdonnell [<mailto:mcdonnell.suz@gmail.com>]
Sent: Monday, January 05, 2015 4:47 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS)
Cc: Yee, Norman (BOS)
Subject: Case No. 2014.0206C, January 13, 2015, 1963 Ocean Avenue

Please submit the attached letter to the Members of the Board of Supervisors. Thank you.

Suzanne McDonnell

--

Suzanne McDonnell
(415) 641-0700

Suzanne McDonnell

35 Alviso Street
San Francisco, CA 94127
415-333-2207

January 5, 2015

Members, San Francisco Board of Supervisors
City Hall
San Francisco, CA 94102

Via E-Mail Only

Re: Case No. 2014.0206C, January 13, 2015
1963 Ocean Avenue, "Happy Vape"

Dear Members of the Board of Supervisors:

I am a 20-year resident of the Ingleside Terraces neighborhood and I shop regularly along the nearby Ocean Avenue commercial corridor. I am writing to urge you to disapprove the decision of the San Francisco Planning Commission allowing conditional use authorization of the proposed "Happy Vape" store and hookah lounge at 1963 Ocean Avenue.

The Planning Commission decision should be disapproved and vacated because the Happy Vape store and lounge, a tobacco paraphernalia establishment, does not meet the criteria of Section 303 of the Planning Code for conditional use approval:

1. This tobacco and e-cigarette establishment is not

~ necessary or desired (there are already multiple stores along Ocean Avenue where e-cigarettes and related paraphernalia can be purchased) or

~ compatible for the neighborhoods adjacent to the Ocean Avenue Commercial District (the Board of Supervisors is on record with three recent ordinances restricting tobacco smoking and sales, including e-cigarettes. Approval of another tobacco-selling establishment is not compatible with the stated desire of the Board of Supervisors to protect the health of its citizens).

2. This tobacco and e-cigarette establishment promotes sale of tobacco and addictive nicotine products and use of these products in leisure activities. These activities are detrimental to the health, safety, convenience and general welfare of persons residing or working in the immediate neighborhood and to all citizens of San Francisco who would frequent the Ocean Avenue commercial corridor.

The Planning Commission decision completely ignores (a) the serious detrimental health factors involved in the sale and use of e-cigarettes and (b) the stated policy of the City and County of San Francisco to limit the known adverse health impacts and economic impacts of tobacco-related disease. Please disapprove the Planning Commission decision.

Sincerely,

Suzanne McDonnell

Suzanne McDonnell

From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

From: Phil Vahey [<mailto:pvahey@gmail.com>]
Sent: Monday, January 05, 2015 4:43 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); Avalos, John (BOS); Breed, London (BOS); Campos, David (BOS); Chiu, David (BOS); Cohen, Malia (BOS); Farrell, Mark (BOS); Kim, Jane (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Wiener, Scott
Subject: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

Hello,

I am writing to urge to to support the appeal to the opening of Happy Vape, an e-cigarette store on 1963 Ocean Ave., @ Victoria. This is very close to Aptos Middle School and Commodore Sloat School, where there are obviously young students, many of whom walk on ocean avenue before and after school. In addition, I believe there are already two or three marijuana dispensaries in the neighborhood.

Please do your best to make Ocean Ave more child-friendly, as hundreds of children walk down Ocean Ave. every day. This would be a very unwelcome addition.

Thank you,
Geraldine Vahey
555 Flood Ave., SF 94112

From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

From: Geri Vahey [<mailto:geri.vahey@gmail.com>]
Sent: Monday, January 05, 2015 4:37 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); Avalos, John (BOS); Breed, London (BOS); Campos, David (BOS); Chiu, David (BOS); Cohen, Malia (BOS); Farrell, Mark (BOS); Kim, Jane (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Wiener, Scott
Subject: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

Hello,

I am writing to urge to to support the appeal to the opening of Happy Vape, an e-cigarette store on 1963 Ocean Ave., @ Victoria. This is very close to Aptos Middle School and Commodore Sloat School, where we have 7th and a 3rd grade students. In addition, I believe there are already two or three marijuana dispensaries in the neighborhood.

Please do your best to make Ocean Ave more child-friendly, as hundreds of children walk down Ocean Ave. every day. This would be a very unwelcome addition.

Thank you,
Geraldine Vahey
555 Flood Ave., SF 94112

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: file 141291 FW: Re Vape Shop appeal CASE NO. 2014.0206 C 1963 Ocean Avenue

-----Original Message-----

From: Peter Vaernet [<mailto:vaernetpeter@yahoo.com>]
Sent: Monday, January 05, 2015 4:31 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS)
Cc: rckaris@gmail.com
Subject: Re Vape Shop appeal CASE NO. 2014.0206 C 1963 Ocean Avenue

Dear Supervisors:

RE: Vape Shop appeal of CASE NO. 2014.0206 C 1963 Ocean Avenue

The San Francisco Chronicle today, Monday, January 5 reported that the San Francisco Department of Public Health is starting a campaign against e-cigarettes calling "e-cigarettes harmful".

This Health Department pronouncement does not seem to agree with the Planning Commission's finding that:

Section 11.(page10): "The Commission hereby finds that approval of the Conditional Use authorization would promote the health, safety and welfare of the City."

Can members of the Board of Supervisors or a member of the Planning Commission explain this incongruence at the appeal meeting on December 13th please?

Is it wise to approve a business that the Health Department, according to the SF Chronicle, is declaring harmful to San Franciscans and other people in general?

Thank you very much for giving this some thought.

Peter Vaernet
335 Shields Street
SF CA 94132
415 586-1451

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: file 141291 FW: VAPE AND HOOKAH - we don't want it !!

From: Heuser Fred [mailto:hfh2@me.com]
Sent: Monday, January 05, 2015 4:31 PM
To: Board of Supervisors (BOS)
Subject: VAPE AND HOOKAH - we don't want it !!

Dear Supervisors:

I wish to encourage you to support the appeal of the Planning Commission's approval of the Conditional Use for 1963 Ocean Avenue, a Vape Shop/Steam Stone Hookah Lounge. We live four houses from Ocean Avenue.

We find it ironic that the city government that wants to rid itself of Coke and tobacco products is encouraging electronic cigarettes and hookah smoking! How could either of these be good for people?

Ocean Avenue is finally reviving under the leadership of a merchants' association and the formation of a Community Benefits District, not a simple accomplishment.

Why this latest dagger through the heart of our area? We are already trying to cope with having three marijuana stores. These stores and the proposed vape shop ARE NOT patronized by people in our area, but from outside. We live in just the type of middle class housing that the City wants to encourage, but these policies are destructive. We need businesses that are patronized by our neighbors, not outsiders! We ask that you support the appeal of the Planning Commission approval. Do not impose this negative business on Ocean Avenue. The vape shop will not benefit the neighborhood.

Judith and Frederick Heuser

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: File 141291FW: Appeal Letter.

From: Margret O'Driscoll [<mailto:mgtodriscoll@comcast.net>]
Sent: Monday, January 05, 2015 4:03 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); rckaris@gmail.com
Subject: Appeal Letter.

Support of appeal of the Conditional Use Authorization for 1963 Ocean Avenue; Case No. 2014.0206C. (Opposition to the vape shop.)

To:
bos.legislation@sfgov.org
Board.of.Supervisors@sfgov.org
Norman.Yee@sfgov.org

Dear Supervisors:

I support the appeal of the Planning Commission's approval of the Conditional Use for 1963 Ocean Avenue, a Vape Shop/Steam Stone Hookah Lounge. This business is not necessary or desirable for the neighborhood.

Bringing in businesses that are desired and will be used by the people living in the neighborhood is important and will improve the area. This business will not provide needed products or services for people living in this area.

Ocean Avenue has started its revival. The 1900 block of Ocean Avenue now has several businesses popular with neighbors: Fog Lifter Café, Cut to Contrast barbershop, Ocean Cyclery, Serge-a-Lot (sewing), and Yoga Flow. Recently a hardware store opened on Ocean Avenue. A furniture store will soon open. These are the types of businesses the neighborhood needs and desires.

As San Francisco Supervisors, you have three times passed ordinances restricting tobacco smoking and sales, including electronic cigarettes. You wisely enacted legislation requiring a Conditional Use to open a tobacco paraphernalia establishment. You agree that this type of business is detrimental to the health and welfare of the residents.

Please support the appeal of the Planning Commission approval. Do not impose this negative business on Ocean Avenue. The vape shop will not benefit the neighborhood.

Sincerely, Margaret O'Driscoll.

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: We oppose

From: de [mailto:ddeleon08@aol.com]
Sent: Monday, January 05, 2015 3:30 PM
To: Board of Supervisors (BOS); Yee, Norman (BOS)
Subject: We oppose

Dear Supervisors:

I support the appeal of the Planning Commission's approval of the Conditional Use for 1963 Ocean Avenue, a Vape Shop/Steam Stone Hookah Lounge. **This business is not necessary or desirable for the neighborhood.**

Bringing in businesses that are desired and will be used by the people living in the neighborhood is important and will improve the area. This business will not provide needed products or services for people living in this area.

Ocean Avenue has started its revival. The 1900 block of Ocean Avenue now has several businesses popular with neighbors: Fog Lifter Café, Cut to Contrast barbershop, Ocean Cyclery, Serge-a-Lot (sewing), and Yoga Flow. Recently a hardware store opened on Ocean Avenue. A furniture store will soon open. These are the types of businesses the neighborhood needs and desires.

As San Francisco Supervisors, you have three times passed ordinances restricting tobacco smoking and sales, including electronic cigarettes. You wisely enacted legislation requiring a Conditional Use to open a tobacco paraphernalia establishment. You agree that this type of business is detrimental to the health and welfare of the residents.

Please support the appeal of the Planning Commission approval. Do not impose this negative business on Ocean Avenue. The vape shop will not benefit the neighborhood.

Sincerely,

Donny Deleon
David Swanson
170 Urbano Drive
San Francisco, CA 94127

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: file 141291 FW: Support for Appeal: Happy Vape Shop & Hookah Lounge (1963 Ocean Avenue)

From: Rene Casis [<mailto:renecasis@gmail.com>]
Sent: Monday, January 05, 2015 3:07 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS)
Subject: Support for Appeal: Happy Vape Shop & Hookah Lounge (1963 Ocean Avenue)

To Whom It May Concern,

I writing to oppose the the proposed use of 1963 Ocean Avenue as a vapor tobacco shop and lounge.

As a resident of Ingleside Terraces, I feel the proposed business negatively impacts the neighboring community. On a related point, it is detrimental to the commercial success of Ocean Avenue. I am concerned that with the adjacent public schools that such a business is inappropriate as there is a proportionally large number of young children walking through the Ocean Avenue corridor.

I disagree with the Planning Commission's findings on 6 November 2014 that the proposed business provides retail enhancement to the district, that is not detrimental to the health of the residents or those working in the vicinity, and the notion that such a business is compatible with the neighborhood and the community.

The demographics of the neighborhoods adjacent to Ocean Avenue continues to change as more young families (and hence young children) reside in the area. I feel the focus of the new businesses should be focused on benefiting the community of residents, first and foremost. This proposed business (as well as the two marijuana dispensaries on Ocean Avenue) and the proximity of two public schools invites negative temptation to the young children residing and/or attending the adjacent schools.

I urge the Board of Supervisors to join the residents in the opposition of this business. In addition, I invite the Board to increase their partnership with the surrounding neighborhood boards and residents to create a community of businesses that will have a lasting positive impact of commerce to benefit the adjacent neighborhoods as well as San Francisco as a whole.

Sincerely,
Rene Casis
Ingleside Terraces

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: Vape store on Ocean Avenue

From: ckindlerdc@comcast.net [<mailto:ckindlerdc@comcast.net>]
Sent: Monday, January 05, 2015 2:45 PM
To: Board of Supervisors (BOS)
Subject: Vape store on Ocean Avenue

January 5, 2015

Dear Board of Supervisors,

Thank you for appealing the decision to open a Vape store on Ocean Avenue. As a long time resident of that neighborhood, I/ we have enjoyed the new stores and restaurants on Ocean Avenue in the recent past.

An addiotn of a vape store is not in alignment witht he forward progress of Ocean Avenue's development.

Pleas oppose the establishment of this business.

Thank you for your consideration,
Claudia Kindler
71 Westwood Drive

Sent from Windows Mail

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: FW: Support of appeal of the Conditional Use Authorization for 1963 Ocean Avenue; Case No. 2014.0206C. (Opposition to the vape shop.)

From: Gilby Francisco [<mailto:gilbyfrancisco@gmail.com>]
Sent: Monday, January 05, 2015 2:15 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); rckaris@gmail.com
Subject: Support of appeal of the Conditional Use Authorization for 1963 Ocean Avenue; Case No. 2014.0206C. (Opposition to the vape shop.)

Support of appeal of the Conditional Use Authorization for 1963 Ocean Avenue; Case No. 2014.0206C. (Opposition to the vape shop.)

Dear Supervisors:

I support the appeal of the Planning Commission's approval of the Conditional Use for 1963 Ocean Avenue, a Vape Shop/Steam Stone Hookah Lounge. This business is not necessary or desirable for the neighborhood.

Bringing in businesses that are desired and will be used by the people living in the neighborhood is important and will improve the area. This business will not provide needed products or services for people living in this area.

Ocean Avenue has started its revival. The 1900 block of Ocean Avenue now has several businesses popular with neighbors: Fog Lifter Café, Cut to Contrast barbershop, Ocean Cyclery, Serge-a-Lot (sewing), and Yoga Flow. Recently a hardware store opened on Ocean Avenue. A furniture store will soon open. These are the types of businesses the neighborhood needs and desires.

As San Francisco Supervisors, you have three times passed ordinances restricting tobacco smoking and sales, including electronic cigarettes. You wisely enacted legislation requiring a Conditional Use to open a tobacco paraphernalia establishment. You agree that this type of business is detrimental to the health and welfare of the residents.

Please support the appeal of the Planning Commission approval. Do not impose this negative business on Ocean Avenue. The vape shop will not benefit the neighborhood.

Thank you.

Gilberto Francisco
Lunado Court
Ingleside Terraces
San Francisco, CA

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Letter supporting the appeal of Planning Commission decision in Case No. 2014.0206C

From: Morgan Jones [<mailto:morganjones25@gmail.com>]
Sent: Monday, January 05, 2015 2:13 PM
To: Board of Supervisors (BOS); BOS Legislation (BOS)
Subject: Letter supporting the appeal of Planning Commission decision in Case No. 2014.0206C

I wanted to write a letter opposing the vape shop at 1963 Ocean Ave. My four year-old daughter could be attending Commodore Sloat next year (and Aptos after that), and this head shop seems way, way too close to a school to be considered a good idea.

Please reconsider this!

Best,

Morgan & Annie Jones

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Support of appeal of the Conditional Use Authorization for 1963 Ocean Avenue; Case No. 2014.0206C. (Opposition to the vape shop.)

From: Gilby Francisco [<mailto:gilbyfrancisco@gmail.com>]
Sent: Monday, January 05, 2015 2:15 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); rckaris@gmail.com
Subject: Support of appeal of the Conditional Use Authorization for 1963 Ocean Avenue; Case No. 2014.0206C. (Opposition to the vape shop.)

Support of appeal of the Conditional Use Authorization for 1963 Ocean Avenue; Case No. 2014.0206C. (Opposition to the vape shop.)

Dear Supervisors:

I support the appeal of the Planning Commission's approval of the Conditional Use for 1963 Ocean Avenue, a Vape Shop/Steam Stone Hookah Lounge. This business is not necessary or desirable for the neighborhood.

Bringing in businesses that are desired and will be used by the people living in the neighborhood is important and will improve the area. This business will not provide needed products or services for people living in this area.

Ocean Avenue has started its revival. The 1900 block of Ocean Avenue now has several businesses popular with neighbors: Fog Lifter Café, Cut to Contrast barbershop, Ocean Cyclery, Serge-a-Lot (sewing), and Yoga Flow. Recently a hardware store opened on Ocean Avenue. A furniture store will soon open. These are the types of businesses the neighborhood needs and desires.

As San Francisco Supervisors, you have three times passed ordinances restricting tobacco smoking and sales, including electronic cigarettes. You wisely enacted legislation requiring a Conditional Use to open a tobacco paraphernalia establishment. You agree that this type of business is detrimental to the health and welfare of the residents.

Please support the appeal of the Planning Commission approval. Do not impose this negative business on Ocean Avenue. The vape shop will not benefit the neighborhood.

Thank you.

Gilberto Francisco
Lunado Court
Ingleside Terraces
San Francisco, CA

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Case No. 2014.0206C, 1963 Ocean Avenue, letter of opposition
Attachments: appeal_letter_fc.pdf

From: Robert Karis [<mailto:rckaris@gmail.com>]
Sent: Monday, January 05, 2015 12:59 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS)
Subject: Re: Case No. 2014.0206C, 1963 Ocean Avenue, letter of opposition

Dear Clerk of the Board,

Please enter the attached letter, written and signed by a neighbor, in opposition to the proposed vape shop at 1963 Ocean Ave.

Thank you,
Robert Karis

January 3, 2015

San Francisco Board of Supervisors:

I'm a long time resident of the Ingleside District, has seen many change some good some not so good.

Now there's two Cannabis clubs and a Billiards Hall on Ocean ave. within six blocks. Within the past two years my area has experienced a higher crime rate. Personallly my car has been broken into twice, hit and ran three times.

I have witness people leaving their shops walking to their cars smoking cannabis, leaving trash and urinating in the bushes.

There's two schools in my area, I watch the young people walk by and say "can't wait to get my weed card"

The Ingleside District do not need another pool hall, Cannabis club, cigarette, ~~and~~ smoke or hookah lounge

Our youth has enough negative behavior around them, lets not add to it.

Thank you
Joe Louell

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Opposition to Hookah Lounge et al permit

From: Michael.Ramos@gsaig.gov [mailto:Michael.Ramos@gsaig.gov]
Sent: Monday, January 05, 2015 1:21 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS)
Subject: Opposition to Hookah Lounge et al permit

I am emphatically against the issuance of a conditional use permit related to the aforementioned. The neighborhood has seen an increase in criminal incidents (e.g. recent shooting, multiple residential burglaries, robbery at 7-Eleven) and this type of establishment will continue to attract unscrupulous subjects. Additionally, there are apparent health concerns the medical community is just now beginning to study and research. The Planning Commission must await medical data to further understand the health risks that will likely prove detrimental to the local community. Furthermore, preliminary data suggests a disproportionate amount of minors are attracted to these establishments; yet another impediment that will certainly attract our youth. I respectfully request the Planning Commission reconsider their decision.

Michael Ramos

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From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: Please no Vape shop on 1963 Ocean Avenue

From: Con & Danya Shegoleff [<mailto:4shegs@sbcglobal.net>]
Sent: Monday, January 05, 2015 12:12 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS)
Subject: Please no Vape shop on 1963 Ocean Avenue

Dear San Francisco Board of Supervisors,

I am writing today to support the appeal of Planning Commission decision in Case No. 2014.0206.

Residents of our communities surrounding Ocean Avenue along with city agencies have been working for many years to revitalize Ocean Avenue and attract much-needed neighborhood businesses and services to the corridor. Many of us feel strongly that adding this business would be a huge step backward.

This shop would be located across from the existing billiard lounge and in the former Aquatic Central spot - way too close to Commodore Sloat and even closer to Aptos Middle School.

In addition, it doesn't take much research to find that hookah bars attract more crime in areas where they are located.

Please support our the health of our neighborhoods by support the appeal of Planning Commission decision in Case No. 2014.0206

With Thanks,

Danya Shegoleff, MA Integrative Health Studies
111 Valdez Avenue
San Francisco, CA 94112

Appeal of the decision of the Planning Commission Conditional Use Authorization by Motion No. 19271 (Case No. 2014.0206C), for property located at 1963 Ocean Avenue, Assessor's Block No 6915, Lot No. 020.

We disagree with the following "Findings" contained in the Final Motion ("FM") No. 19271 of the Planning Commission in approving, on November 6, 2014, the Conditional Use Authorization for the tobacco paraphernalia establishment at 1963 Ocean Avenue.

The appeal to disapprove the Planning Commission's authorization of the Conditional Use for the vape shop/steam stone hookah lounge (aka Happy Vape) at 1963 Ocean Avenue is based on the following:

1. The Planning Commission did not appropriately apply the criteria for a Conditional Use Authorization for a tobacco paraphernalia establishment selling electronic cigarettes. [Planning Code ("Code") 303 (n), Ordinance #030-14 & #224-08]
2. This was the **first required** Conditional Use Authorization hearing for a tobacco paraphernalia establishment including the sale of electronic cigarettes. [Planning Code 227(u); Ordinance #224-08 & #030-14]
3. The proposed business is not compatible with the character of the neighborhood, the community, or its demographics. [Planning Code 303(c)(1)]
4. Compliance with the General Plan [the objectives, policies, and guidelines found in the seven studies of Ocean Avenue] is not consistent. [Planning Code 101.1 Master Plan]
5. The proposed business will be detrimental with the health, safety, and welfare of the residents. [Planning Code 303 (c)(2)].
6. The ruling by the Planning Commissioners was not unanimous. (5 to 2)
7. 75% of the property owners/residents within the 300 foot area around 1963 Ocean Avenue signed to support the appeal of the Planning Commission's Authorization. 90% of the people in the neighborhood do not find the proposed business necessary or desirable. [Planning Code 303(c)(1)]
8. The concentration of tobacco paraphernalia in the Ocean Avenue NCT is sufficient. The neighbors have not expressed a need or desire for a store selling electronic cigarettes, vaporizers and related tobacco paraphernalia, nor for a steam stone hookah lounge.

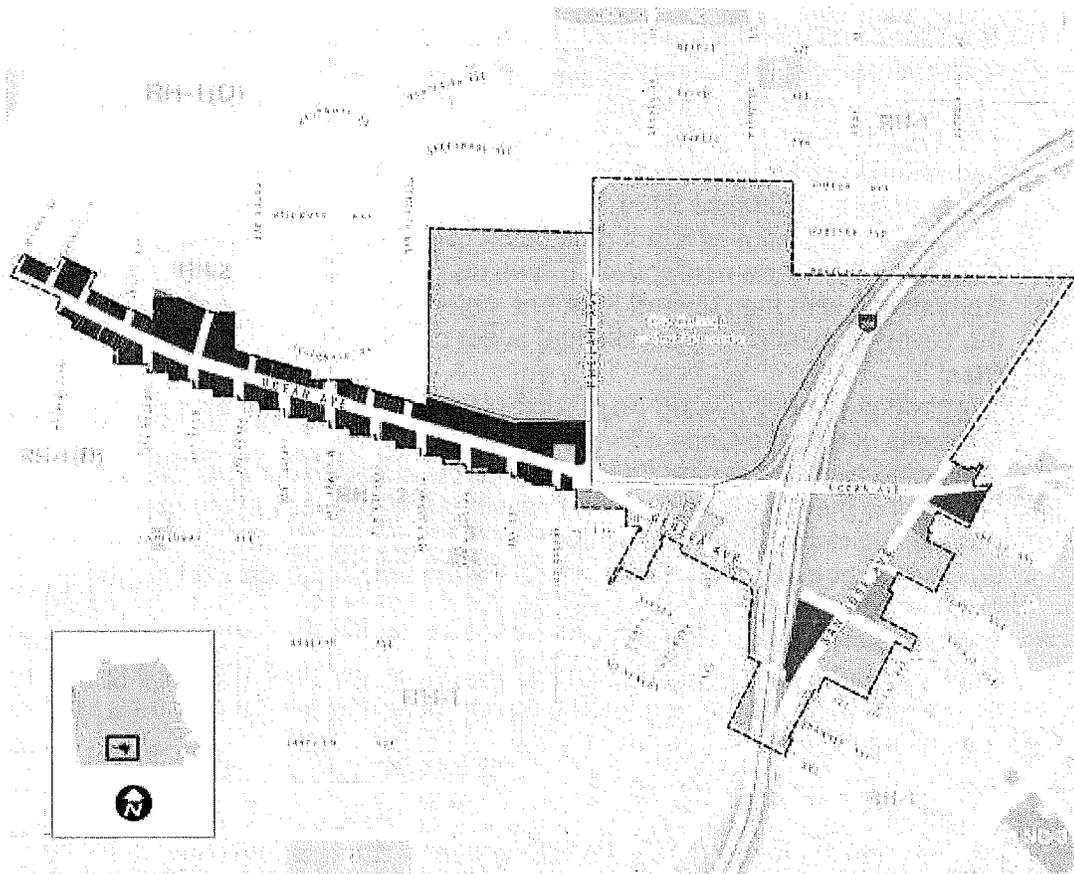
Background:

1963 Ocean Avenue is located at the western end of the Ocean Avenue NCT (Neighborhood Commercial Transit) District that extends from Phelan Avenue on the east to Manor Drive, a length of approximately $\frac{3}{4}$ mile. The site is within the **Balboa Park Station Plan Area. This plan states that the Ocean Avenue NCT is intended to provide convenience goods and services to the surrounding neighborhoods.**

1963 Ocean Avenue is located in District 7. The Ocean Avenue Area includes the residential neighborhoods of Ingleside Terraces, Balboa Terrace, Mount Davidson Manor, Westwood Park, Ingleside and Merced Heights in Districts 7 and 11.

[Note: some URLs may need to be copied and pasted into a web browser.]

Balboa Area Plan Generalized Land Use Map — (p. 18 of the Land Use Index of the General Plan of the City and County of San Francisco, 2011) http://www.sf-planning.org/ftp/general_plan/Land_Use_Index_August_2011.pdf
The San Francisco General Plan Master Plan [101.1] http://www.sf-planning.org/ftp/general_plan/ includes the Balboa Park Station Area Plan.

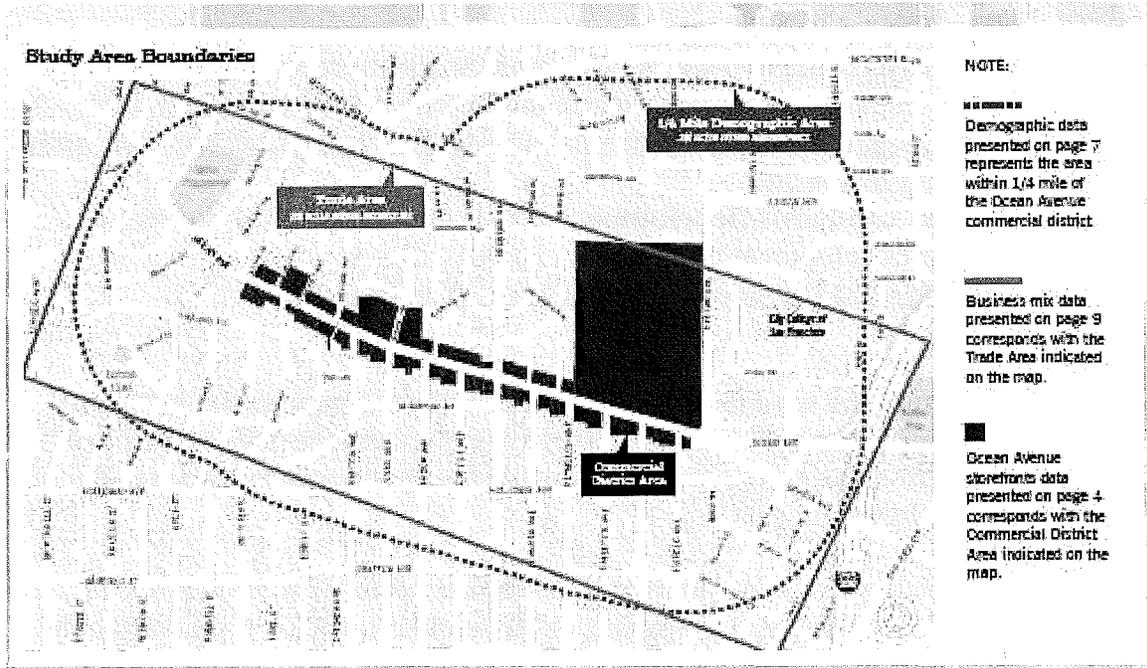


Land Use Districts

	RH-1		NCT-1		Balboa Park Station Area Plan Boundary
	RH-1(D)		NCT-2		
	RH-2		Ocean Avenue NCT		
	RM-1		P		

Map from the **OEWD Invest in Neighborhoods Study (2012)**

<http://investsf.org/neighborhoods/ocean-avenue/> Map found on page 6 of the
UPDATED_Neighborhood Profile OCEAN AVENUE.pdf



Ocean Avenue has undergone extensive study and review by various city agencies and consultant groups. The goals of these studies are strengthening what exists and attracting positive changes for the area. All of the studies, dating from 2008 through 2014, conducted of the Ocean Avenue Corridor, focus on **improving Ocean Avenue for the long-term**. The studies resulted in the following reports:

Reports on Ocean Avenue Corridor:

- **Historic Context Statement Balboa Park Area Plan & Historic Resource Survey 2008**
<http://www.sf-planning.org/Modules/ShowDocument.aspx?documentid=557>
- **Balboa Park Station Plan 2008** Balboa_Park_Station_Area_Plan_v2.pdf
http://www.sf-planning.org/ftp/general_plan/Balboa_Park_Station.htm
a pdf version of the study document is found at
<http://www.sf-planning.org/Modules/ShowDocument.aspx?documentid=1983>
- **Ocean Avenue Management Plan 2010**
<http://www.oewd.org/modules/showdocument.aspx?documentid=160>
OceanAvenueManagementPlan.pdf
- **SF General Land Use Plan** Land_Use_Index_August_2011.pdf – General introduction for entire city http://www.sf-planning.org/ftp/general_plan/index.htm and pdf version http://www.sf-planning.org/ftp/general_plan/Land_Use_Index_August_2011.pdf

Balboa Park Station Area Plan

http://www.sf-planning.org/ftp/general_plan/Balboa_Park_Station.htm

- **OEWD Invest in Neighborhoods Study 2012**
http://investsf.org/neighborhoods/ocean-avenue/UPDATED_Neighborhood_Profile_OCEAN_AVENUE.pdf
- **San Francisco Formula Retail Economic Analysis** prepared for the SF Planning Department by Strategic Economics June 2014 http://www.sf-planning.org/ftp/files/legislative_changes/form_retail/Final_Formula_Retail_Report_06-06-14.pdf
- **Kjelstrom Economic Development Final report** Sept 2014 Kjelstrom Economic Development Final Report 2014.10.31.pdf
http://www.sfog.us/ocean_ave/kjelstrom_20141031.pdf

The studies point to the need for development of a vibrant commercial street that serves the surrounding neighborhoods. The reports encourage pedestrian traffic, use of public transit, and businesses that provide the goods and services needed by the residents in the neighborhood.

We disagree with the following “Findings” contained in the Final Motion No. 19271 of the Planning Commission in approving, on November 6, 2014, the Conditional Use Authorization for a tobacco paraphernalia establishment at 1963 Ocean Avenue.

Issue #1: Incorrect application of Planning Code 303(n) and 227 (u). The ruling of the Planning Commission on November 6, 2014, to approve the Conditional Use Application for the proposed business at 1963 Ocean Avenue, **did not properly apply the criteria for a Conditional Use Authorization (Code 303) of a tobacco paraphernalia establishment (Code 227(u))** [Note FM states 227(v); however the correct current Planning Code is 227(u).]

Rationale: The Planning Commission did not correctly apply Planning Code 303. During the hearing and in the decision, the Planning Commissioners did not consider fully whether this proposed business met the criteria of “necessary or desirable to the neighborhood,” whether it would potentially have a negative impact on the surrounding neighborhood, and whether the use complies with the San Francisco General Plan and more specifically, the Balboa Park Station Area Plan.

Commissioner Richards (who voted against approval) pointed out that the 1900 block of Ocean Avenue is not the appropriate context for the proposed business, a vape retail store with a steam stone hookah lounge in the basement. It is not a business that will attract neighborhood foot traffic. Commissioner Antonini (who voted against approval) questioned the need for a hookah lounge as a method to quit smoking. The project sponsor stresses that his business aims to help people stop smoking (tobacco

cigarettes). Commissioner Antonini questioned why the Commission had listened to neighborhood voices against a Starbucks but, in this matter, did not consider the many concerns of neighbors about this type of business on this block, about its potential effects on the character of the neighborhood, and about the health and safety of this community.

The other five commissioners focused mainly on issues involving filling a vacant storefront on this block. They discussed the number of entrances, attractive displays, visibility from the street, signage, elevator access, hours of operation, etc. – building design and construction issues, not the reasons that made a Conditional Use Authorization a requirement for an establishment planning to sell tobacco paraphernalia. The issue was not about the design or construction of the building but whether the products and goods to be sold by this business and used within the building were necessary or desirable or compatible with the neighborhood. The matter before the Commission was not a Discretionary Review but rather a Conditional Use Authorization – a matter of different standards and criteria.

Neighborhood voices oppose this particular type of business for its incompatibility with the neighborhood and for its detrimental effects on the character of the community and particularly for the 1900 block of Ocean Avenue. This business offering alternative tobacco paraphernalia products is not what the neighbors find necessary or desirable or compatible – the criteria for a Conditional Use Authorization.

Issue #2: 1963 Ocean Avenue was the first required Conditional Use Authorization hearing before the Planning Commission for an electronic cigarette/vape store business. The Planning Commissioners did not carefully nor explicitly consider whether this business, the selling of tobacco paraphernalia, was necessary or desirable for the neighborhood, whether it would be detrimental to the health, safety, and welfare of the community.

The proposed business at 1963 Ocean Avenue required a Conditional Use Authorization for a Tobacco Paraphernalia Establishment [Planning Code, Section 227(u)].

227(u) Tobacco Paraphernalia Establishments, defined as retail uses where more than 10% of the square footage of occupied floor area, as defined in Section 102.10, or more than 10 linear feet of display area projected to the floor, whichever is less, is dedicated to the sale, distribution, delivery, furnishing or marketing of Tobacco Paraphernalia from one person to another. "Tobacco Paraphernalia" does not include lighters, matches, cigarette holders, any device used to store or preserve tobacco, tobacco, cigarettes, cigarette papers, cigars, or any other preparation of tobacco that is permitted by existing law. Medical Cannabis Dispensaries, as defined in

Section 3301(f) of the San Francisco Health Code, are not Tobacco Paraphernalia Establishments.”

San Francisco Ordinance No. 030-14 of March 2014, extended tobacco paraphernalia to include the sale and use of electronic cigarettes.

<http://www.sfbos.org/index.aspx?page=15826>

131208	0030-14	04/26/2014	Health Code - Restrictions on Sale and Use of Electronic Cigarettes
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Rationale for disagreement with decision: The issues of the health, safety, and welfare of the neighbors are the ones that made this tobacco paraphernalia establishment a required conditional use and the ones that cause this business to be detrimental to the neighborhood. In the hearing, **Commissioners raised questions that implied confusion** about this **first conditional use for a vape store**. The matter before the Commission was not a Discretionary Review, but rather a Conditional Use Authorization, a matter that should be treated by the criteria of necessary or desirable and compatible with the neighborhood and of not being detrimental to the health, safety, and welfare of the community.

Health issues, concern about the content of nicotine, carcinogens, and toxic chemicals found in the electronic cigarettes plus inconsistent manufacturing and other environmental issues, are cited in Ordinance # 030-14. These are the reasons for the inclusion of electronic cigarettes as tobacco paraphernalia and for the requirement of a Conditional Use Authorization hearing before the Planning Commission. Harm to the health of the citizens of San Francisco prompted the Board of Supervisors to require a Conditional Use Authorization and CUA hearing for tobacco paraphernalia including electronic cigarettes.

In its Final Motion (FM), the Planning Commission in presenting its “Finding” concerning the criteria for Planning Code 303 (FM #7, p.4) stated the following on FM page 6 (E.i.) with respect to the **concentration** of Tobacco Paraphernalia Establishments as defined in Section 227(v) [actually 227(u)]:

there is “no other Tobacco Paraphernalia Establishments within the Ocean Avenue NCT that have received Conditional Use authorization.” [emphasis added]

This argument is misleading since this is **the first Conditional Use Authorization hearing citywide** for a tobacco paraphernalia establishment. This business at 1963 Ocean Avenue is the first application for a vape shop since the establishment of the CUA requirement by City Ordinance # 244-08, passed unanimously by the Board of Supervisors in October of 2008.

At the Planning Commission hearing on November 6th, Marcelle Boudreaux, the Planning Department representative, noted upon questioning by a

Commissioner that this project, 1963 Ocean Avenue, was the first business of this kind to require a CUA. She also noted that there were several other similar project applications in the pipeline. This case could and should be viewed as a test cast for this type of business establishment (vape shop and steam stone hookah lounge). Therefore, it is important to correctly apply the Conditional Use Authorization criteria to 1963 Ocean Avenue.

The health, safety, and welfare of the neighborhood should have received higher priority and evaluation by the Planning Commission. The health, safety, and welfare of the residents should have trumped filling a vacant storefront.

Issue #3: Incompatibility of the proposed Tobacco Paraphernalia Establishment [at 1963 Ocean Avenue] **with the neighborhood and its demographics.** {Planning Codes 737.1, 737.69 and 227(v)}; [FM E7, E.iii, p. 7]. Citing Planning Code Section 227(v) [actually 227(u)], the Finding states:

- iii. The proposed establishment is compatible with the existing character of the particular district for which it is proposed.

The proposal is a new commercial establishment, which proposes to utilize a vacant retail space for an electronic cigarette retail store and steam stone hookah lounge. The use will remain as retail establishment, and no changes are proposed to the fine-grained, pedestrian-oriented storefront. The establishment is compatible with the existing character of particular district for which it is proposed.

Rationale: The location of the proposed establishment is **not** “...compatible with the existing character of the particular district...” The Ocean Avenue NCT should serve the needs and character of the surrounding residential neighborhood.

According the demographics provided in the Invest in Neighborhoods, Ocean Avenue Neighborhood Profile, compiled in 2013 by the Office of Economic and Workforce Development, <http://investsf.org/wordpress/wp-content/uploads/2014/03/Neighborhood-Profile-OCEAN-AVENUE.pdf> [overview at <http://investsf.org/neighborhoods/ocean-avenue/>], the population of the Ocean Avenue neighborhood area is approximately 15,200. The over 5,000 households include a high percentage of Asians (47%), family households (66%) with children under 18, and people over 60. Please note: Each of these percentages is higher for the Ocean Avenue District than citywide.

Additionally, this Ocean Avenue district has higher percentages of single-family housing (RH-1 and RH-1(D) (84% v. 33% citywide), larger sized

family household averages (4.5 v. 3.1 citywide), and fewer renting households (27% v. 62% citywide).

There are 14 educational institutions, from elementary to college, in the vicinity. Many students from Aptos Middle School walk by the proposed business location on their way to and from school. The pedestrian traffic by these students plus by children living in the neighborhood is not compatible with the proposed establishment. Older students attending City College tend to ride the K Muni Metro to the eastern end of the Ocean Avenue NCT and patronize businesses at the eastern end of the commercial district. Other educational institutions in the vicinity include the Voice of Pentecost Academy (K-12, 130 feet from the proposed business), Commodore Sloat Elementary, Lick Wilmerding High School, Kumon Learning Center, the Stratford School, Archbishop Riordan High School, San Francisco State, and Mercy High School.

The San Francisco's General Plan includes the following goals and policies for Ocean Avenue in the Balboa Park Station Area Plan:

http://www.sf-planning.org/ftp/general_plan/index.htm

Goals:

- Improvement of the city as a place for living, by aiding in making it **more healthful, safe, pleasant, and satisfying**, with housing representing good standards **for all residents** and by providing adequate open spaces and appropriate community facilities.
- Coordination of the varied **pattern of land use** with public and semi-public service facilities required for efficient functioning of the city, and for the **convenience and well-being of its residents**, workers, and visitors.

Policies include: *That existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods*

Issue #4: Compliance with the General Plan [the objectives, policies, and guidelines found in the seven studies of Ocean Avenue] is **not consistent**.

[FM#8, p. 7] Neighborhood Commerce, Objectives and Policies: Objective 1, Policies 1.1 to 1.3:

The proposed development will provide specialty goods and services to the neighborhood and will provide employment opportunities to those in the community. Further, the Project Site is located within a Neighborhood Commercial District and is thus consistent with activities in the commercial land use plan.

Rationale: The proposed business does not provide specialty goods or services desired by the neighborhood. At least five official studies of the Ocean Avenue NCT include notations of requested and needed goods and services by neighbors and residents. None of these included a request for a vape shop, an

electronic cigarette retail store, or steam stone hookah lounge. The following desired businesses are excerpted from the studies and surveys:

- Balboa Park Station Plan, 2008 – every day goods and services without the need for the use of automobiles. The businesses should provide for a wide range of the goods needed by a large number of the residents rather than a product that appeals to a limited number of individuals.
- OEWD Invest in Neighborhoods, 2013 – need for home furnishings, general merchandise, clothing stores (everyday needs), books, used merchandise, full service restaurants, gift stores, lawn and garden supplies, shoes, jewelry, luggage and leather goods.
- Kjelstrom Economic Development Report, Sept 23-25, 2014 (p. 7). Meeting participants identified several targets: movie theater, bookstore, espresso bar, ice cream shop, stationery/card store, clothing stores (new and used), high-quality restaurants with great bars, garden shop/nursery, toy store, wine bar, musical instrument shop, and pet supplies/grooming.
- Residents have expressed desire for a greater diversity of restaurants (current ones are mainly Chinese/Asian), specialized grocery, gardening supplies, new and used book stores, clothing, galleries, music equipment, toys, bakery, and the like.
- Examples of retail that would be welcome on Ocean Avenue: Food products, appliances, electronics, furniture, sporting goods, lumber, clothing, fabrics, footwear, cosmetics, medicines, stationery, art, books, handicrafts, musical instruments, gifts, supplies for gifts, second hand goods

Issue #5: The Planning Commission did not properly apply Planning Code 303(c)(2).

(2) That such use or feature as proposed will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity, with respect to aspects including but not limited to the following:

Rationale: The proposed business is detrimental to the health, safety and welfare of the neighborhood. The Planning Commission did not place sufficient weight on the criteria of the required **Conditional Use Authorization for sale of tobacco paraphernalia**. The Planning Commission is well versed in matters of building design, building codes – matters of height, setback, materials, massing, etc. This Conditional Use for a tobacco paraphernalia establishment required the Commission to consider more particularly the health aspect of the items to be sold by this business within the building—an unusual consideration for the Commission, but essential for the determination of whether the proposed business use would be detrimental to the health, safety, and welfare of the residents.

The project sponsor speaks many times about “harm reduction,” of providing a “safer” alternative to tobacco cigarettes, of offering products and goods to

help people stop smoking tobacco cigarettes. However, this business is not a smoking cessation clinic. It is a commercial establishment that aims to profit through the sale of vaporizers, e-liquids, and other tobacco paraphernalia. Quantity of sales will benefit this business.

Electronic cigarettes were developed in the last ten years. The healthfulness and safety of these devices has not been definitely proven. Many scientists, doctors, and public health organizations have questioned the long-term effects of these battery-powered devices sold with glamorous advertising and used with candy-flavored liquids.

Ads for electronic cigarettes use the “Don’t Quit. Switch” approach, an old tactic of Big Tobacco, visually shown by the Campaign for Tobacco-Free Kids.

7. Their ads say, “Switch, Don’t Quit.”



Tobacco companies have long tried to discourage smokers from quitting by marketing cigarette changes as reducing health risk. Some e-cigarette ads carry a similar message.

http://www.tobaccofreekids.org/tobacco_unfiltered/post/2013_10_02_ecigarettes

It took many years and many deaths before people heeded the warnings about the dangers of tobacco smoking and secondhand smoke. Last year (2014) the current Surgeon General issued the 50th Anniversary Report. Valuable health effects have resulted from actions taken because of the warnings in the 1964 Surgeon General report. The 50th Anniversary report: “The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General, 2014” <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/> includes chapters with warnings about electronic cigarettes. The 50th Anniversary Consumer Guide “Let’s Make the Next Generation Tobacco-Free” stresses the dangers of nicotine addiction. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/consumer-guide.pdf>

In its "E-cigarette Primer,"

<https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/SmokefreeWorkplaceLaw/Documents/E-cigFactSheet.pdf> , the Oregon Public Health Department stated: "Smokeless does not mean harmless." Nicotine, an ingredient of many electronic cigarettes, has been found to be more addictive than alcohol. According studies from the [University of Minnesota](http://www1.umn.edu/perio/tobacco/nicaddct.html) <http://www1.umn.edu/perio/tobacco/nicaddct.html>

- "Nicotine is:
 - 1000 X more potent than alcohol
 - 10-100 X more potent than barbiturates
 - 5-10 X more potent than cocaine or morphine"

The long-term dangers of electronic cigarettes (with or without nicotine) are unknown. Electronic cigarettes may be safer than tobacco cigarettes but they may addict those who have not previously smoked.

It is true that the FDA has not issued definitive results and rulings about electronic cigarettes. However, the FDA raised warnings as early as 2009 [<http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM173430.pdf>] and has called for intensive studies. Nicotine liquids are toxic. The attractive candy-colored and flavored liquids have poisoned children. It only takes about 30 to 60 milligrams of nicotine to send a child to the emergency room. Ingesting or getting the liquid nicotine on the skin can send anyone, child or adult, to the emergency room.

Exploding batteries have harmed children and adults. The U.S. Fire Administration, in October 2014, published a 13-page document titled "Electronic Cigarette Fires and Explosions" [https://www.usfa.fema.gov/downloads/pdf/publications/electronic_cigarettes.pdf] that details the dangers of fires and explosions caused by electronic cigarettes. Appendix 1 of this document is an extensive list of specific incidents of reported fires and explosions that occurred from 2009 through March 2014 that were caused by electronic cigarettes.

Public health organizations that have questioned the health and safety of these devices and of vaping include:

- American Lung Association – letter from Kimberly Amazeen in BOS packet File 131208, p. 63. Also <http://www.lung.org/press-room/press-releases/advocacy/FDA-ECig-Deeming-Reg-Statement.html> ; <http://www.lung.org/stop-smoking/tobacco-control-advocacy/federal/e-cigarettes.html>
- TEROC (California Tobacco Education Research Oversight Committee) – <http://www.cdph.ca.gov/services/boards/teroc/pages/TEROCLandingPage%28default%29.aspx>
- World Health Organization – <http://www.who.int/nmh/events/2014/background-e-cigarettes/en/>

- American Cancer Society – “Restrict the Sale of Electronic Cigarettes” <http://www.cancer.org/myacs/eastern/areahighlights/cancernynj-news-ny-ecig-health-vote>
- California Youth Advocacy Network – about e-cigarettes <http://cyanonline.org/e-cig-reading/>; about Hookah including steam stone <http://cyanonline.org/hookah/>
- Centers for Disease Control and Prevention – Key findings <http://www.cdc.gov/tobacco/youth/e-cigarettes/>; concern especially about youth <http://www.cdc.gov/media/releases/2014/p0825-e-cigarettes.html>
- Campaign for Tobacco Free Kids – concern about poisoning cases http://www.tobaccofreekids.org/tobacco_unfiltered/tag/e-cigarettes and evidence of E-cigarette companies copying Big Tobacco’s advertising playbook “7 Ways E-Cigarette Companies Are Copying Big Tobacco’s Playbook (or 7 reasons FDA should quickly regulate e-cigarettes)” http://www.tobaccofreekids.org/tobacco_unfiltered/post/2013_10_02_ecigarettes
- Americans for Nonsmokers’ Rights – <http://no-smoke.org/learnmore.php?id=645>

Others who have stated concerns and positions about the health and safety of electronic cigarettes:

- Senators Diane Feinstein, Nancy Pelosi, Richard Blumenthal, Jay Rockefeller <http://time.com/2896962/electronic-cigarette-executives-get-schooled-in-senate-hearing/>
- Congresswoman Jackie Speier, June 2014, introduced legislation to regulate e-cigarette products http://speier.house.gov/index.php?option=com_content&view=article&id=1460:congresswomen-speier-introduces-smoke-act-to-regulate-e-cigarette-products&catid=20&Itemid=14
- Richard A. Carranza, Superintendent of the San Francisco Unified School District. Letter in March 6, 2014, BOS packet File #131208, p. 70
- TECH Times warned about the danger of e-cigarettes infecting computers with malware through the USB port during the charging of a battery. <http://www.techtimes.com/articles/20814/20141124/e-cigarettes-can-be-dangerous-for-your-computers-health-what-you-should-know.htm>

Scientific research takes time. Acting now against potential dangers is the wise approach. The Planning Commission did not properly apply the appropriate criteria in approving the Conditional Use application for a business with great potential health and safety harm to the neighborhood and particularly to the young, impressionable people in the area.

Issue #6: The Planning Commission approval of the Conditional Use was not unanimous. The vote was 5-2 with many questions raised and issues left unanswered. The Planning Commission disapproved a Conditional Use for a Starbucks because of neighborhood opposition. Big tobacco has the patents for extracting nicotine from tobacco leaves. Big tobacco funds the advertising making electronic cigarettes and vaping “cool” and attractive. One teen when questioned if she smoked replied, “No, I vape.” The Planning Commissioners unfortunately did apply the pertinent criteria of Planning Code Section 303 when approving this conditional use. They did not follow the criteria for a Conditional Use Authorization for a tobacco paraphernalia establishment.

Issue #7: Support of the appeal by residents: Signatures obtained to file this appeal represent more than **75% of the residential property owners/residents within 300 feet of the proposed business that the appellant was able to contact.** The individuals signing stated opposition to this type of business. They wished the focus to be on the long-term development of Ocean Avenue, and particularly of the 1900 block. They believed that filling a vacant storefront with “any” business, especially one that represents another alternative lifestyle, does not work toward the goal of long-term improvement of Ocean Avenue, the goal of the many studies noted in the Background section of this document.

Neighbors continue to state and believe that the proposed business, the vape store selling devices (e-cigarettes/vaporizers), vaping liquids/e-juices and batteries and operating a steam stone hookah lounge in the basement) is neither necessary nor desirable nor compatible with the neighborhood.

They noted that a large number of students from Aptos Middle School walk by this building on their way to and from school. The neighborhood parents do not want their children exposed to these products. Although the proposed business states that they will sell only to persons over 18, middle school age and high school students may be tempted to get older people to purchase for them.

Other opponents of this business state that if this proposed business does open, they will avoid the 1900 block of Ocean Avenue; thus defeating the purpose of filling a storefront vacancy. The proposed business will not increase foot traffic on Ocean Avenue by neighboring residents, one of the goals of the various Ocean Avenue studies.

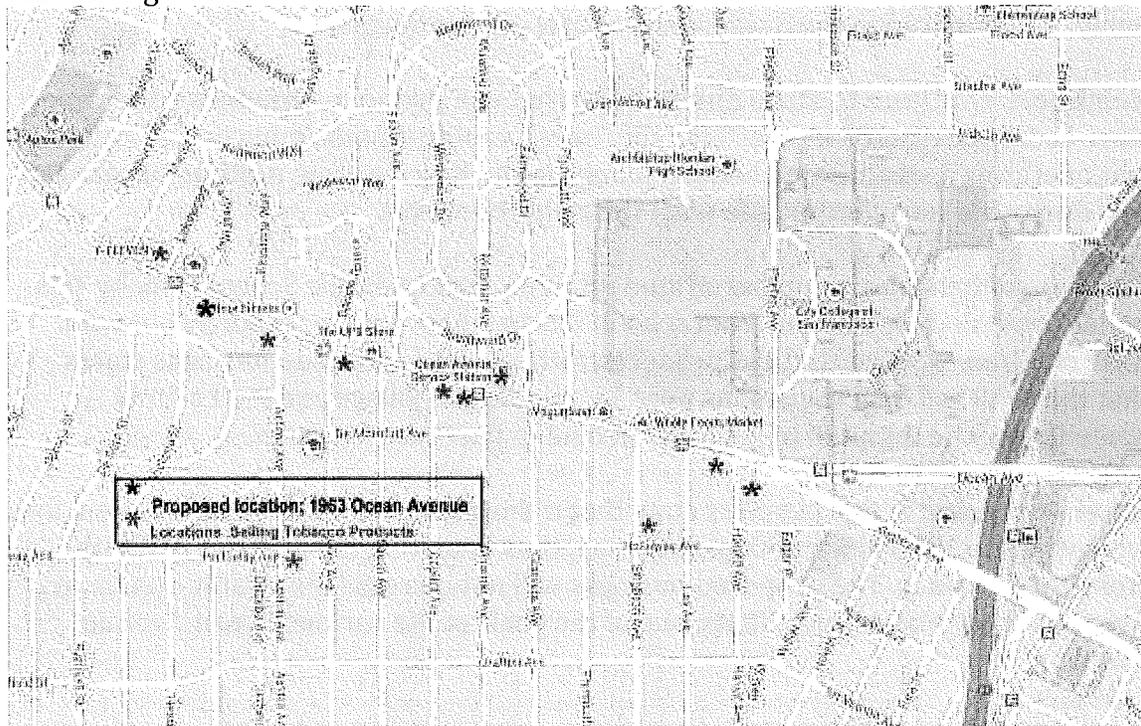
Several people noted that it is getting to the point where traditional businesses that have the option of locating elsewhere do not choose to open in the 1900 block of Ocean Avenue. They question how this block reached this situation, in which undesirable businesses came to predominate in the middle of very affluent neighborhoods.

The eastern end of Ocean Avenue has dramatically improved with the new Whole Foods. The western portion of the Ocean Avenue NCT needs improvement for the

long-term. Residents have expressed delight with the opening of the new hardware store on Ocean Avenue, the first to open anywhere in the city for many years. After twenty years, the residents are happy to finally have a bank (Chase) and a grocery store (Whole Foods) and a new branch of the San Francisco Public Library. Most residents are hopeful that the Target Express will open in the long vacant large store located on Ocean at Dorado/Jules. They enjoy and support the Fog Lifter Café, Sophia's Pizzeria, Cut to Contrast barber, Ocean Cyclery, Serge-a-Lot (sewing), Yoga Flow, all in the 1900 block of Ocean.

Issue #8: Concentration of tobacco paraphernalia businesses in Ocean Avenue NCT. [FM #7. E.i.ii, p. 6]. There is no need for this type of business on Ocean Avenue. In the various surveys conducted, no Ocean Avenue neighbor expressed a need for this type of business.

The concentration of tobacco paraphernalia is more than sufficient. The map shows the locations selling tobacco products on Ocean Avenue and in the vicinity. Six schools are found within this mapped area. The western end of Ocean Avenue, the section closest to 1963 Ocean Avenue, has six businesses selling e-cigarettes and/or tobacco cigarettes.



There are vape shops selling similar products at 19th and Taraval and at Mission near Geneva, 1.5 miles in either direction.

Magic Dragon Smoke Shop at 35 Cambon Drive in Park Merced shopping center, which according to its website opened in 2010, sells water pipes, vapor pens,

vaporizers, e-liquids, hookah and tobacco. Magic Dragon Smoke Shop is about 1 mile away (driving or walking) or .8 mile as the crow flies.

Conclusions:

We should value the health of the city and its residents and not allow this new business to open. Opposing the opening of the vape shop would support the long-term goals of the Board of Supervisors to reduce smoking in the City and to encourage healthy living. It would support the objectives, policies, and guidelines in the seven studies of Ocean Avenue.

The proposed vape shop/steam stone hookah lounge at 1963 Ocean Avenue might appeal to and attract a few youths to the business, but Ocean Avenue, the NCT and the neighborhood, should not be responsible for encouraging young adults to start a new addiction—to “candy flavored” e-Cigarettes, vaporizers, and steam stone hookah with unknown **long-term health risks**. And this business is not a stop smoking clinic.

In June 2014, at a Congressional hearing, Senator Blumenthal of Connecticut said:

"I think we have seen this movie before...It is called big nicotine comes to children near you and you are using the same kinds of tactics and promotions and ads that were used by big tobacco and proved so effective"

TIME “Electronic Cigarette Executives Get Schooled in Senate Hearing,” June 18, 2014: <http://time.com/2896962/electronic-cigarette-executives-get-schooled-in-senate-hearing/>

The TIME article ends with these quotes:

At the end of her time to question, Boxer said: “Mr. Healy and Mr. Weiss, you can con yourself. But we don’t know if this product gets people off cigarettes yet, so don’t think you are doing some great mission. Don’t say you care about kids... Don’t be a part of this, because you’ll regret it.”

But the harshest words came from Senator Jay Rockefeller (D- West Virginia), who said to the executives: “I’m ashamed of you. I don’t know how you go to sleep at night. I don’t know what gets you to work in the morning except the **color green of dollars**. You are what **is** wrong with this country.”

“7 Ways E-Cigarette Companies are Copying Big Tobacco’s Playbook” published on The Campaign for Tobacco-Free Kids website in October 2013 visually demonstrates the phenomenon of using the same playbook:

http://www.tobaccofreekids.org/tobacco_unfiltered/post/2013_10_02_ecigarettes

The webpage concludes:

No wonder youth e-cigarette use is on the rise.

These developments underscore the need for the FDA to quickly regulate e-cigarettes and take steps to prevent their marketing and sale to kids.

The Surgeon General's 50th Anniversary Report (2014) recounts 50 years of progress in combating the health hazards of smoking but warns of the attraction of teens to the electronic cigarettes, the new form of nicotine delivery. It took a long time to undo the influence of advertising promoting tobacco cigarettes. Many people died and continue to die from lung cancer and the effects of secondhand smoke.

We trust that the Board of Supervisors will move forward by not allowing the opening of this proposed business that would sell products that contain nicotine and produce harmful fumes with unknown long term health effects. We trust that the Board of Supervisor will act for the long-term benefit of the residents of Ocean Avenue and the citizens of San Francisco and overturn the Planning Commission's decision.

We ask the Board of Supervisors to disapprove the decision of the Planning Commission by its Motion No. 19271 approving a Conditional Use Authorization identified as Planning Case No. 2014.0206C on property located at 1963 Ocean Avenue. We ask that the tobacco paraphernalia establishment (dba Happy Vape) not be allowed to open business at this location.

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: VAP shop on Ocean Ave. SF

From: Jane Huey [<mailto:jane.huey@yahoo.com>]
Sent: Monday, January 05, 2015 12:05 PM
To: Board of Supervisors (BOS)
Subject: Fw: VAP shop on Ocean Ave. SF

On Monday, January 5, 2015 12:03 PM, Jane Huey <jane.huey@yahoo.com> wrote:

I am writing this letter to oppose the proposed vape shop selling e-cigarettes and operating a hookah lounge at 1963 Ocean Ave.

I cannot understand how the Board of Supervisors would approval such a use for this building. The vape shop would be located exactly across the street from the Voice of Pentecost Academy, a school housing students from k to 8th grade. I live in the Ingleside Terrace District and shop on Ocean Ave. I walk Ocean Ave. on a daily basis and see how much student cross traffic goes by. This is not the place for an e-cigarette and hookah lounge should be unless the City is now actively encouraging our young people to smoke. On a daily basis, there are hundreds of students that would walk by this e-cigarette shop. I see young children with their parents walking to Commodore Sloat School at Ocean and Sierra, I have seen countless middle schoolers walking by after being dismissed from Apotos Middle School and I see City College students walking by heading home or to the mall.

This shop would not "provide substantial net benefits and minimizes undesirable consequences". In fact, it would do the opposite to policy 1.1. I can see this shop encourage all those young people to consider smoking because it would be "cool". This shop would not improve the neighborhood, rather the opposite. You would be encouraging an unhealthy habit by locating it where so many young people would pass by and be influenced by the "coolness" of doing something contrary.

I understand the BOS recently passed a legislation that would limit the number of tobacco sales permits. There are already plenty of businesses that sell tobacco on Ocean Ave. and hope that you will not allow another shop to exist.

At present, there is a 7 Eleven store that sells cigarettes and e-cigarettes less than 400 feet from this new proposed shop. There is also another shop just around the corner on Ashton that sells cigarettes. The neighborhood does not need another cigarette shop. What we need are grocery or produce stores, small shops or restaurants.

I hope the Board of Supervisors will carefully reconsider approving an e-cigarette shop at 1963 Ocean Ave.
Jane Huey

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Opposition of vape shop at 1963 Ocean Avenue

From: weegiegram@aol.com [<mailto:weegiegram@aol.com>]
Sent: Monday, January 05, 2015 12:01 PM
To: Board of Supervisors (BOS)
Subject: Opposition of vape shop at 1963 Ocean Avenue

Dear Board Members,

In concern of children in the neighborhood and in the schools nearby, I ask that the board turn down the permit for A Vape & hookah lounge at 1963 Ocean Avenue. We already have two or more medical marijuana shops in the neighborhood. I am really concerned what messages we are providing our youth who are our future. The Board has the ability to send the message that children are far more important than drugs and money.

Sincerely,

Eva O'Brien
39 Westwood Drive
San Francisco, CA94112

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: File 141291 FW: Appeal of Conditional Use Case No. 2014-0206C, 1963 Ocean Avenue Board of Supervisors file 141291, January 13, 2015
Attachments: Appeal of CU No. 2014.0206C 1963 Ocean Ave. WPA letter 1_4_15.pdf; Balboa_Park_Station_Area_Plan.pdf; Kjelstrom Economic Development Final Report 2014.10.31.pdf

From: Anita Theoharis [<mailto:atheoharis@sbcglobal.net>]
Sent: Monday, January 05, 2015 4:48 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS)
Subject: Appeal of Conditional Use Case No. 2014-0206C, 1963 Ocean Avenue Board of Supervisors file 141291, January 13, 2015

Attention: Mr. John Carroll

Dear Mr. Carroll:

Thanks so much for your assistance today.

Attached are the following documents to be included in the file:

1. Letter from Westwood Park Association dated January 4, 2015
2. Balboa Park Station Area Plan (attachment to Westwood Park Association letter)
3. Kjelstrom Economic Study of Ocean Avenue Corridor (attachment to Westwood Park Association letter)

Again, thanks.

Kindest regards,

Anita Theoharis
Board Member
Planning and Zoning Chair
Westwood Park Association

WESTWOOD PARK



January 4, 2015.

Via Electronic Mail and USPS

Ms. Angela Calvillo, Clerk of the Board of Supervisors
Honorable Supervisors John Avalos, London Breed, David Campos, Malia Cohen, Mark Farrell,
Jane Kim, Eric Mar, Katy Tang, Scott Wiener and Norman Yee

City and County of San Francisco
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Re: Appeal of Conditional Use Authorization Case No. 2014.0206C
Proposed Vape Lounge 1963 Ocean Avenue, San Francisco CA
Hearing January 13, 2015

Dear Supervisors:

The Westwood Park Association ("WPA") a 685 home planned unit development that borders the Ocean Avenue commercial corridor respectfully requests that you grant the appeal in this case.

You have been provided with a wealth of information regarding the health issues surrounding this business. While we share those concerns, there is another significant reason to grant the appeal. We will concentrate on an important land use issue relating to this appeal; namely the execution of a plan to turn this area into a model transit village.

We respectfully disagree with the findings that support the proposed project is in compliance with the Balboa Station Area Plan, ("Balboa Plan"), copy attached.**

By way of background, the property is located within the Balboa Plan area.

The Balboa Plan was signed into legislation in 2009 and became an Area Plan within the General Plan. As an Area Plan, the Balboa Plan is to be used to guide the City's decision-making on land use issues on the Ocean Avenue commercial corridor, ("corridor.")

The Balboa Plan calls for increased housing on a transit rich corridor to enable residents to take public transportation to work and provide them access to businesses that provide needed goods and services in close proximity to the surrounding

neighborhoods. In essence, the Balboa Plan calls for a "transit village" allowing for more much needed housing while at the same time being pedestrian friendly. The corridor would provide needed goods and services for the neighborhood by allowing residents to walk or ride their bikes or would only be a short car ride to neighborhood serving commercial establishments.

Policy 1.2.3 of the Balboa Plan specifically states: Retain and improve the neighborhood's existing businesses while also attracting new businesses that address unmet retail and service needs of the diverse local neighborhoods. The primary customer base of the neighborhood commercial district consists of residents of the surrounding neighborhoods, although a few specialty retailers draw customers from a broader region. However, residents presently make a significant portion of their retail purchases at other shopping districts both within and outside of San Francisco."

In September 2014, the San Francisco Office of Economic and Workforce Development ("OEWD") funded a study by consultant, Keith Kjelstrom ("Kjelstrom Report") to evaluate and assist in business development on the corridor that is a part of the Balboa Plan (copy attached).**

Page 4 of the Kjelstrom Report states that "there is unmet trade area consumer demand that could be captured by expanding existing business or opening new ones. There is a total retail and restaurant demand of \$950.5 million dollars each year. Unmet consumer demands that may represent business development opportunities totaling nearly \$671 million annually, are indicated in many categories including furniture and home furnishings, clothing and accessories, garden supplies, general merchandise and specialty stores." Presently, many residents in the surrounding communities drive to West Portal or other shopping districts that provide a variety of neighborhood serving retail establishments.

There are already two vape lounges dedicated to e-cigarette sales and smoking on the premises located within one and one half miles from the proposed project. They are Juicebox Vapor located at 907 Taraval Street at 19th Avenue and Dream Cloud Vapor located at 4971 Mission Street near Geneva Avenue. In addition, e-cigarette and other tobacco products are also available for sale in six other establishments within the corridor. This is more than enough close by establishments for any residents that desire to purchase or smoke these products on site.

Residents of our diverse communities surrounding Ocean Avenue along with city agencies have been working for many years to revitalize Ocean Avenue and attract much needed neighborhood businesses and services to the corridor. During several community meetings residents were asked about what businesses and services were needed on Ocean Avenue. A vape lounge and store selling tobacco products was not on the list. The Kjelstrom Report agrees with residents that have stressed the need for a variety of restaurants, specialized grocery, hardware, gardening supplies, new and used books, clothing, galleries, music equipment, toys and the like.

When you take the overall goals of the Balboa Plan, the OWED and many other city agencies as well as the many residents who live in the surrounding community into

account, it becomes quite clear that the proposed project does not meet the required conditional use criteria of necessary, desirable or compatible. Simply put, the present and future residents of this area do not need more retail e-cigarette establishments or lounges that sell e-cigarettes and other tobacco products.

This project would have a negative impact on achieving the Balboa Plan's goal to build much needed housing that is supported by nearby businesses that residents could readily access.

The area within the Balboa Plan is meant to be a model for the future. But that requires both careful planning and then execution of that planning. At this point the planning has been done. All that remains is the proper execution of the plan elements.

Approval of the appeal and denial of the conditional use before you will be just the sort of execution needed to assist in realizing the vision of the Balboa Plan by encouraging much needed retail and small businesses that are necessary, desirable and compatible to come to the corridor.

Thank you for your kind consideration

Sincerely,

WESTWOOD PARK ASSOCIATION

Board of Directors:

Kate Favetti, Kathy Beitiks, Anne Chen, Tim Emert, Caryl Ito and Ravi Krishnaswamy

By:



Anita Theoharis, Board Member
Planning and Zoning Chair

cc: Ms. Marcelle Boudreaux, Planner
Mr. Robert Karis, Appellent
Mr. Ken Rich, Mayor's Office of Economic and Workforce Development
Mr. Richard Kurylo, Mayor's Office of Economic and Workforce Development

**Attachments contained in copies that are mailed electronically



Business Development Visit to Ocean Avenue, San Francisco

September 23-25, 2014

Findings and Recommendations



San Francisco's Office of Economic and Workforce Development (OEWD) contracted with Keith Kjelstrom, an independent consultant on traditional business district revitalization, to provide training and technical assistance services to the Ocean Avenue Association (OAA). (keithkjelstrom@gmail.com; 505.454.1187)

The OAA is developing an impressive track record of performance in revitalizing and managing the Ocean Avenue business district. The purpose of the visit was to help the Association's continued evolution by exploring ways to enhance its economic development activities and effectiveness in the coming months and years.

The three-day visit included a series of meetings and activities:

- Walking tour with OAA and OEWD staff to observe the district's image, features, anchors, and functionality, and the visible operating practices of the businesses
- Training session for OAA staff and contractors on neighborhood commercial district economic development tools
- Session to discuss strategies for using multiple revitalization programs of the City and others
- Meeting to discuss OAA's goals and strategies on market position and vision, business mix and clusters, target consumer markets, sales potential, and strategic locations for business enhancement and business recruitment
- Meeting with OEWD and OAA staff to review OAA's successful performance in establishing a comprehensive database of district properties and businesses
- An evening presentation to community members to profile the Main Street approach to commercial district management (pioneered by the National Trust for Historic Preservation's National Main Street

Center), explore "economic restructuring" tools and how they might apply to the district, and offer the consultant's recommendations to the OAA

- Meeting with OAA and OEWD staff to discuss ways that historic preservation plans, processes and tools might be used to help protect and capitalize on the district's historic resources
- Visits to two district businesses to assess their needs and business development opportunities

In addition to this summary report, the consultant also provided other products for the organization to use in its business development work:

- *Main Street and Economic Restructuring: Business Development Findings and Recommendations for the Ocean Avenue Community*, powerpoint presentation, September 24, 2014
- *Business Development Tools for the Ocean Avenue Association*, powerpoint presentation, September 23, 2014
- *Pop-Facts: Demographic Snapshot 2014 -- Ocean Avenue 2-, 4- and 8-minute drive times*, The Nielsen Company, September 2014
- *RMP Opportunity Gap -- Ocean Avenue 2-, 4- and 8-minute drive times*, The Nielsen Company, September 2014



- Neil Ballard, Economic Development Contractor, Ocean Avenue Association
- Mary Brown, San Francisco Planning Department (by phone)
- Richard Kurylo, Project Manager, San Francisco Office of Economic and Workforce Development
- Emily Lesk, Project Manager - Joint Development Unit, San Francisco Office of Economic and Workforce Development
- Luis Licea, Economic Development Contractor, Ocean Avenue Association
- Holly Lung, Program Manager, Neighborhood Economic Development, San Francisco Office of Economic and Workforce Development
- Jeff and Sabine Taliaferro, owners, Ocean Cyclery
- Crezia Tano, Senior Project Manager, San Francisco Office of Economic and Workforce Development
- Dan Weaver, Executive Director, Ocean Avenue Association
- Lucia Fuentes Zarate and Bomani, owners, The Avenue Bar
- Plus about twenty community residents who attended the evening presentation

Findings



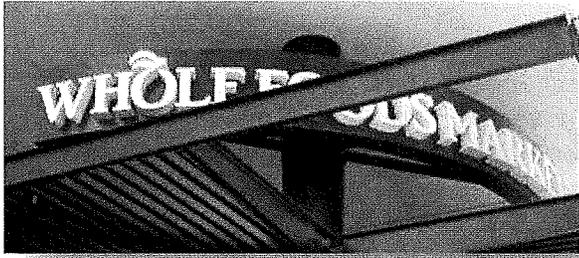
Using the four-point Main Street framework, the consultant and participants explored the comprehensiveness of the OAA's activities. The organization implements a well-rounded revitalization and management program for the district:

- **Organization:** OAA works closely with key partners like OEWD, Oceanview, Merced and Ingleside Cultural Participation Project, and Neighborhood Empowerment Network. OAA is structured as a Community Benefits District guided by a Management District Plan.
- **Design:** OAA's ambitious Street Life committee and staff deploy the City's SF Shines program, conduct graffiti removal initiatives, coordinate ADA assessments of businesses, and plant trees and sidewalk gardens.
- **Promotion:** OAA works with OMICPP to produce the Arts and Culture Festival and convenes community meetings on a variety of topics of concern to residents, business owners and property owners.
- **Economic Restructuring:** Supported by CDBG funds, economic development contractors and the OAA executive director maintain economic information systems and administer multiple financial and technical assistance programs for business and property owners.

Participants explored the district's primary economic characteristics and opportunities for enhancement.

- The Ocean Avenue business corridor serves as an important community hub to the residents of the area. With needed improvements to private buildings and businesses, the district is **well-positioned** to further attract and provide goods and services to residents and visitors.
- Several **vital businesses** and **business clusters** address consumers' needs. These include Whole Foods Market, The Avenue Bar, Champa Gardens and other restaurants, coffee cafes, personal services businesses, Ocean Cyclery, and the incoming hardware store and Target Express.
- The district enjoys ample proximity to **multiple target markets**. These include close-in residents, trade area residents, daytime workers, students and tourists and travelers. See the demographics data reports provided earlier.





Whole Foods Market locating in the district illustrates the street's ability to draw from a greater trade area than previously envisioned by city planners and others. The **trade area's consumer buying power** is impressive and there is **unmet trade area consumer demand** that could be captured by expanding existing businesses or opening new ones. The 55,682 residents who live within a 4-minute drive of the business district have a total retail and restaurant demand of \$950.5 million each year. Unmet consumer demands (or "market gaps" that may represent business development opportunities), totaling nearly \$671 million annually, are indicated in many categories including furniture and home furnishings, clothing and accessories, garden supplies, general merchandise, and specialty stores. (Source: Nielsen-Claritas, 2014) See the retail sales analysis data provided earlier.

The district possesses **strategic locations** that can be considered for rehabilitation, provided that property owners are receptive. These include larger buildings such as the El Rey Theatre and smaller locations like the former Ocean Taqueria building.

Ocean Avenue is strengthened over time by significant **public and private investment**. Important projects include investments in streetscape and landscaping, Champa Gardens restaurant and the trees and landscaping in front of it, the affordable multi-family housing development at 1100 Ocean Avenue, and the new hardware store opening soon.

Some businesses appear to be **struggling** with a lack of customers, insufficient sales, shallow merchandise, weak visual merchandising, and unattractive building interiors and exteriors.

Not all of the private sector has kept pace with the public, community and private investment into the corridor's attractiveness. There is a critical **need for improving the appearance of private businesses and buildings**. By presenting a neglected and uninviting face to their potential customers, several business and building owners are undermining their ability to achieve sales and rents. There appears to be disinvestment on the part of several property owners, or a conscious withholding on investment until more entrepreneurial owners perform all of the hard work necessary to improve the neighborhood.



Recommendations

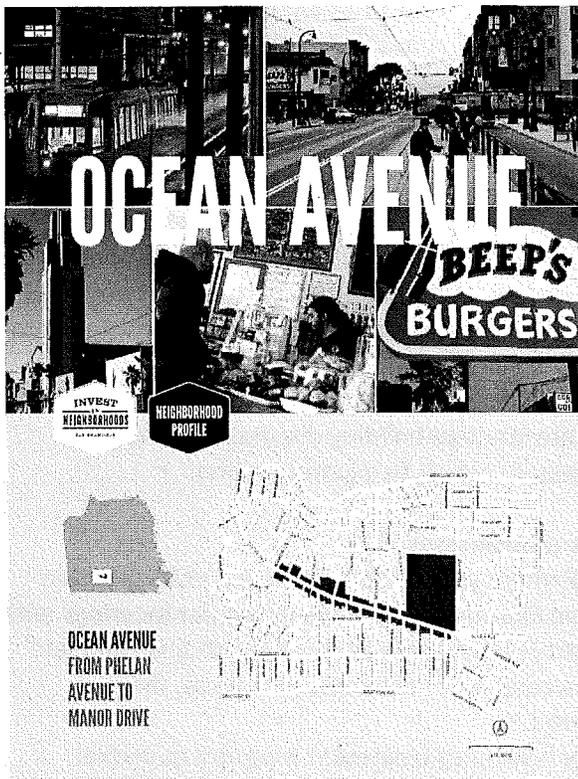


The OAA should continue to implement its important design and business development work as outlined in its action planning documents and in the CDBG agreement.

- Make sure to empower and activate a full-fledged **Business Committee**. While its work should be coordinated with the Street Life and other committees, this essential committee deserves its own separate chair and team of committee members to effectively carry out its many functions.
- Both committees should continue to implement a **campaign of clean up and pride-building** in the commercial district.

The OAA should boost its use of business development tools. Successful business development requires skilled circulating, networking, communicating, researching, matchmaking, troubleshooting and orchestrating – with diverse players like business owners, business prospects, property owners, financial institutions, local and state government representatives, and members of the core and extended business development teams. These activities can be very time consuming for the executive director, contractors and others. Foundational tools help to keep staff and volunteers intentional and effective.

- In addition to the demographic and sales performance data provided by the consultant, **gather key market information** from the Ocean Avenue Invest in Neighborhoods district profile and from other organizations. Help to keep your understanding of the market current by periodically acquiring free and low-cost market data from the internet. Partners like OEWD and the City Planning Department can help in this regard.
- Use the program's directory of businesses to analyze the district's **business mix and clusters**.
- Prepare a listing of the district's **priority vacancies** (business opportunity locations). Include property and contact information.
- Using a district base map from the City Planning Department, hang an enlarged version on the wall of the office. Use it as a district "leasing plan map" or "**business cluster map**" to strategize real estate and other program activities.
- **Add business development features to the OAA website** such as a list of the top three to five priority vacancies available for new business locations; profile of public and private investments; expression of your top business recruitment targets; demographic and market profile; business development services that you provide; and links to partners who can provide





financial and technical assistance.

- ▣ Assemble a hardcopy **business development packet** of the above materials plus the many OEWD program flyers and brochures to share with existing and prospective new business owners.
- ▣ Publish a **business development rack card**.
- ▣ Prepare **property profile sheets** to help with marketing business locations.

Help to retain, strengthen and expand existing businesses. In addition to addressing existing businesses' needs, closely working with existing businesses is one of the best ways to uncover business recruitment leads.

- ▣ Keep conducting an **ongoing business visitation program** to assess owners' needs, network on business development opportunities, and build a strong business-OAA program relationship.
- ▣ With trustful relationships in place, evolve business visits into **business coaching sessions** that use a team approach to troubleshooting problems and encouraging strategic growth.
- ▣ In collaboration with your economic development partner organizations, produce **business training and networking events**.
- ▣ For example, coordinate with partners to bring **customer service training** and technical assistance to district businesses.
- ▣ Convene **entrepreneur development roundtables** to facilitate strategy-building discussions among businesses seeking to expand exports.

Recruit new businesses.

- ▣ Complement your ongoing business visits program with an intentional schedule of **regular meetings with property owners** to learn their needs and stimulate improvements to, and rental or sale of, their buildings.
- ▣ Create a **vacancy treatment program** to market available business locations "through the windows."
- ▣ Consult the provided sales performance data to identify potential business development opportunities. **Sales leakages** from the trade area may indicate market gaps that could be filled by business expansions, pop-up businesses, or new bricks-and-mortar businesses. As mentioned above, there exists unmet local consumer demands in several business categories.
- ▣ Use **entrepreneur development system** tools to grow new business owners from within the community. (www.energizingentrepreneurs.org)

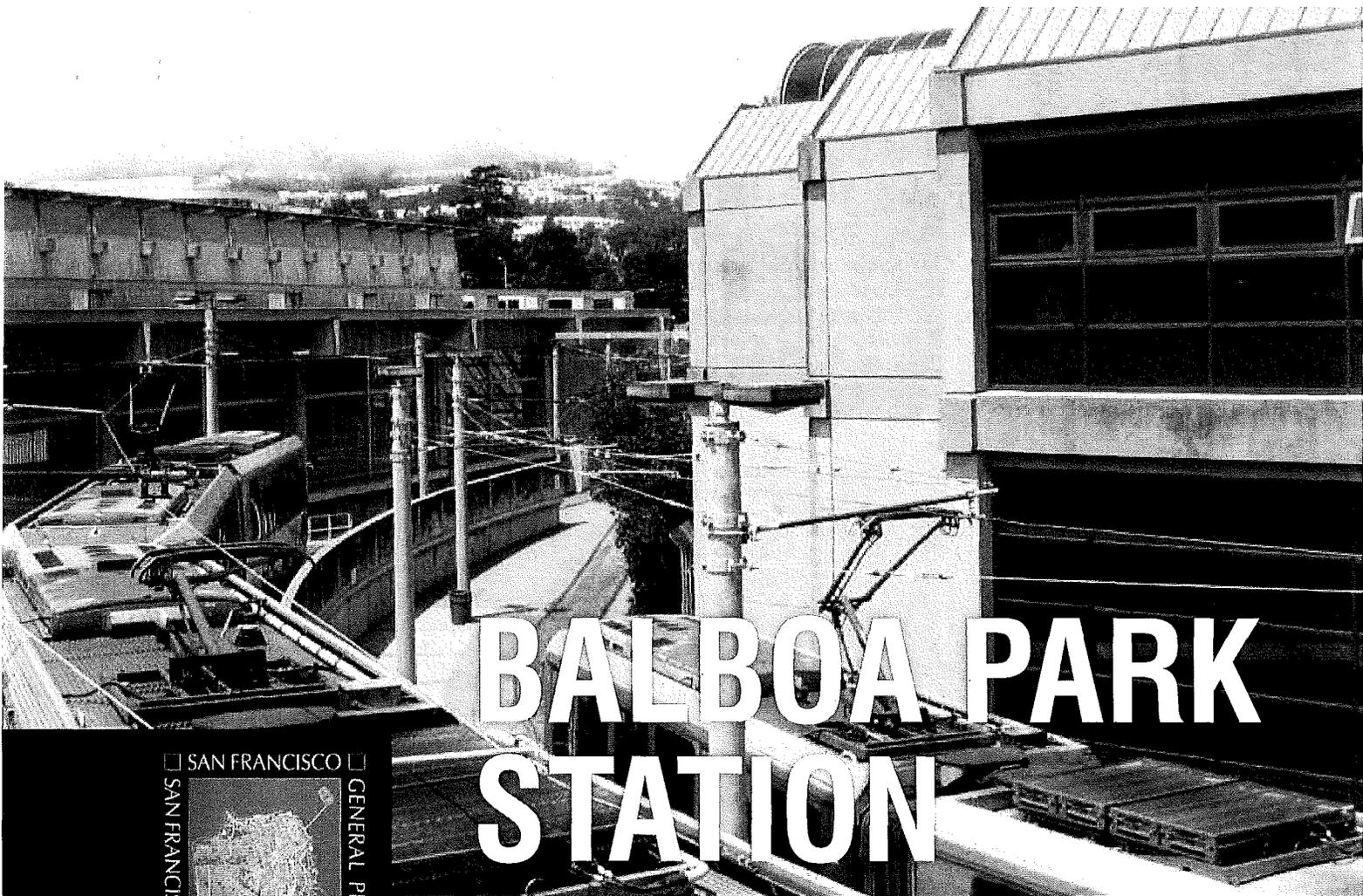


- Identify **business recruitment targets** by type. Assess target ideas by using the business recruitment matrix provided. State your targets on the organization's website. For example, meeting participants identified several targets: movie theater, bookstore, espresso bar, ice cream shop, stationery/card store, clothing stores (new and used), high-quality restaurants with great bars, garden shop/nursery, toy store, wine bar, musical instrument shop, and pet supplies/grooming.
- Develop leads to potential **new business recruits** from outside of the area by maintaining the various business development features on your website mentioned above; responding well to inquiries; conducting prospecting visits to districts and communities in the greater region; fielding business recruitment teams; and networking with business owners who have contacts in other "source" communities.

Support catalytic property rehabilitations. Historic buildings in the district may serve as potential locations for housing, live-work space, restaurants, entertainment venues, galleries, and mercantile, clothing, resale merchandise, gift and hobby stores.

- Assist property owners and the greater community to **recognize the value of the district's historic commercial building stock.** The corridor possesses many wonderful examples of historic commercial fabric that should be retained capitalized on to enhance the value of adaptive re-use projects. Genuine historic features, attractive to buyers and customers, can provide for more valuable development projects.
- Provide **guidance and support** to owners interested in developing their properties.
- Work with City departments like OEWD and Planning Department (historic preservation incentives) to use **incentives** that provide essential gap financing.

Maintain a strong Business Committee and extended business development team. The business development visit demonstrated that many individuals and organizations are keenly interested in helping Ocean Avenue to achieve its economic development goals. With continued strong support by the City and continued application and evolution of OAA's business development talents, the district's economic development efforts promise to be very effective.



BALBOA PARK STATION



**AN AREA PLAN OF THE GENERAL PLAN
OF THE CITY AND COUNTY OF SAN FRANCISCO**

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I. SUMMARY OF OBJECTIVES & POLICIES

01 LAND USE

OBJECTIVE 1.1

INTEGRATE THE DIVERSE USES IN THE PLAN AREA AROUND THE COMMERCIAL SPINE AND TRANSIT NODE.

POLICY 1.1.1

Strengthen the link between transportation and land use.

OBJECTIVE 1.2

STRENGTHEN THE OCEAN AVENUE NEIGHBORHOOD COMMERCIAL DISTRICT.

POLICY 1.2.1

Improve access to and from the commercial district.

POLICY 1.2.2

Encourage mixed-use residential and commercial infill within the commercial district.

POLICY 1.2.3

Retain and improve the neighborhood's existing businesses while also attracting new businesses that address unmet retail and service needs of the diverse local neighborhoods.

OBJECTIVE 1.3

ESTABLISH AN ACTIVE, MIXED-USE NEIGHBORHOOD AROUND THE TRANSIT STATION.

POLICY 1.3.1

Mixed-use housing and retail should be the principal land use in the Transit Station Neighborhood.

POLICY 1.3.2

Encourage centers for cultural enrichment in the Transit Station Neighborhood.

OBJECTIVE 1.4

DEVELOP THE RESERVOIRS IN A MANNER THAT WILL BEST BENEFIT THE NEIGHBORHOOD, THE CITY, AND THE REGION AS A WHOLE.

POLICY 1.3.1

Develop the east basin of the reservoir to provide additional educational facilities while enhancing existing college and community services.

POLICY 1.3.2

Develop the west basin of the reservoir the greatest benefit of the city as a whole as well as for the surrounding neighborhoods.

OBJECTIVE 1.5

PLAN FOR PHYSICAL CHANGES AT THE CITY COLLEGE OF SAN FRANCISCO.

POLICY 1.4.1

The existing college campus, and future expansions, should be better integrated with the surrounding neighborhood and the transit station.

02 TRANSPORTATION

OBJECTIVE 2.1

EMPHASIZE TRANSIT IMPROVEMENTS THAT SUPPORT THE NEIGHBORHOOD.

POLICY 2.1.1

Redesign the Balboa Park BART Station as a regional transit hub that efficiently accommodates BART, light rail, buses, bicycles, pedestrians, taxis and automobile drop-off and pick-up.

POLICY 2.1.2

Reconfigure the Phelan Bus Loop to encourage public transit use and strengthen the connection between transit and land use.

OBJECTIVE 2.2

RECONSTRUCT AND RECONFIGURE MAJOR STREETS IN THE PLAN AREA TO ENCOURAGE TRAVEL BY NON-AUTO MODES.

POLICY 2.2.1

Re-design Geneva Avenue as a new front door to the BART station.

POLICY 2.2.2

Re-design San Jose Avenue between Ocean and Geneva Avenues to better accommodate public transit while maintaining its character as a residential street.

POLICY 2.2.3

Re-design Ocean Avenue as a transit and pedestrian boulevard.

POLICY 2.2.4

Re-design Phelan Avenue in a manner befitting a campus-oriented street.

OBJECTIVE 2.3

RECONNECT THE NEIGHBORHOODS BISECTED BY THE INTERSTATE 280.

POLICY 2.3.1

Minimize the prominent physical barrier of Interstate 280.

OBJECTIVE 2.4

ENCOURAGE WALKING, BIKING, PUBLIC TRANSIT AS THE PRIMARY MEANS OF TRANSPORTATION.

POLICY 2.4.1

Main streets in the plan area should be civic spaces as well as movement corridors.

POLICY 2.4.2

Improve and expand bicycle connections throughout the plan area.

POLICY 2.4.3

Improve travel time, transit reliability, and comfort level on all modes of public transportation.

03 PARKING**OBJECTIVE 3.1****ESTABLISH PARKING STANDARDS AND CONTROLS THAT PROMOTE QUALITY OF PLACE, AFFORDABLE HOUSING, AND TRANSIT-ORIENTED DEVELOPMENT.****POLICY 3.1.1**

Provide flexibility for new residential development by eliminating minimum off-street parking requirements and establishing reasonable parking caps.

POLICY 3.1.2

Provide flexibility for non-residential development by eliminating minimum off-street parking requirements and establishing parking caps generally equal to the previous minimum requirements.

POLICY 3.1.3

Make parking costs visible to users by requiring parking to be rented, leased or sold separately from residential and commercial space for all new major development.

OBJECTIVE 3.2**ENSURE THAT NEW DEVELOPMENT DOES NOT ADVERSELY AFFECT PARKING AVAILABILITY FOR RESIDENTS.****POLICY 3.2.1**

Consider revisions to the residential permit parking program (RPP) that make more efficient use of the on-street parking supply.

POLICY 3.2.2

Manage the existing supply of on-street parking in the plan area to prioritize spaces for residents, shoppers and non-commute transit trips.

POLICY 3.2.3

Promote car-sharing programs as an important way to reduce parking needs while still providing residents with access to an automobile when needed.

POLICY 3.2.4

Increase the effectiveness and scope of the city's parking enforcement program.

POLICY 3.2.5

Carefully managed parking in the Phelan Loop Area.

OBJECTIVE 3.3**ENSURE THAT NEW OFF-STREET PARKING DOES NOT ADVERSELY AFFECT NEIGHBORHOOD CHARACTER OR THE PEDESTRIAN FRIENDLINESS OF STREETS IN THE PLAN AREA.****POLICY 3.3.1**

Prohibit garage doors and curb cuts on neighborhood commercial and transit preferential streets.

OBJECTIVE 3.4**ESTABLISH PARKING POLICIES TO SUPPORT REVITALIZATION OF THE OCEAN AVENUE NEIGHBORHOOD COMMERCIAL DISTRICT.****POLICY 3.4.1**

Improve metered parking in the Ocean Avenue Neighborhood Commercial District.

POLICY 3.4.2

Maximize existing off-street parking facilities in the commercial district for business owners and employees as well as for customers.

POLICY 3.4.3

Explore the potential for merchants and their employees to park in the reservoir.

POLICY 3.4.4

Consider the long-term need for additional public off-street parking only after all existing on and off-street parking opportunities have been exhausted.

OBJECTIVE 3.5**ESTABLISH PARKING POLICIES TO SUPPORT THE NEW TRANSIT STATION NEIGHBORHOOD.****POLICY 3.5.1**

Provide off-street parking to serve BART or Muni employees should not be provided.

POLICY 3.5.2

Prioritize on-street parking in the Transit Station Neighborhood for particular types of users.

POLICY 3.5.3

Explore the extension of the validity of the Fast Pass on BART to the Daly City station.

04 HOUSING**OBJECTIVE 4.1****MAXIMIZE OPPORTUNITIES FOR RESIDENTIAL INFILL THROUGHOUT THE PLAN AREA.****POLICY 4.1.1**

Housing, supported by a modest amount of neighborhood-oriented commercial establishments, should form the backbone of all new development in the plan area.

POLICY 4.1.2

Eliminate dwelling unit density maximums.

OBJECTIVE 4.2**STRENGTHEN THE OCEAN AVENUE NEIGHBORHOOD COMMERCIAL DISTRICT BY PROVIDING AN APPROPRIATE MIX OF HOUSING.****POLICY 4.2.1**

Encourage mixed-use commercial and residential infill within the commercial district while maintaining the district's existing fine-grained character.

POLICY 4.2.2

Redevelop the parcels in the Phelan Loop Area with new mixed-use development.

I. SUMMARY OF OBJECTIVES & POLICIES

OBJECTIVE 4.3

ESTABLISH AN ACTIVE, MIXED-USE NEIGHBORHOOD AROUND THE TRANSIT STATION THAT EMPHASIZES THE DEVELOPMENT OF HOUSING.

POLICY 4.3.1

Encourage mixed-use housing on the Upper Yard.

POLICY 4.3.2

Encourage mixed-use housing on the northeast corner of Geneva and San Jose Avenues.

POLICY 4.3.4

Housing should be developed above the Muni Green Yard.

OBJECTIVE 4.4

CONSIDER HOUSING AS A PRIMARY COMPONENT TO ANY DEVELOPMENT ON THE RESERVOIR.

POLICY 4.4.1

Develop housing on the West basin if it is not needed for water storage.

OBJECTIVE 4.5

PROVIDE INCREASED HOUSING OPPORTUNITIES AFFORDABLE TO A MIX OF HOUSEHOLDS AT VARYING INCOME LEVELS.

POLICY 4.5.1

Give first consideration to the development of affordable housing on publicly-owned sites.

POLICY 4.5.2

Establish programs to increase affordability of housing developed in the Plan Area.

OBJECTIVE 4.6

ENHANCE AND PRESERVE THE EXISTING HOUSING STOCK

POLICY 4.6.1

Maintain a presumption against the loss of existing housing units.

POLICY 4.6.2

Discourage dwelling unit mergers.

POLICY 4.6.3

Assist lower-income homeowners in making improvements to their houses.

OBJECTIVE 4.7

PROMOTE HEALTH THROUGH RESIDENTIAL DEVELOPMENT DESIGN AND LOCATION.

POLICY 4.7.1

New development should meet minimum levels of "green" construction.

05 STREETS AND OPEN SPACE

OBJECTIVE 5.1

CREATE A SYSTEM OF PUBLIC PARKS, PLAZAS AND OPEN SPACES IN THE PLAN AREA.

POLICY 5.1.1

Create a variety of new public open spaces.

POLICY 5.1.2

Safe and active open spaces should be designed, including a re-design of Balboa Park.

POLICY 5.1.3

Ensure that new open spaces are linked to and serve as an extension of the street system

POLICY 5.1.4

Pay attention to transit waiting areas.

POLICY 5.1.5

Use "found space" as public open space.

OBJECTIVE 5.2

CREATE OPEN SPACE WITHIN NEW DEVELOPMENT THAT CONTRIBUTES TO THE OPEN SPACE SYSTEM

POLICY 5.2.1

Require good quality public open space as part of major new developments

OBJECTIVE 5.3

PROMOTE AN URBAN FORM AND ARCHITECTURAL CHARACTER THAT SUPPORTS WALKING AND SUSTAINS A DIVERSE, ACTIVE AND SAFE PUBLIC REALM.

POLICY 5.3.1

Improve the visual and physical character of the Ocean Avenue Neighborhood Commercial District.

POLICY 5.3.2

Redesign the main streets – Phelan, Ocean, Geneva, and San Jose Avenues – to encourage walking and biking to and from the Transit Station Neighborhood, City College, and the Ocean Avenue Neighborhood Commercial District.

POLICY 5.3.3

Pedestrian routes, especially in commercial areas, should not be interrupted or disrupted by auto access and garage doors.

OBJECTIVE 5.4

CREATE AN SPACE SYSTEM THAT BOTH BEAUTIFIES THE NEIGHBORHOOD AND STRENGTHENS THE ENVIRONMENT.

POLICY 5.4.1

Make the open space system more environmentally sustainable by improving the ecological functioning of all open spaces in the plan area.

POLICY 5.4.2

Encourage efforts to uncover and restore Islais Creek to its natural state.

06 BUILT FORM**OBJECTIVE 6.1**

CREATE STRONG PHYSICAL AND VISUAL LINKS BETWEEN THE TRANSIT STATION NEIGHBORHOOD, CITY COLLEGE, AND THE OCEAN AVENUE NEIGHBORHOOD COMMERCIAL DISTRICT.

POLICY 6.1.1

Large parcels should emphasize the existing street pattern, by extending Harold, Brighton, and Lee avenues south across Ocean Avenue.

POLICY 6.1.2

Establish an east/west pedestrian pathway connection to link the BART Station to the Ocean Avenue Neighborhood Commercial District and City College.

OBJECTIVE 6.2

KNIT TOGETHER ISOLATED SECTIONS OF THE PLAN AREA WITH NEW MIXED-USE INFILL BUILDINGS.

OBJECTIVE 6.3

DEVELOP THE TRANSIT STATION NEIGHBORHOOD TO EMPHASIZE ITS IMPORTANCE AS A TRANSIT HUB AND LOCAL LANDMARK.

POLICY 6.3.1

Create a deck over the I-280 between Ocean and Geneva Avenues to integrate the Transit Station Neighborhood with City College and the Ocean Avenue Neighborhood Commercial District.

POLICY 6.3.2

The Balboa Park BART Station should be reconstructed to reinforce its role as a regional and local transit node and important neighborhood landmark.

POLICY 6.3.3

Any development on the Upper Yard site should be developed so that it contributes to the existing neighborhood and respects the character and scale of the Geneva Office building.

OBJECTIVE 6.4

RESPECT AND BUILD FROM THE SUCCESSFUL ESTABLISHED PATTERNS AND TRADITIONS OF BUILDING MASSING, ARTICULATION, AND ARCHITECTURAL CHARACTER OF THE AREA AND THE CITY.

POLICY 6.4.1

Urban design guidelines should ensure that new development contributes to and enhances the best characteristics of the plan area.

POLICY 6.4.2

New buildings should epitomize the best in contemporary architecture, but should do so with full awareness of the older buildings that surround them.

POLICY 6.4.3

Ground floor retail uses should be tall, roomy and as permeable as possible.

POLICY 6.4.4

Height and bulk controls should maximize opportunities for housing development while ensuring that new development is appropriately scaled for the neighborhood.

POLICY 6.4.5

Heights should reflect the importance of key streets in the city's overall urban pattern, while respecting the lower scale development that surrounds the plan area.

OBJECTIVE 6.5

PROMOTE THE ENVIRONMENTAL SUSTAINABILITY, ECOLOGICAL FUNCTION AND THE OVERALL QUALITY OF THE NATURAL ENVIRONMENT IN THE PLAN AREA.

POLICY 6.5.1

The connection between building form and ecological sustainability should be enhanced by promoting use of renewable energy, energy-efficient building envelopes, passive heating and cooling, and sustainable materials.

POLICY 6.5.2

New buildings should comply with strict environmental efficiency standards.

07 HISTORIC PRESERVATION**OBJECTIVE 7.1**

PROTECT, PRESERVE, AND REUSE HISTORIC RESOURCES WITHIN THE BALBOA PARK STATION PLAN AREA.

POLICY 7.1.1

The Secretary of the Interior's *Standards and Guidelines for the Treatment of Historic Properties* should be applied in conjunction with the overall neighborhood plan and objectives for all projects involving historic resources.

POLICY 7.1.2

The rehabilitation and adaptive reuse of historic buildings in the Balboa Park Station plan area should be promoted.

POLICY 7.1.3

Individually significant resources in the Balboa Park Station plan area should be protected from demolition or adverse alteration.

POLICY 7.1.4

Archeological resources found in the plan area should be preserved in-place or through appropriate treatment.

POLICY 7.1.5

Historic resources that are less than fifty years old should be protected.

OBJECTIVE 7.2

INTEGRATE HISTORIC PRESERVATION WITH THE LAND-USE PLANNING PROCESS FOR THE BALBOA PARK STATION PLAN AREA.

POLICY 7.2.1

Revised policies, guidelines, and standards should be adopted as needed to further preservation objectives.

Policy 7.2.2

All projects located within the Ocean Avenue Potential Historic District should follow the Balboa Park Design Guidelines for the Potential Ocean Avenue Historic District.

I. SUMMARY OF OBJECTIVES & POLICIES

POLICY 7.2.3

The destruction of historic resources from owner neglect or inappropriate actions should be prevented.

POLICY 7.2.4

An emergency preparedness and response plan should be developed that considers the Balboa Park Station plan area's historic resources.

OBJECTIVE 7.3

FOSTER PUBLIC AWARENESS AND APPRECIATION OF HISTORIC RESOURCES WITHIN THE BALBOA PARK STATION PLAN AREA.

POLICY 7.3.1

Formal designation of the Balboa Park Station's historic resources should be supported, as appropriate.

POLICY 7.3.2

Public participation in the identification of cultural and historic resources within the Balboa Park Station plan area should be encouraged.

POLICY 7.3.3

Education and appreciation of historic resources within the Balboa Park Station plan area should be fostered among business leaders, neighborhood groups, and the general public through outreach efforts.

OBJECTIVE 7.4

PROVIDE PRESERVATION INCENTIVES, GUIDANCE, AND LEADERSHIP WITHIN THE BALBOA PARK STATION PLAN AREA.

POLICY 7.4.1

The availability of financial incentives for qualifying historic preservation projects should be promoted.

POLICY 7.4.2

The use of the State Historic Building Code for qualifying historic preservation projects should be encouraged.

08 PUBLIC ART

OBJECTIVE 8.1

INTEGRATE ART INTO THE FABRIC OF THE NEIGHBORHOOD.

POLICY 8.1.1

The scope of the City's Art Enrichment Ordinance should be broadened in the plan area.

POLICY 8.1.2

Non-city public agencies and institutions should be encouraged to take part in the 2% for art program.

POLICY 8.1.3

The arts and artists should be integrated with the overall design of new buildings, facilities and public opens spaces.

II. PREFACE

About The Better Neighborhoods Program



The development boom of the late 1990s found San Franciscans at odds. Where some would push for development anywhere, others opposed it just as stridently. The city was nearly paralyzed, and seemed unable to make rational choices regarding change. In response, the Planning Department initiated the *Citywide Action Plan*, a rational framework for balancing job growth, housing needs, and quality of life.

The Better Neighborhoods Program is one pillar of the Citywide Action Plan. It has carried the discussion of change to three pilot neighborhoods, where development issues are perhaps felt most acutely but where it makes most sense to find acceptable ways to build much-needed housing. Discussions with these communities uncovered deep issues that need to be addressed if the city is to continue to thrive.

San Francisco has a heritage of building well. A look around at the beauty of this place and the way it is revered by residents and visitors alike shows this. But some of the evidence around us also suggests that we may have lost some of our will to build good neighborhoods, with a respect for sense of place. San Franciscans have become concerned, and their concerns seem justified.

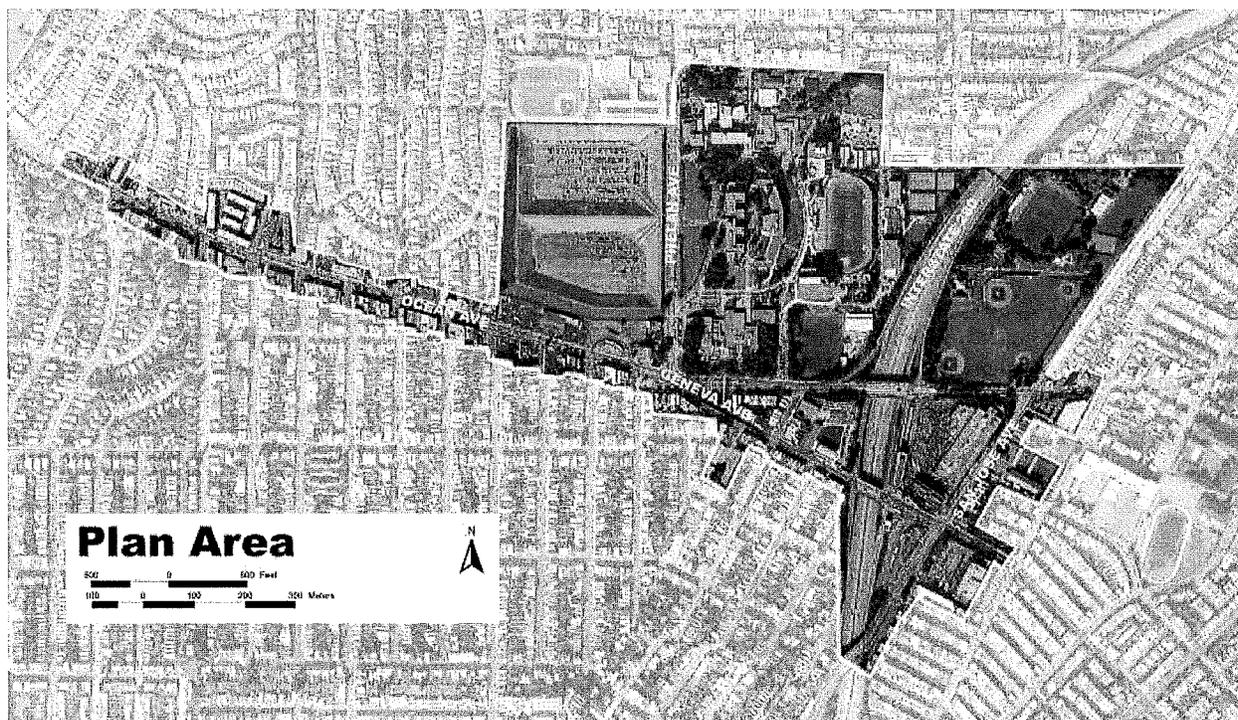
There are many factors that may contribute to a degradation of our public realm, and which can be addressed through planning. National financial markets may impose inappropriate “suburban” development models on cities, development projects may seek to express private values at the expense of public place-making (although these projects derive much of their value from the qualities of the place), construction economies and methods may work against San Francisco’s fine-grained scale and rhythm, street fronts—always places primarily for pedestrians—are often given over to parking or blank walls, planning controls can be at odds with good place-making, unnecessary oversight is imposed on projects that ought to be allowed as of right, materials and details are cheap and inappropriate.

And the public realm has suffered over time as a result of the accommodation of autos over other ways of moving about; this has not been successful even for those who drive. It has degraded our streets as places for pedestrians, as well as a system for moving about the city by foot, bike, transit, or auto.

Many San Franciscans know that something is wrong with our current development practices, and even the most civic-minded have begun to respond to change by opposing it. If they do not try to stop a project, people demand changes that sometimes seem to be more about unfocused frustration than about creating good new development that could benefit a neighborhood. They have little evidence that change could improve their neighborhood and help create and maintain if not strengthen its sense of place. It became clear through our community discussions that we need to resolve to build well if we are to retain our role as a vibrant, world-class city, and if we are to accommodate change gracefully. Meeting these challenges head on is the goal of the Better Neighborhoods Program.

The Better Neighborhoods Program is a tool kit for building well and with a sense of place. It calls for a few simple things that, together, are the keys to good San Francisco place-making. Recognizing that population growth is both inevitable and beneficial, it calls for building housing—as much as possible at an appropriate scale and as affordably as possible—in neighborhoods well-served by transit and other urban services and amenities. It calls for strong neighborhood commercial cores that allow people to satisfy their daily needs by walking and bicycling and without the need to rely on an auto. It calls for gracious streets and public spaces that serve everyone well and that are the life-blood of neighborhood life. And it asks that we design and build well and with care, at a human scale and with respect for the public realm. We know how to do all this. We need only to want to begin.

III. PLAN INTRODUCTION



Plan Area

The Plan

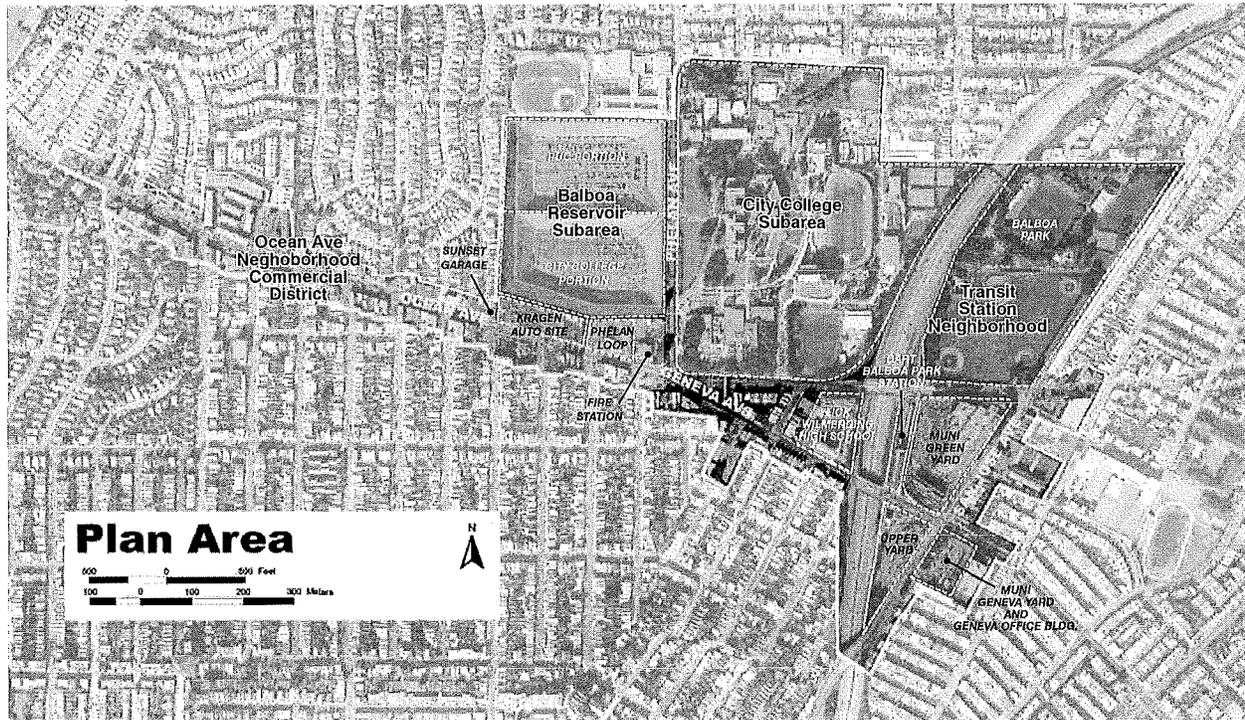
The community members have shown an incredible will for positive change. The tireless efforts of community members have catalyzed the various improvement efforts now underway in the plan area. It was at their request that the Balboa Park Station Area Plan was launched in 2000.

The Balboa Park Station Area has a good urban framework. The area is strongly served by public transportation and contains a diverse range of uses. Over the latter half of the 20th Century, we saw a decline in the vitality of this area and as result, in the quality of life for the people who live there. The Plan's objectives and policies are informed by three key principles;

1. Improve the area's public realm,
2. Make the transit experience safer and more enjoyable, and
3. Improve the economic vitality of the Ocean Avenue Neighborhood Commercial District.

The Plan is comprised of eight chapters. The Land Use chapter aims to improve upon the existing land use pattern. The Transportation chapter addresses the area's transit facilities and services. The Parking chapter establishes balanced parking policies and standards that promote quality of place. The Housing chapter encourages infill, transit-oriented development and family housing. The Street and Open Space chapter creates a system of parks, plazas, and open spaces. The Built Form chapter promotes an urban form and architectural character that sustains a diverse, active and safe public realm. The Historic Preservation chapter identifies and fosters appreciation of the historic resources in the plan area. The Public Art chapter integrates art into the fabric of the plan area.

The Balboa Park Station Area Plan includes the Ocean Avenue Neighborhood Commercial District and related zoning controls to ensure that new development meets the goals outlined in the Plan. The Area Plan also includes a Community Improvements Program. The Community Improvements Program identifies the projects described in the Area Plan and proposes a strategy to get them built.



Plan Subareas

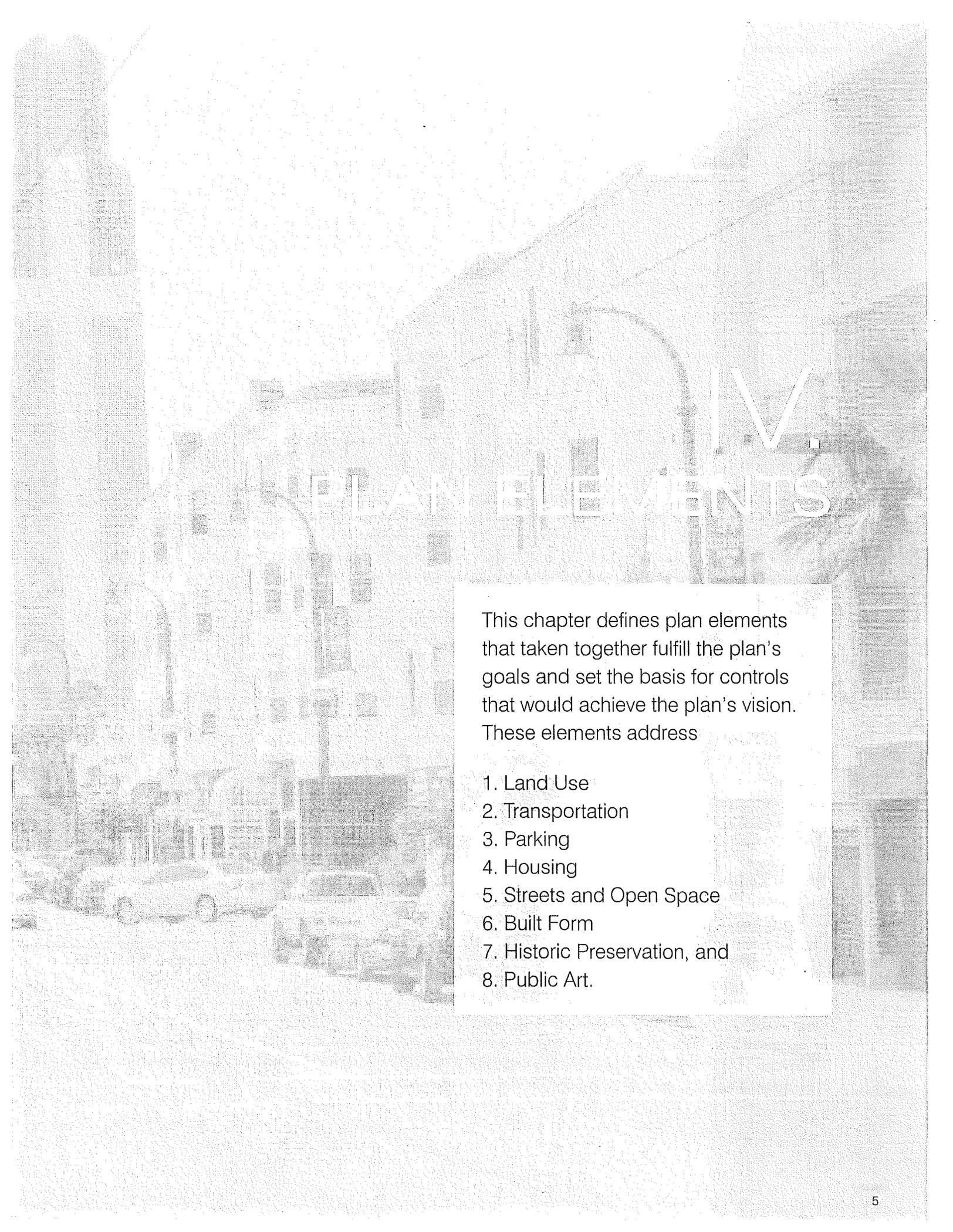
The Plan Area

The “plan area” for the Balboa Park Station Area Plan is in south central San Francisco. The area comprises approximately 210 acres and includes the Ocean Avenue Campus of City College of San Francisco (CCSF), the Ocean Avenue Neighborhood Commercial District, Balboa Park, and the Balboa Park BART station. More specifically, the plan area consists primarily of those parcels fronting on Ocean, Geneva and San Jose Avenues. The area provides a diverse range of uses including; institutional, recreational, retail, housing, and transportation. Seven neighborhoods surround the Plan Area: Westwood Park, Ingleside, Ingleside Terraces, Miraloma Heights, Sunnyside, Oceanview, and Balboa Terraces.

The plan area is best characterized by four distinct areas; the Transit Station Neighborhood, City College of San Francisco, the Reservoir, and the Ocean Avenue Commercial District.

- The Transit Station Neighborhood refers to the area immediately surrounding the Balboa Park Station. It is bounded by Interstate 280 to the west and residential neighborhoods on all other sides.
- Ocean Avenue Campus of the City College of San Francisco is on the north side of Ocean Avenue, east of the Ocean Avenue Neighborhood Commercial District. CCSF is bounded by Ocean Avenue to the south, I-280 to the east, residential neighborhoods to the north, and the Balboa Reservoir to the west. The campus occupies 67.4 acres and includes academic and support buildings, commons, open spaces, walkways and roads, and parking facilities. The Ocean Avenue Campus is the historical heart of the CCSF system and continues to serve as its flagship campus, serving the majority of its students.
- Balboa Reservoir is located on the west side of Phelan Avenue. It is bounded by Riordan High School and the Westwood Park residential neighborhoods to the north, and the Ocean Avenue Neighborhood Commercial District to the south. The reservoir is divided into two basins. The San Francisco Public Utilities Commission (SFPUC) owns the north basin, while CCSF owns the south basin.
- The Ocean Avenue Neighborhood Commercial District extends east-west along Ocean Avenue from Phelan Avenue to Manor Drive.





IV. PLAN ELEMENTS

This chapter defines plan elements that taken together fulfill the plan's goals and set the basis for controls that would achieve the plan's vision. These elements address

1. Land Use
2. Transportation
3. Parking
4. Housing
5. Streets and Open Space
6. Built Form
7. Historic Preservation, and
8. Public Art.

01

LAND USE

This section is the land use plan for the Balboa Park Station Area Plan. Land use refers to the manner in which parcels of land or the structures on them are used. It establishes land use strategies to meet identified community needs. A core strength of the plan area is its diverse range of land uses, and the Balboa Park Station Area Plan land use goal is to strengthen the diverse land use, to build upon it, and to encourage the coordination of these uses.

The Ocean Avenue Neighborhood Commercial District houses the primary commercial and retail uses in the plan area. It includes mostly neighborhood-serving shops and services. The commercial district is not as economically successful today as it has been in the past; many local residents travel elsewhere to shop. In addition, few City College students shop in the district, even though it is directly adjacent to their school.

This plan aims to revitalize the commercial district. It does this by providing improvements to the way people access the area, by encouraging infill development and by creating a business improvement district.

The City College of San Francisco is the largest single land use in the plan area. It and provides an enormous institutional amenity to the area. The college offers a wide range of educational programs and services on its approximately 67 acre site. The City College campus however does not relate well with the surrounding neighborhood: the school's

physical barriers assist in the lack of patronage to the nearby commercial district and to public transit. The plan aims to integrate the college with the community, the neighborhood commercial district, and the transit station area.

The area is rich in open space and recreational facilities. Balboa Park is the largest public open space in the area, and is used by locals and visitors from throughout the city. The park provides four baseball fields, two large multi-use fields, tennis courts, a swimming pool, and other park amenities. However, the park needs to be renovated, and the physical and visual linkages to Balboa Park from the surrounding neighborhoods need to be improved. More discussion regarding Balboa Park is provided in the Streets and Open Space Chapter of the plan.

Few San Francisco locations outside of downtown approach the level of transportation services offered in Balboa Park. The Balboa Part BART station is the busiest in the system, after the four downtown San Francisco stations. BART provides high-speed, high-frequency service to downtown San Francisco, SFO, and the East Bay. In addition, the San Francisco Municipal Railway (MUNI) serves the area, with the 29-Sunset, 49-Van Ness-Mission, 43-Masonic, 15-Third Street, 54-Felton, 88-Bart Shuttle, 36-Teresita, 26-Valencia and the MUNI metro lines J-Church, K-Ingleside, M-Ocean View. The Balboa Park Station Area Plan strives to capitalize upon the high levels of service in the neighborhood.

This land use plan aims to encourage and support the growth, coordination, and accessibility of land uses in the plan area.

OBJECTIVE 1.1

INTEGRATE THE DIVERSE USES IN THE PLAN AREA AROUND THE COMMERCIAL SPINE AND TRANSIT NODE.

A principle objective of this plan is to increase accessibility to, from, and within the plan area. It does this through street and transportation enhancements that will help to revitalize the Ocean Avenue Neighborhood Commercial District with its surrounding neighborhoods and with transit. It also creates a new neighborhood around the Balboa Park Bart Station.

POLICY 1.1.1 Strengthen the link between transportation and land use.

The plan area already has excellent transit service, and transit services along Ocean Avenue serve the Neighborhood Commercial District well. However, the transit, pedestrian and biking experience needs to be improved to help enliven the street, create a more pleasurable shopping experience, and improve overall accessibility within the plan area.

OBJECTIVE 1.2

STRENGTHEN THE OCEAN AVENUE NEIGHBORHOOD COMMERCIAL DISTRICT.

A successful San Francisco neighborhood offers a full complement of retail stores, conveniently located so local residents can shop for everyday goods and services without relying on automobiles. The Ocean Avenue Neighborhood Commercial District serves some, but not all, of the local population's needs.

A comprehensive program is needed to revitalize the commercial district and should include improvements to the access in the district. It should also encourage infill development that brings more housing and activity to the

street and it should create a business revitalization partnership between the merchants, community members, and the city.

POLICY 1.2.1 Improve access to and from the commercial district.

Accessibility plays a key role in the success of a commercial district. The plan proposes to increase accessibility from public transit to the commercial district by redesigning the connection between Ocean Avenue and the Balboa Park Bart station. It aims to increase accessibility from City College by reconfiguring the Phelan Bus Loop. In addition, streetscape improvements along Ocean Avenue, street tree plantings, and traffic calming measures within the surrounding residential neighborhoods aim to make the pedestrian environment more amenable to those who would walk to nearby shopping.

POLICY 1.2.2 Encourage mixed-use residential and commercial infill within the commercial district.

The commercial district offers opportunities for parcels to be redeveloped over time. These small projects can add to the housing stock on upper floors and improve retail spaces on the ground floor while maintaining the district's fine-grained character. In addition, the larger parcels around the Phelan Loop area provide an opportunity for development of additional new housing and a few larger-scale retail uses, such as a food market.

POLICY 1.2.3 Retain and improve the neighborhood's existing businesses while also attracting new businesses that address unmet retail and service needs of the diverse local neighborhoods.

The primary customer base of the neighborhood commercial district consists of residents of the surrounding neighborhoods, although a few specialty retailers draw customers from a broader region. However, residents presently make a significant portion of their retail purchases at other shopping districts both within and outside of San Francisco. The Ocean Avenue Neighborhood Commercial District could increase its success by capturing a greater share of local residents' spending as well as catering better to transit patrons and City College students and faculty. The commercial district would benefit greatly from a coordinated program to improve the business environment.

OBJECTIVE 1.3

ESTABLISH AN ACTIVE, MIXED-USE NEIGHBORHOOD AROUND THE TRANSIT STATION.

Transit-oriented development has the added benefit of adding life and vitality to the area around a transit node, making walking and using the transit system more pleasant and safe. Regionally, creating a network of transit-oriented developments that concentrate housing density and other development activity around transit nodes has the potential to foster greater mobility, reduce auto dependence and pollution, and reduce pressures for urban sprawl.

The transformation of the Transit Station Neighborhood into a functional transit hub and mixed-use neighborhood is a central focus of this plan. The area around the Balboa Park Station should be reinvented as a vital urban transit village: a transit hub and a new neighborhood that support one another to create a truly unique place for daily commuters and neighborhood residents alike.

POLICY 1.3.1

Mixed-use housing and retail should be the principal land use in the Transit Station Neighborhood.

Housing and retail around the station will help to enliven the area while providing needed housing. Ground floor retail space should be focused on neighborhood-oriented shops and services. Individual retail uses should not be larger than 5,000 square feet to create a fine-grained, pedestrian-oriented character. Auto-oriented uses should be prohibited.

POLICY 1.3.2

Encourage centers for cultural enrichment in the Transit Station Neighborhood.

The plan aims to enhance the area's cultural diversity by providing opportunities for cultural centers and art enrichment programs. The Geneva Office Building, built in 1901 and used for almost a century as an office building for transit workers, is an important neighborhood landmark at the corner of Geneva and San Jose Avenues. Restored to its former state, this handsome building would serve as an anchor for the revitalization of the entire Transit Station Neighborhood.



Rendering of a restored Geneva Office Building.

OBJECTIVE 1.4**DEVELOP THE RESERVOIRS IN A MANNER THAT WILL BEST BENEFIT THE NEIGHBORHOOD, THE CITY, AND THE REGION AS A WHOLE.**

The Balboa Reservoir represents one of the largest remaining undeveloped sites in San Francisco. The reservoir, which has never contained water, is approximately 25 acres in size, and currently forms an unpleasant void in the neighborhood. This Plan encourages the owners of this site to develop the reservoir in a manner that will best benefit the neighborhood, the city, and even the region as a whole.

POLICY 1.3.1**Develop the east basin of the reservoir to provide additional educational facilities while enhancing existing college and community services.**

In 1991, the San Francisco Public Utilities Commission (PUC) transferred the east basin to City College, while retaining ownership of the west basin. The college intends to develop the east basin for expanded campus facilities and underground parking. Development on the east basin should respect the existing north to south grid established in the neighborhood south of Ocean Avenue and the east-to-west axis established by the existing staircase leading to the main building on the City College campus east of Phelan Avenue. The physical and visual continuation of these existing patterns through new development on the east basin will help create appropriately sized blocks of a size similar to those in the surrounding neighborhoods, promoting walkability and strong physical and visual connection with the surrounding areas.

POLICY 1.3.2**Develop the west basin of the reservoir the greatest benefit of the city as a whole as well as for the surrounding neighborhoods.**

If the PUC should decide that the west basin is not needed for water storage, it should consider facilitating the development of a mixed-use residential neighborhood on part of the site to address the city-wide demand for housing. The development on the site should recognize the opportunity to knit the surrounding neighborhoods together through the creation of a community open space and pedestrian connections.

If the PUC does move ahead to use the west basin for water storage, it should provide a roof structure on top of the new water tank, to allow the development of a community park or open space.

OBJECTIVE 1.5**PLAN FOR PHYSICAL CHANGES AT THE CITY COLLEGE OF SAN FRANCISCO.**

City College is the largest institution and use of land in the plan area; approximately 27,000 students attend CCSF daily. The college represents an important asset for the area. Few other neighborhoods in the city are able to enjoy such close proximity to the cultural, recreational, and educational offerings provided by the college.

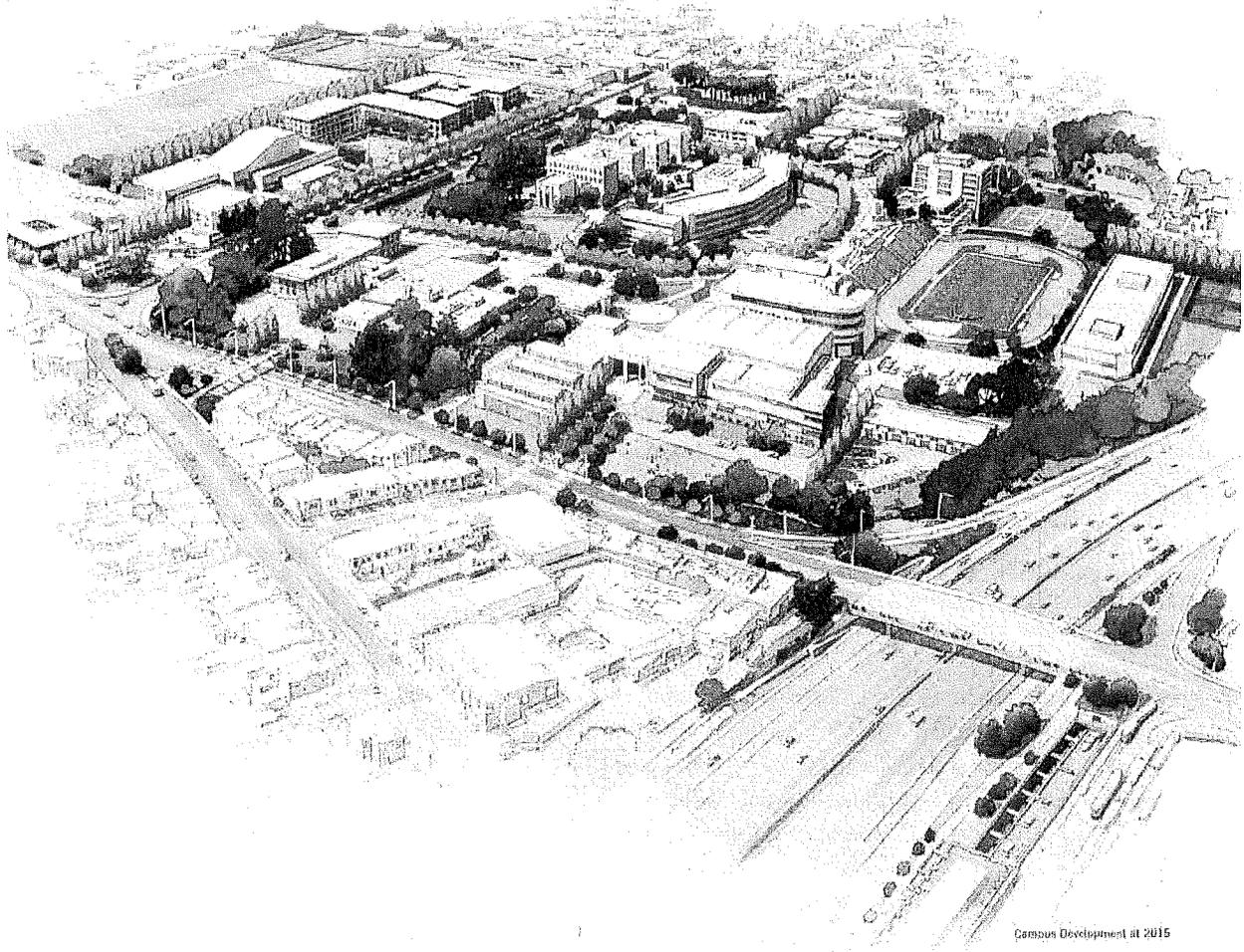
The College's Master Plan was completed in 2004. The Master Plan provides a comprehensive strategy for the development of grounds and facilities to meet the College's needs through the year 2015. The Master Plan evaluates existing campus conditions relative to institutional needs, and recommends projects necessary to meet these needs.¹ The Master Plan incorporated community issues and concerns that are also addressed in this plan and include; improve campus image, support Ocean Avenue retail, encourage pedestrian connections to and from Ocean Avenue, resolve parking impacts, support improvements to transit facilities, mitigate neighborhood impacts from development and to involve the local community.² As the campus changes and grows, CCSF should seek to reach out and connect with the Transit Station Neighborhood and the Ocean Avenue Neighborhood Commercial District.

POLICY 1.4.1**The existing college campus, and future expansions, should be better integrated with the surrounding neighborhood and the transit station.**

City College represents an important but underutilized asset for the area. Currently, the campus is disconnected from its commercial district. As the college grows in the future, it should reach out and connect to the Transit Station Neighborhood and to the Ocean Avenue Neighborhood Commercial District, helping to enliven the areas and provide customers for businesses.

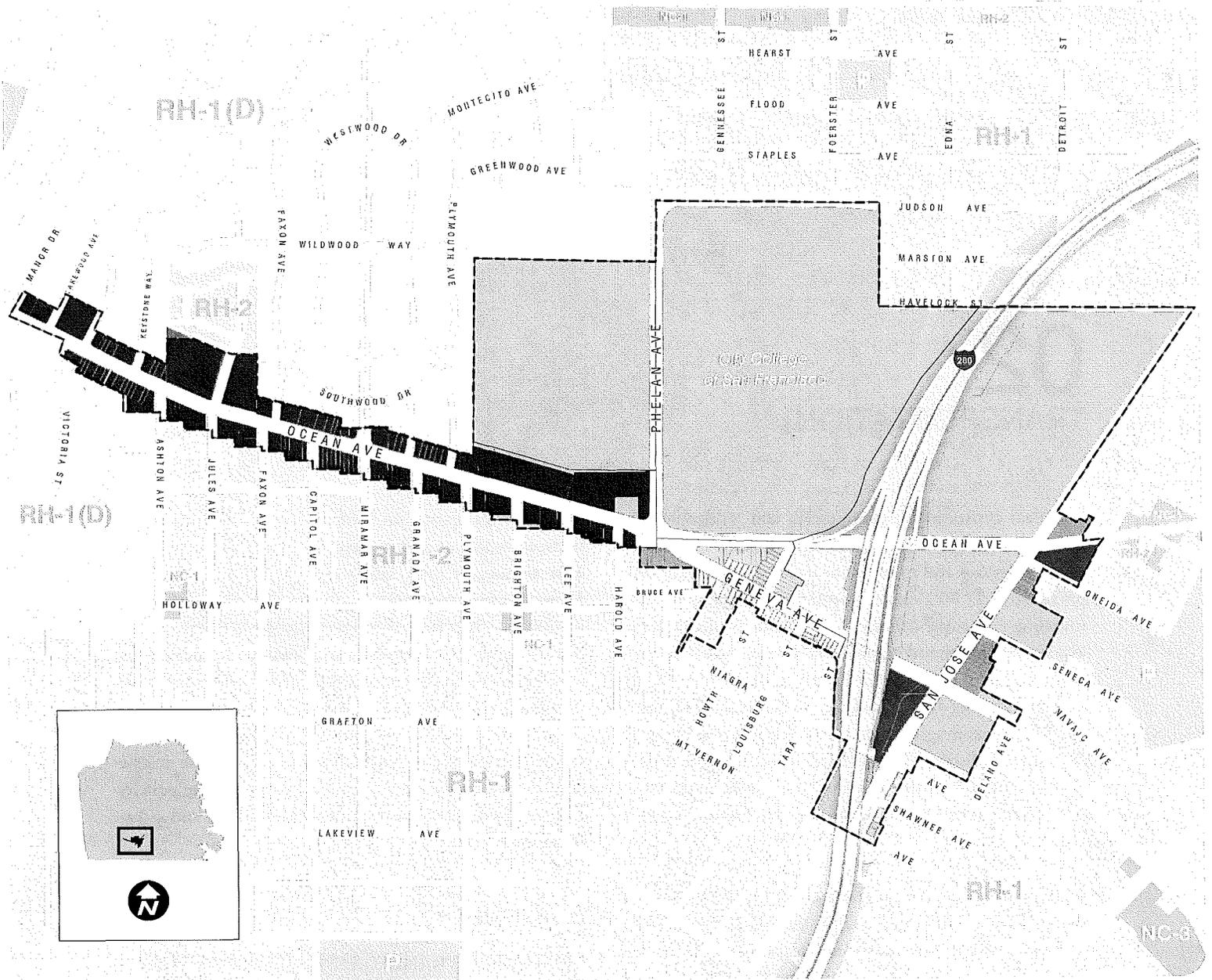
¹ http://www.ccsf.edu/MP/PDF/0406/01_Introduction.pdf, CCSF Master Plan, 2004, January 29, 2008

² http://www.ccsf.edu/MP/PDF/0406/03b_OACMP_CampusDevProg-Utilities.pdf, CCSF Master Plan, B.Campus Development Program, p.60, January 29, 2008



Campus Development at 2015

Conceptual rendering of City College of San Francisco (CCSF Ocean Avenue Campus Master Plan, 2004)



Land Use Districts

- | | | | | | |
|---|---------|---|------------------|---|--|
|  | RH-1 |  | NCT-1 |  | Balboa Park Station Area Plan Boundary |
|  | RH-1(D) |  | NCT-2 | | |
|  | RH-2 |  | Ocean Avenue NCT | | |
|  | RM-1 |  | P | | |

02

TRANSPORTATION

The area's institutional, commercial, and residential uses and amenities provide a good opportunity to increase transit ridership and to promote walking and biking. Approximately 27,000 students attend CCSF daily, the surrounding residential communities provide family housing, and the neighborhood commercial district is characterized by close-knit shops located directly adjacent to light rail lines and bus services. Students, residents, and shoppers need to be encouraged to use the transit that so adequately services this district. Links need to be strengthened to existing land uses in the plan area through the re-design of streets and streetscape improvements, and improved transit access.

Adding housing above the shops along Ocean Avenue has the dual benefit of strengthening the commercial district and increasing transit use. The area around the Balboa Park BART Station needs to be developed with a broad mix of uses – providing transit riders with the services they need. Developing the large, unused parcels within the transit station neighborhood will reduce the area's large scale, enhance walkability, and create smoother connections with the surrounding residential communities and City College.

Successful transportation systems depend on connections between modes and ultimately, the ability to travel in the least amount of time, safely and comfortably. The different transportation services in the plan area are poorly connected. This lack of connectivity slows travel time, is inconvenient, and in some cases, unsafe. Reconfiguring and improving the transportation network will benefit the neighborhood and the citywide transportation network.

Good transportation policies play a strong role in the creation of a livable place. This chapter establishes policies to strengthen the connection between land use and transportation.

OBJECTIVE 2.1

EMPHASIZE TRANSIT IMPROVEMENTS THAT SUPPORT THE NEIGHBORHOOD.

The level of transportation service in the plan area provides a strong case for increasing the area's development potential. Existing transportation services and facilities should be redesigned and rehabilitated, and circulation networks

should be reconfigured to create stronger connections between land use and transit. BART recently completed the Balboa Park Comprehensive Station Plan (CSP), developed in tandem with the Balboa Park Station Area Plan and with support from partners including the City, MUNI, BART, Caltrans, City College, and neighborhood groups and residents. The overriding goal of the CSP was to create a consensus of public agencies for future development and included transit improvements in the Transit Station Neighborhood.

POLICY 2.1.1

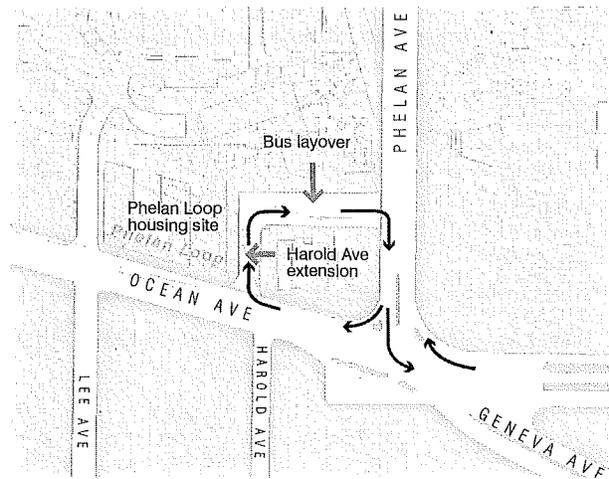
Redesign the Balboa Park BART Station as a regional transit hub that efficiently accommodates BART, light rail, buses, bicycles, pedestrians, taxis and automobile drop-off and pick-up.

The Balboa Park Station is the busiest BART station outside of downtown San Francisco. Eight Muni bus lines serve the area, as do three Muni Metro lines. In addition, the station is popular with drop off passengers because of the station's close proximity to Interstate 280. The station was opened in 1973 and is confined between the I-280 and the Muni light rail tracks. The station is poorly designed; accessibility is compromised and signage is lacking. Simply put, the current design does not realize the station's potential. Redesigning the station is a key transportation improvement in the plan area, it would highlight the station as an important neighborhood resource; a place for people to gather; and an efficient transit hub.

POLICY 2.1.2

Reconfigure the Phelan Bus Loop to encourage public transit use and strengthen the connection between transit and land use.

The Phelan Loop has the potential to link the Transit Station Neighborhood with the Ocean Avenue Neighborhood Commercial District and City College. The existing Phelan Bus Loop disrupts the urban fabric at the eastern edge of the Ocean Avenue Neighborhood Commercial District and breaks the connection between this transit node and its commercial corridor. The existing Phelan Loop parcels as currently configured provides little amenity for the transit rider and a poor connection to the adjacent City College. A redeveloped Phelan Loop would function simultaneously as a new front door on Ocean Avenue for City College and as a gateway to the commercial district.



Reconfigured Phelan Bus Loop

OBJECTIVE 2.2

RECONSTRUCT AND RECONFIGURE MAJOR STREETS IN THE PLAN AREA TO ENCOURAGE TRAVEL BY NON-AUTO MODES.

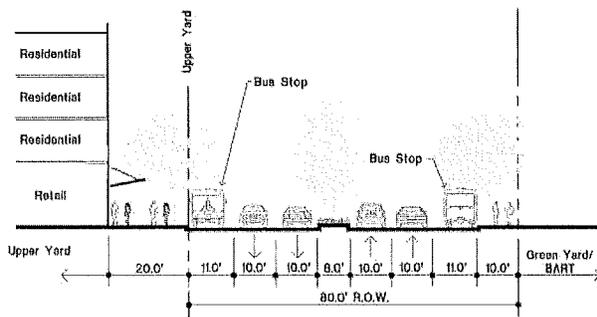
Streets constitute a large portion of the plan area's public space; their quality can affect the success or failure of a neighborhood as a livable place. The plan area's main streets of Geneva, Ocean, Phelan, and San Jose Avenues encourage the fast movement of cars, contain circuitous pedestrian routes, have misaligned intersections, and often have a generally cluttered street environment. Retrofitting these streets will improve the public realm and enhance neighborhood identity. Ensuring a balanced mix of travel modes with special attention to pedestrians and street life will help make the area more enjoyable.

POLICY 2.2.1

Re-design Geneva Avenue as a new front door to the BART station.

Geneva Avenue, between Ocean and San Jose Avenues, should be reconstructed to gracefully accommodate the large volume of pedestrians, bus loading, passenger drop-offs, and through automobile traffic. The street must accommodate all these activities while remaining an attractive and comfortable place for people to be.

SECTION EE GENEVA AVENUE (at the Station looking west)



POLICY 2.2.2
Re-design San Jose Avenue between Ocean and Geneva Avenues to better accommodate public transit while maintaining its character as a residential street.

San Jose Avenue between Ocean and Geneva Avenues is a residential street that accommodates streetcars as they approach the Balboa Park BART station. Design improvements should be made to this street, including reserving a lane for transit vehicles, adding transit boarding platforms, and improving the existing transit boarding platforms. Sidewalks should be improved, specifically on the western side just south of Geneva at the current bus stop, to create more pedestrian space for this high activity corner.

POLICY 2.2.3
Re-design Ocean Avenue as a transit and pedestrian boulevard.

Ocean Avenue should be redesigned as the key pedestrian connector in the plan area. This street should be a tree-lined boulevard that emphasizes pedestrian, transit and bicycle movement while still adequately accommodating auto traffic.

This street should be redesigned to improve pedestrian safety and include a modification of the Ocean, Phelan and Geneva Avenue intersection. An improved intersection would accommodate bike lanes, shorten crossing distances for pedestrians, and tighten turning radii for automobiles. New bicycle lanes should be provided to allow bikes to reach City College and the Ocean Avenue Neighborhood Commercial District from the BART station. A planted center median should be installed between Phelan Avenue and the entrance to the freeway deck. The existing Muni K-line platforms under the overpass should be removed and rebuilt.

Streetscape improvements should also be included in this redesign and include appropriate street lighting, street trees, and curb bulb-outs. These improvements should build on the work that has already been done on the western end of Ocean Avenue.



Rendering of a redesigned Geneva Avenue looking Southeast (towards Upper Yard development).

The construction of the SPUI and deck would simplify the interchange between the freeway and city streets; reducing the number of pedestrian and auto conflict points and helping to reconnect the neighborhoods.

OBJECTIVE 2.4

ENCOURAGE WALKING, BIKING, PUBLIC TRANSIT AS THE PRIMARY MEANS OF TRANSPORTATION.

The plan area has a diverse array of land uses and an infrastructure rich in transportation services. Walking, biking, and public transit complement the area's urban character of small closely spaced houses, a fine-grained walkable shopping district, and the availability of transit. This plan encourages walking by proposing streetscape improvements and traffic calming measures. It encourages bike riding by proposing stronger bicycle connections. It also encourages the use of public transit by proposing to increase transit reliability and comfort.

POLICY 2.4.1

Main streets in the plan area should be civic spaces as well as movement corridors.

Streets that support and invite multiple uses, including safe and ample space for pedestrians, bicycles, and public transit, create a conducive setting for the public life of an urban neighborhood. Well-designed, multi-functional streets become important urban public spaces. Streets must be comfortable for pedestrians and functional for all types of travel. The main streets in the plan area – Geneva, Ocean, Phelan, and San Jose Avenues – should emphasize pedestrian, bicycle, and transit movement, while allowing for auto travel. On smaller streets the comfort of pedestrians is paramount.

POLICY 2.4.2

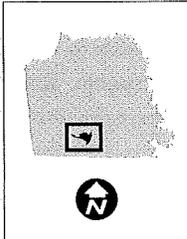
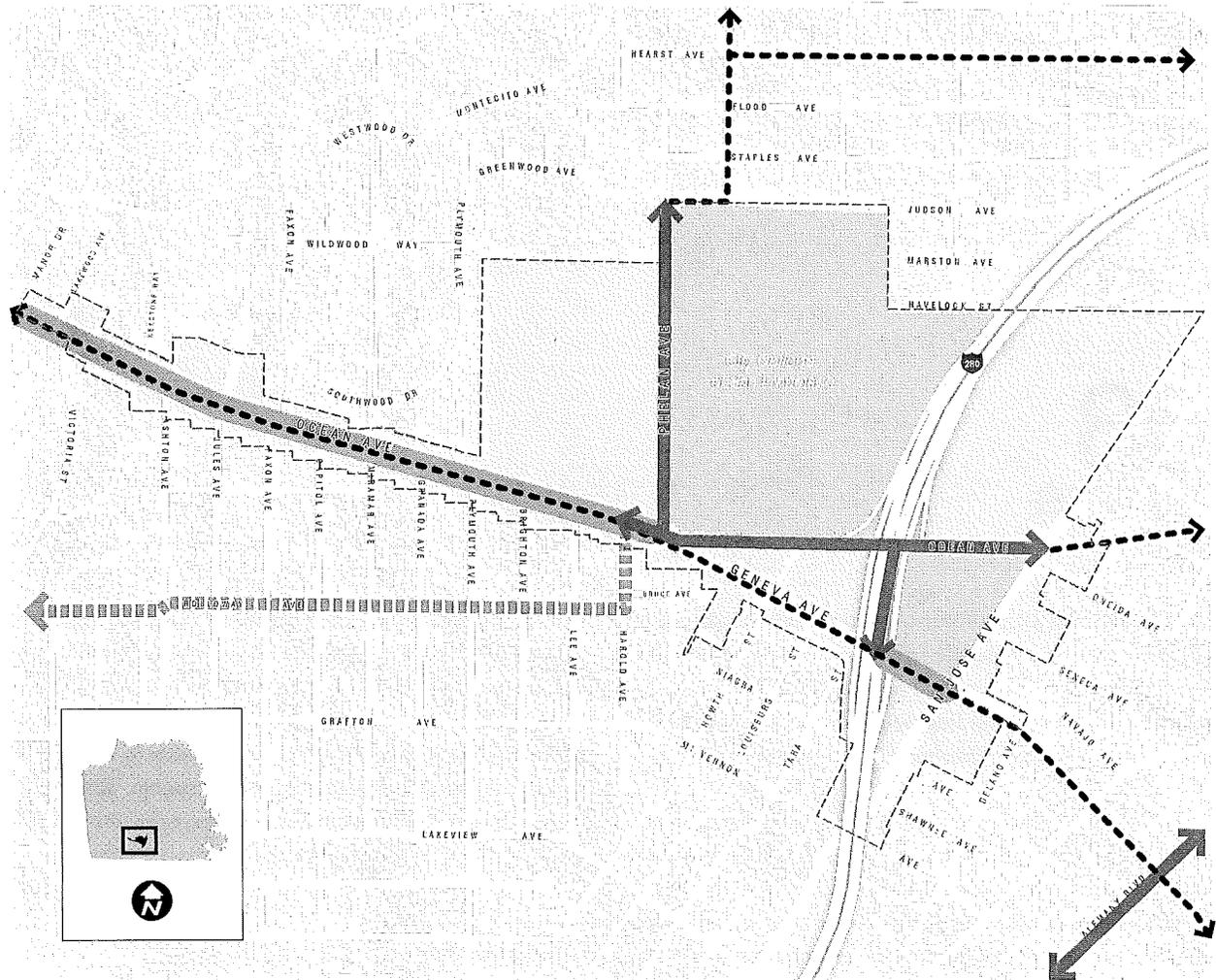
Improve and expand bicycle connections throughout the plan area.

There is a significant opportunity to boost cycling in the plan area; street grades are relatively flat for San Francisco, there are excellent regional transit connections, and a strong student population represents a potential pool of cyclists. Official city bike routes serve the plan area on Ocean, Geneva, Phelan, and Holloway Avenue. Currently, these bike routes do not have dedicated bicycle lanes. This plan improves access and road conditions for cycling by proposing bike lanes on Ocean and Phelan Avenues, and a by providing bicycle improvements along Holloway Avenue, connecting City College with San Francisco State University. All bike improvements proposed in the Balboa Park Station Area Plan must comply with the City's Bike Plan.

POLICY 2.4.3

Improve travel time, transit reliability, and comfort level on all modes of public transportation.

To encourage more people to use transit, the travel experience must be pleasant. The quality of the transit experience should be improved through well-designed stops and stations. In addition, signal pre-emption for transit vehicles can help reduce the 'bunching' together of transit vehicles by allowing a bus or streetcar to pass through intersections with minimal delay. Stops signs slow transit service and should be minimized and replaced by signals with preemption on transit preferential streets.



Bicycle Improvements & Transit Preferential Streets

-  Proposed Bicycle Lanes
-  Existing City-Designated Bike Routes
-  Proposed Bike Improvements
-  Enhanced Bike Parking Stations
-  Transit Preferential Streets
-  Plan Area

03

PARKING

Despite the vast array of transportation services offered in the plan area, many people still drive to fulfill their daily needs. As a result, parking is a primary concern among the residents in the surrounding neighborhoods and with the merchants in the Neighborhood Commercial District.

The land uses in the area, namely the City College of San Francisco, the Ocean Avenue Neighborhood Commercial District, the Balboa Park BART station, and the Muni service yards, create a competitive parking situation for the residents in the surrounding neighborhoods. City College draws students and staff to its facility; many drive their cars, creating congestion in the areas surrounding the college. The merchants along Ocean Avenue recognize the importance of on-street parking availability to the success of their businesses and are discouraged by the current low turn-over rate. The BART station is the southernmost station; encouraging some to 'park and ride' or to be dropped off. Ironically, the transit services themselves generate traffic; the Muni offices and service yards bring employees who may drive to work.

Balanced parking policies are a critical component to creating a livable neighborhood. As a result, the Plan takes a comprehensive approach to address the negative impacts of

parking in and around the plan area. First, the Plan provides modal choice; it enhances transportation services, and encourages walking and biking through redesigned streets and improved streetscapes. Second, the Plan prioritizes parking for residents, shoppers, and visitors to the area by revising the residential permit parking system. Lastly, the Plan proposes parking management strategies to be implemented after a parking survey of the area is completed.

OBJECTIVE 3.1

ESTABLISH PARKING STANDARDS AND CONTROLS THAT PROMOTE QUALITY OF PLACE, AFFORDABLE HOUSING, AND TRANSIT-ORIENTED DEVELOPMENT.

The plan area cannot become a better place without a balanced series of parking policies. If more parking is provided, it will generate traffic. If parking policies are too strict, they may have the effect of making life difficult for residents. Balanced parking policies are critical to creating a livable neighborhood. Parking should be provided where needed, but care should be taken to avoid oversupply.

POLICY 3.1.1

Provide flexibility for new residential development by eliminating minimum off-street parking requirements and establishing reasonable parking caps.

Eliminating minimum parking requirements allows developers the flexibility to tailor parking to the constraints of a site and to the needs of expected residents. Maximum requirements, by limiting the amount of off-street parking that may be provided, help to protect the qualities of a place, promote higher densities, reduce housing costs, and encourage transit use.

POLICY 3.1.2

Provide flexibility for non-residential development by eliminating minimum off-street parking requirements and establishing parking caps generally equal to the previous minimum requirements.

Current minimum parking requirements for commercial and institutional uses of 10,000 square feet or less should be converted to maximums, with no required minimums. This will allow developers the flexibility to maximize retail and housing development in new mixed-use buildings near transit, while still permitting enough parking to serve appropriate uses.

POLICY 3.1.3

Make parking costs visible to users by requiring parking to be rented, leased or sold separately from residential and commercial space for all new major development.

Currently most new ownership housing and some new rental housing has parking included in the base price of a unit. This encourages auto ownership and use because the cost for storing a vehicle is an already “sunk” and invisible cost. Individuals or families who do not own or may not need a car must often pay for the space anyway, needlessly driving up the cost of their housing.

Where possible, parking spaces should be sold or rented to residents for a price separate from that of the unit itself. This will encourage only those who really need a car to pay for storing one and also serve to lower the cost of housing for those who do not need or want a car.

OBJECTIVE 3.2

ENSURE THAT NEW DEVELOPMENT DOES NOT ADVERSELY AFFECT PARKING AVAILABILITY FOR RESIDENTS.

Residents sometimes oppose new development because of worries that new residents will compete for scarce on-street parking spaces. Implementing parking management strategies, enhancing parking enforcement programs, and proposing alternatives to reduce the need for parking will help to ensure that new development does not adversely affect parking availability.

POLICY 3.2.1

Consider revisions to the residential permit parking program (RPP) that make more efficient use of the on-street parking supply.

The city’s existing residential permit parking (RPP) system is intended to mitigate the impacts of commuters and other long-term non-resident parkers on residential streets while also accommodating short-term parking for visitors. The program, as it is currently configured, is only partially successful in its purpose of ensuring that adequate on-street space is available for permit holders.

The city should engage in a study to identify revisions to the residential permit program so that it more effectively allocates parking as a scarce resource and helps residents to welcome appropriate new development. Directions for further study include:

1. Creating more of a true market for on-street parking. This would involve raising the price for a parking permit to a level where it would be more likely to trade off the costs of maintaining a car against the costs of other means of transportation;
2. Enacting regulations stipulating that residents of new development on transit preferential streets are not eligible for a permit;
3. Channeling extra revenue from higher parking fees back into neighborhood improvements.

These ideas, and others not yet identified, should be studied closely by the city's Department of Parking and Traffic to identify their costs and benefits before proceeding to modify the RPP program.

POLICY 3.2.2

Manage the existing supply of on-street parking in the plan area to prioritize spaces for residents, shoppers and non-commute transit trips.

The on-street parking supply in the plan area is put under pressure due to the proximity of transit and City College. Drivers from outside the neighborhood seek unregulated street parking in order to use BART or Muni. Likewise, students attending courses at City College often seek parking on neighborhood streets.

Highest priority for the limited supply of existing on-street parking should go to residents on neighborhood streets (via a residential permit parking system) and shoppers on commercial streets (via parking meters). Effective enforcement will be required to make this prioritization system effective. A lower priority for access to on-street parking should be assigned to non-commute users of the transit station and employees of local businesses. City College parking demand should be reduced via programs to encourage use of non-auto modes and then be accommodated on dedicated off-street facilities.

POLICY 3.2.3

Promote car-sharing programs as an important way to reduce parking needs while still providing residents with access to an automobile when needed.

Car-sharing programs have gained popularity in the last few years in many cities. Members of car-share organizations are able to quickly and easily access vehicles located in their neighborhoods for everyday trips without needing to own a car. These programs should be supported in the plan area to minimize the negative impacts of new development on parking availability.

POLICY 3.2.4

Increase the effectiveness and scope of the city's parking enforcement program.

Parking meters, residential permits, and other measures rely on enforcement if they are to work effectively to improve availability and prioritize spaces as intended. Regular, con-

sistent enforcement is needed in the area. An enforcement program is also important at bus stops to improve transit reliability, to allow Muni vehicles to pull to the curb, and to maintain dedicated curb space for delivery vehicles, taxis and 'kiss-and-ride' functions.

POLICY 3.2.5

Carefully managed parking in the Phelan Loop Area.

New residential and commercial uses in the Phelan Loop Area will generate demand for parking, though this demand can be expected to be lower than average due to the proximity of the Muni K-line and the Balboa Park BART station. There will be an opportunity to create new, metered, on-street parking spaces along the new street extensions in the Phelan Loop area. Off-street parking facilities can also be developed as part of new buildings on the various parcels.

The following guidelines should govern the provision of parking in the Phelan Loop Area.

Guidelines for Parking in the Phelan Loop Area

1. Curb parking is desirable in all cases, and its availability should be maximized along Ocean Avenue, as well as along side streets. Curb parking should be managed according to the Balboa Park Station Area Plan Urban Design Guidelines in the Urban Design and Built Form chapter of this Plan.
2. New metered curb parking spaces should be created in the Phelan Loop Area. These new spaces will be located along the extensions of Brighton and Harold Avenues. When a new building is developed on the Phelan Loop parcel, the street should be widened to allow the creation of metered curb parking along the north side of Ocean Avenue between Harold and Lee Avenues, where it has not existed in the past.
3. Off-street parking, in structures and underground, should be centrally planned and managed for the entire Phelan Loop area, to the greatest extent possible. Central planning and management of parking in this area offers the opportunity to make the most efficient use of the fewest number of spaces, as well as to minimize the number of unattractive driveways and entrances. Involvement of the San Francisco Parking Authority should be explored.

Spaces for car share and other innovative programs should be a part of the parking facilities in this area.

4. Entrances to off-street parking should not be placed on Ocean Avenue. All parking entrances should be via Harold, Lee and Brighton Avenues. Openings providing auto access into garages should be as narrow as possible.
5. Structured parking may be provided underground or within building podiums. In all cases parking should be screened from view from Ocean Avenue. Parking should also be screened from view, to the greatest extent practical, from the public spaces along the extensions of Harold and Brighton Avenues. Parking should be set back at least 25 feet from lot lines along Ocean, Harold and Brighton Avenues.
6. There should be no minimum parking requirements attached to any land use. Parking for residential uses should not be provided at greater than one space per unit. Parking for commercial uses should not be provided at greater than two spaces per 1,000 square feet of occupied building area. Parking for commercial uses must conform to all other design and setback requirements set forth in this Plan.

OBJECTIVE 3.3

ENSURE THAT NEW OFF-STREET PARKING DOES NOT ADVERSELY AFFECT NEIGHBORHOOD CHARACTER OR THE PEDESTRIAN FRIENDLINESS OF STREETS IN THE PLAN AREA.

Curb cuts, leading to garages or surface parking lots, adversely impact transit service and the quality of the pedestrian environment as well as remove on-street parking and trees. They also introduce auto traffic across busy pedestrian sidewalks.

POLICY 3.3.1

Prohibit garage doors and curb cuts on neighborhood commercial and transit preferential streets.

Curb cuts should be prohibited on transit preferential streets due to the delays they impose on buses and streetcars. This will have the effect of prohibiting off-street parking in new developments mid-block, but not in buildings developed on corners, where parking garages can be accessed from side streets.

OBJECTIVE 3.4

ESTABLISH PARKING POLICIES TO SUPPORT REVITALIZATION OF THE OCEAN AVENUE NEIGHBORHOOD COMMERCIAL DISTRICT.

Adequate short-term customer parking is one important element of a successful neighborhood commercial district. Currently, while parking along Ocean Avenue in the commercial district is easier than in most of the city's busiest districts, spaces can be hard to find at peak times. Parking in the commercial district needs to be carefully managed so that it doesn't detract from pedestrian, bicycle and transit access which is critical to a healthy district.

POLICY 3.4.1

Improve metered parking in the Ocean Avenue Neighborhood Commercial District.

The local nature of the Ocean Avenue Neighborhood Commercial District means that most shopping errands can be completed within an hour, and in many cases, significantly less time. To maximize business for local merchants, parking should be managed to give priority to short-stay customers.

POLICY 3.4.2

Maximize existing off-street parking facilities in the commercial district for business owners and employees as well as for customers.

Often business owners and employees park along Ocean Avenue; occupying prime parking spots which should be available to customers. The merchants' association and other neighborhood groups should negotiate with owners of parking lots that have weekday surpluses to allow others to use their lots within agreed time frames. These negotiations would be likely to focus on parking for employees in the commercial district, allowing them to use the lots to

free up on-street parking spaces for customers. It may be possible to use the lots for customer parking as well. Possible locations include:

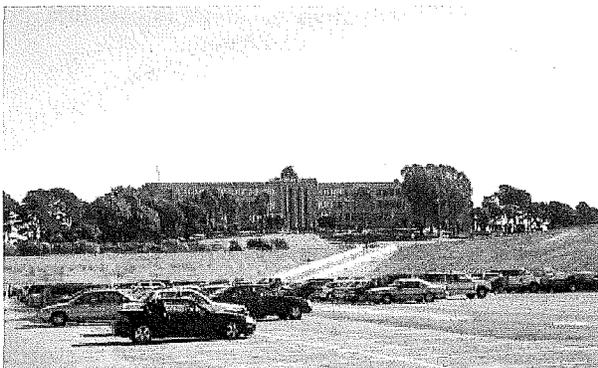
- Rite-Aid/24-Hour Nautilus (107 spaces)
- New Providence Baptist Church (30 spaces at Granada Avenue and Holloway Avenue)
- St. Emydius Church (50 spaces at De Montfort Avenue and Ashton Avenue)
- Voice of Pentecost Church (11 spaces at Ocean Avenue and Keystone Way)
- SF Church Assembly (17 spaces, also on Ocean Avenue)

POLICY 3.4.3

Explore the potential for merchants and their employees to park in the reservoir.

City College currently offers hundreds of parking spaces every day at the reservoir for \$1 a day. There is a large number of surplus spaces that could be used to accommodate longer-term parking by merchants and their employees; freeing up more curbside spaces for customers.

Though both City College and the Public Utilities Commission (PUC) have plans for using the reservoir in the future, they are unlikely to move forward for several years. In the meantime, the merchants association should explore whether City College would offer a monthly permit to local merchants and their employees. In addition, City College and the PUC should explore creating a pedestrian pathway that would connect the reservoir parking directly to Ocean Avenue.



Balboa Reservoir

POLICY 3.4.4

Consider the long-term need for additional public off-street parking only after all existing on and off-street parking opportunities have been exhausted.

The use of scarce land in San Francisco for public parking lots or parking structures should be considered only as a last resort. First, all existing parking opportunities should be fully utilized. If parking demand warrants the construction of additional off-street parking it should only be developed as part of a new mixed-use development rather than as a standalone garage structure.

OBJECTIVE 3.5

ESTABLISH PARKING POLICIES TO SUPPORT THE NEW TRANSIT STATION NEIGHBORHOOD.

City policy strongly discourages the provision of all-day commuter parking at transit hubs and encourages access by public transit, walking, bicycling and passenger drop-off. One component to the development of this area is the management of on-street parking in a way that supports transit use and prioritizes curb space for support services and those who need it most.

POLICY 3.5.1

Provide off-street parking to serve BART or Muni employees should not be provided.

Currently, there are parking spaces along main streets reserved for Muni employees who work at the Muni facilities in the Transit Station Neighborhood. Muni should ensure that the existing off-street parking facilities in the area which it currently owns or rents are being used to their full capacity before the city reserves curb parking space for Muni employees. Should additional parking be needed beyond that provided in its own off-street facilities, only enough curb spaces should be reserved to cover the shortfall for those employees who work late night and early morning shifts when transit is not available. Curb-side parking space in the Transit Station Neighborhood is limited, particularly after satisfying the needs of transit services for curb space to pick up and drop off passengers. This means that remain-

ing curb-side parking spaces must be carefully prioritized for essential users, including local residents, who would be ensured parking availability through a revamped residential permit parking program.

POLICY 3.5.2
Prioritize on-street parking in the Transit Station Neighborhood for particular types of users.

The following priorities should be established for curb space in the Transit Station Neighborhood, on Ocean, Geneva and San Jose Avenues:

1. Public buses and shuttles
2. Private buses and shuttles
3. Taxis
4. Car-sharing services
5. Passenger drop-off and pickup
6. Muni and BART employees working late night and early morning shifts
7. Visitors to Balboa Park
8. Short-term (non-commute) parking for transit riders

After critical functions are provided for, the next priority should be given to users of Balboa Park and to those who wish to park near BART for short term (non-commute) trips. Four-hour meters, or a different technology, can be used to make sure that commuters do not use neighborhood curb-side parking space for all-day parking.

On the residential side streets around the station, parking should be prioritized for residents and their visitors, by means of the residential parking permit system and effective enforcement.

POLICY 3.5.3
Explore the extension of the validity of the Fast Pass on BART to the Daly City station.

Currently many BART riders from northern San Mateo County park on the streets around the Balboa Park Station in order to be able to use a Muni Fast Pass to ride BART into downtown San Francisco, rather than paying the much higher regular BART fare from the Daly City Station. BART and Muni, in consultation with SamTrans and Daly City, should investigate the costs and benefits of extending the validity of the Fast Pass to Daly City Station.

04

HOUSING

Housing above neighborhood-serving retail is one of the most important strategies for revitalizing the plan area. The development of new mixed-use buildings with housing above, carefully designed and affordable to a range of income levels, will enliven the streets, supply more customers for local businesses, and help address the city's housing needs. The proximity of the neighborhood's main streets to excellent transit service makes this an especially good place for housing.

There are a number of opportunities to provide housing in the plan area; through incremental infill and through the development of underutilized lots in the area. The Ocean Avenue Neighborhood Commercial District has many underdeveloped sites; additional housing in this area will increase the customer base and enliven the area. Toward the eastern end of the district, the larger parcels around the Phelan Loop also offer more opportunities for additional new housing.

The Transit Station Area is also surrounded by underutilized land. In fact, some parcels located directly adjacent to the Balboa Park BART station are currently zoned for single family housing. Transit station areas are ideal places to encourage new housing growth, as new residents and other activity can be accommodated without many of the negative impacts associated with growth, notably traffic. The transformation of this area into a functional transit hub depends on intensifying development in the area,

which includes adding a variety of housing types. Focusing compact growth and density around this transit oriented area capitalizes on major investments in transit and brings potential riders and destinations closer to transit facilities, thereby increasing ridership.

In addition to new housing in the plan area, the Plan aims to provide increased affordable housing opportunities and to preserve and enhance the area's existing housing stock, resulting in a diverse housing mix that complements the surrounding neighborhoods, while supporting the services offered in the area.

OBJECTIVE 4.1

MAXIMIZE OPPORTUNITIES FOR RESIDENTIAL INFILL THROUGHOUT THE PLAN AREA.

Successful San Francisco neighborhoods follow a consistent pattern. They generally include residential enclaves surrounding a vibrant, mixed-use commercial core. In most neighborhoods, the commercial core contains mixed-use buildings along main streets, with neighborhood-oriented stores and services on the ground floor and housing on upper floors. A critical mass of people living on or near main commercial streets is what gives urban neighborhoods their vitality, interest, safety, and convenience.

POLICY 4.1.1

Housing, supported by a modest amount of neighborhood-oriented commercial establishments, should form the backbone of all new development in the plan area.

Significant gaps in development and activity along streets caused by underutilized land or the intrusion of major infrastructure can make even very close areas seem distant, isolated and unconnected. Filling in these gaps with active mixed-use buildings will connect isolated sections of the plan area. Ocean Avenue and San Jose Avenue present opportunities for infill housing while the transit station area and the reservoir area provide opportunities for larger housing developments.

POLICY 4.1.2

Eliminate dwelling unit density maximums.

Dwelling unit density maximums unnecessarily constrain the number of dwelling units that can be built on a given lot. Eliminating density caps allows developers the flexibility to construct the type of unit that reflects market realities.

OBJECTIVE 4.2

STRENGTHEN THE OCEAN AVENUE NEIGHBORHOOD COMMERCIAL DISTRICT BY PROVIDING AN APPROPRIATE MIX OF HOUSING.

A comprehensive program is needed to revitalize the commercial district and should include infill development that brings more housing and activity to the street. The commercial district offers opportunities for parcels to be redeveloped over time, either through additions on upper floors, or on the potential development sites in the Phelan Loop Area.

POLICY 4.2.1

Encourage mixed-use commercial and residential infill within the commercial district while maintaining the district's existing fine-grained character.

Over time there will be opportunities to replace some existing structures in the commercial district. Infill on these parcels with mixed-use developments containing up

to three floors of housing, and retail space on the ground floor should be encouraged. To retain the district's fine-grained character, consolidation or mergers of more than one parcel should be prohibited. An exception to this rule should be made for mergers where a corner parcel would be consolidated with one adjacent parcel. These mergers would allow slightly larger structures to be developed on corners, which would allow more housing units to be developed with access to parking from the side street.

POLICY 4.2.2

Redevelop the parcels in the Phelan Loop Area with new mixed-use development.

Although the Phelan Loop Area is functionally a part of the Ocean Avenue Neighborhood Commercial District, it has a distinctly different character from the rest of the commercial district. This area breaks the traditional urban pattern of buildings built to the sidewalk. The reconfiguration of the existing Phelan Loop would encourage the development of housing sites.

The first site, currently known as the Kragen Site because it is occupied by a Kragen Auto Parts store, is the largest individual site in the Phelan Loop area. New development here would contribute substantially to the revitalization of this area by introducing new housing and commercial development and would add to the creation of a cohesive streetwall along Ocean Avenue.

The second site is the existing fire station/bookstore parcel. This parcel is currently occupied by a fire station and a small building housing a bookstore for City College. The relocation of the fire station is not necessary to realize the vision of this area however, if the station should relocate, a residential/commercial mixed-use buildings could be built in its place to strengthen the connection between City College and the neighborhood, and to help activate the Phelan Plaza.

The third parcel in the Phelan Loop Area would be created from the reconfiguration of the Loop itself. Reconfiguring the Phelan Loop would provide a parcel of land that aims to accommodate a 70 unit, 100% affordable housing project, bringing new residential opportunities for people with a variety of income levels to live in the neighborhood.

OBJECTIVE 4.3**ESTABLISH AN ACTIVE, MIXED-USE NEIGHBORHOOD AROUND THE TRANSIT STATION THAT EMPHASIZES THE DEVELOPMENT OF HOUSING.**

Transit station areas are often ideal places to encourage new housing growth, as new residents and other activity can be accommodated without many of the negative impacts associated with growth, notably traffic. Focusing compact growth and density around transit stops capitalizes on major investments in transit and brings potential riders and destinations closer to transit facilities, thereby increasing ridership.

POLICY 4.3.1**Encourage mixed-use housing on the Upper Yard.**

Development on the Upper Yard (the southwest corner of San Jose and Geneva Avenues) represents the best near-term opportunity for introducing mixed-use development into the station area. Development of this site would provide a stronger sense of neighborhood identity and bring much needed housing to the Transit Station Neighborhood.

Development on the Upper Yard should seek to maximize density in order to help create increased vitality around the station and provide as much housing as possible. The massing and character of new buildings must contribute to the existing neighborhood and respect the character and scale of the Geneva Office Building.

Development along Geneva Avenue should be primarily residential, with some transit and neighborhood-serving commercial uses at the street level. Development facing San Jose Avenue should be predominately residential.

POLICY 4.3.2**Encourage mixed-use housing on the northeast corner of Geneva and San Jose Avenues.**

A parcel at the northeast corner of Geneva and San Jose Avenues currently contains a one-story retail building and some surface parking. Immediately to the east, the city Recreation and Parks Department owns a strip of land running along Geneva Avenue as far as Delano Street, which contains open planted areas surrounded by a fence. Both

of these parcels are significant in that they are underutilized pieces of land very close to the heart of the new Transit Station Neighborhood.

The retail building should be appropriately redeveloped with a mixed-use building, containing housing on the upper floors and either retail or institutional space on the ground floor. The Recreation and Parks Department parcel is part of the city's open space inventory. According to the City Charter the parcel cannot be changed to another use without voter approval unless a comparable parcel is substituted for it. If the charter requirements are satisfied, these two parcels could be combined to create the opportunity for a substantial new development. Appropriate uses would be some combination of housing, neighborhood-oriented retail, institutional space and a small amount of public open space.

POLICY 4.3.4**Housing should be developed above the Muni Green Yard.**

Both locally and regionally, the Muni Green Yard rail facility is an ideal location to concentrate new housing, because of its exceptional access to transit, commercial services, and other institutional assets. Additionally, the site is large – an entire block – giving it the potential to house several hundred dwelling units, greatly enhancing the activity and life at the heart of the Transit Station Neighborhood. However, even with the completion of a new inter-modal transit terminal and freeway deck, this rail yard will remain vital to Muni's operations for many years.

While it would be very complex to build over the rail facility, the potential exists to build a mid-rise, mixed-use housing development in the "air rights" above the largely single-story rail facility. In general terms, this proposal would include building a deck for new development above Muni rail operations, storage and maintenance facilities. This scenario would be expensive and complex, yet it would radically change the character of the Green Yard and the neighborhoods that surround it. The project's greatest challenges include the creation of a viable and functional rail yard while carefully integrating new development in a manner that would contribute to the neighborhood.

It is likely that a complete yard redesign and reconstruction effort would be necessary in order to realize the air rights

development. A potential benefit to this reworking could be the creation of a more efficient and modern rail facility that better meets Muni's operational needs. The development pattern atop the deck should follow the neighborhood's traditional street grid pattern and alignments (perpendicular to San Jose Avenue), essentially creating a grouping of elevated city blocks, rather than a single, massive super-block. Efforts should be made to align egress points with existing streets and the traditional street grid pattern along San Jose Avenue. To the extent practical, enough space should be available between Muni operations and the sidewalk to build new housing units along the Green Yard's street-facing edges.

Attention should be focused on scale and the creation of an active and interesting street level presence. Low to mid-rise (up to five stories) residential units such as stacked flats and/or town homes should be built on the street level along Ocean and San Jose Avenues. These units would separate the otherwise blank walls associated with the rail yard and the street. The units built along San Jose Avenue should follow a 25-foot wide pattern of vertical modules to respect the scale and character of the homes across the street. In both cases, particular emphasis must be placed on creating buildings with human scale that do not appear monolithic or unusually wide and massive. The buildings should follow the urban design principles and guidelines set forth in this Plan. More intensive mid- to high-rise development should be built atop the deck, with density and height increasing in closer proximity to the multi-modal station. Any tall buildings built within the new blocks should be graceful and slender.

OBJECTIVE 4.4

CONSIDER HOUSING AS A PRIMARY COMPONENT TO ANY DEVELOPMENT ON THE RESERVOIR.

The Balboa Reservoir represents one of the largest remaining undeveloped sites in San Francisco and currently forms an unpleasant void in the neighborhood. Developing housing on this site would help fill this void in two ways. First, housing here would add more people to the area; enlivening the commercial district and increasing ridership levels on the nearby public transportation services. Second,

new housing development would fill the void between the commercial district and the surrounding neighborhoods, enticing residents to walk to the commercial district and use alternative modes of transportation.

POLICY 4.4.1

Develop housing on the West basin if it is not needed for water storage.

If the PUC should decide that the west basin is not needed for water storage, it should consider development of a mixed-use residential neighborhood on part of the site to address the city-wide demand for housing. Affordable housing should be considered a high priority per Policy 4.5.1.

OBJECTIVE 4.5

PROVIDE INCREASED HOUSING OPPORTUNITIES AFFORDABLE TO A MIX OF HOUSEHOLDS AT VARYING INCOME LEVELS.

In addition to preserving and increasing the supply of housing in the area, there is much that can be done to make housing more affordable in the area. Innovative means of increasing affordability have been explored as part of the community planning process. This plan supports the creative application of all means to enhance the amount and diversity of affordable housing in the area.

POLICY 4.5.1

Give first consideration to the development of affordable housing on publicly-owned sites.

Development of a wide variety of housing stock, containing units of various sizes, styles and prices, will help ensure that the plan area's current diversity in income, ethnicity, family size, and lifestyle can be maintained. Where publicly-owned parcels are being developed, the city should require that this diversity be included as part of new development. In addition, city policy directs that surplus public property be considered for development of affordable housing. Thus, when offering their land for development, first consideration should be given by these agencies to the development of housing affordable to individuals or families making less than 120 percent of the area median income.

POLICY 4.5.2

Establish programs to increase affordability of housing developed in the Plan Area.

The Bay Area is one of the pilot locations for the Location Efficient Mortgage Program. This program recognizes the lower costs of transportation for households living in neighborhoods near good transit service and allows these households to qualify for higher mortgage amounts based on these lower transportation costs. The plan area should be included in the eligibility zone for this new program.

OBJECTIVE 4.6

ENHANCE AND PRESERVE THE EXISTING HOUSING STOCK

The plan area has approximately 2,755 housing units, providing homes to more than 6,340 people. In contrast to new housing, existing housing tends to be more affordable. The area's existing housing stock should be preserved and remain available for occupancy by a wide range of residents.

POLICY 4.6.1

Maintain a presumption against the loss of existing housing units.

As housing demand increases, developers or property owners may seek to demolish or renovate housing that currently serves lower-income households in favor of housing for higher-income households. With the exception of substandard units, the existing housing stock should be protected, especially those units serving lower-income households. Development proposals that would result in a net decrease in the number of housing units should be rejected. Development proposals which would result in a net addition to the number of housing units in the area should be considered on a case-by-case basis.

POLICY 4.6.2

Discourage dwelling unit mergers.

Dwelling-unit mergers reduce the number of housing units available in an area. If widespread, over time, dwelling unit mergers can drastically reduce the available housing opportunities, especially for single and low-income residents.

This plan maintains a strong prejudice against dwelling unit mergers.

POLICY 4.6.3

Assist lower-income homeowners in making improvements to their houses.

The availability of low-interest loans can help homeowners with limited resources to make structural or aesthetic improvements to their properties. These funds allow lower-income households to improve their homes and remain in their community rather than live in unsatisfactory conditions or relocated to other communities where affordable and adequate housing can be found.

OBJECTIVE 4.7

PROMOTE HEALTH THROUGH RESIDENTIAL DEVELOPMENT DESIGN AND LOCATION.

Well planned neighborhoods – those with adequate and good quality housing; access to public transit, schools, and parks; safe routes for pedestrians and bicyclists; employment for residents; and unpolluted air, soil, and water – are healthy neighborhoods. Healthy neighborhoods provide quality living environments that have been demonstrated to have an impact on respiratory and cardiovascular health, reduce incidents of injuries, improve physical fitness, and improve social capital, by creating healthy social networks and support systems. Housing in the plan area should be designed to meet high standards for public health and the environment.

POLICY 4.7.1

New development should meet minimum levels of “green” construction.

The concept of Green Building “encompasses the ways of designing, constructing and maintaining buildings to decrease energy and water usage costs, improve the efficiency and longevity of building systems, and decrease the burdens that buildings impose on the environment and public health.¹ Green building can improve the health of our residents and our environment and is required by the Planning Code when constructing new housing in the plan area.

¹ The Benefits of Building Green; <http://www.uml.edu/centers/cfvc/buildinggreen.pdf>

05

STREETS AND OPEN SPACE

Public parks, plazas and open space areas are critical neighborhood-enhancing and -defining elements. In a successful urban neighborhood, these spaces will complement and enhance the open space provided by public streets. Well-located parks and plazas can knit together surrounding urban areas by providing a variety of active and passive recreational activities and informal gathering places.

A successful open space system enlivens and supports the neighborhood by including a variety of convenient, accessible and attractive public spaces serving different purposes and a mix of users. There are a handful of open spaces in the plan area. The largest and most notable of these is Balboa Park, a green that includes baseball diamonds, soccer fields, a swimming pool, and multi-purpose grass areas. Although San Jose and Ocean Avenues front this prominent park, it is largely screened from view by dense vegetation and fencing. Physical and visual linkages to Balboa Park from the surrounding neighborhoods should be improved. In addition, smaller neighborhood and transit-oriented parks and plazas should be introduced in the Transit Station Neighborhood and the Phelan Loop Area. This Plan aims to create a system of neighborhood open spaces, including active, passive, and informal gathering areas. These spaces

should be easily accessible and located throughout the plan area in order to best serve the surrounding neighborhoods and the transit users' needs.

The space between new and existing buildings and sidewalks in the Transit Station Neighborhood and the Phelan Loop Area will shape the character of formal urban open spaces. Balboa Park and a new open space developed over the western portion of the Balboa Reservoir will define the larger parks. The combination of landscaped streets, parks and public gathering areas would offer variety and form an interesting system of urban public spaces.

Streets provide important additions to the open space network and aesthetic quality of an area. The design and maintenance of all streets throughout the plan area should be guided by the Better Streets Plan, a policy document that will illustrate how planned improvements to the overall urban design quality, aesthetic character, and ecological function of the city's streets while maintaining safe and efficient use for all modes of transportation. The Better Streets Plan will provide guidance for both public and private improvements to the streetscape.

OBJECTIVE 5.1

CREATE A SYSTEM OF PUBLIC PARKS, PLAZAS AND OPEN SPACES IN THE PLAN AREA.

Parks, plazas, and open spaces should be conveniently located and easily accessed by the community they serve. Clearly defined entrances should not only provide access into the public space, but should act as a transition area between surrounding land uses and the open space. Benches and other amenities should be provided along the edges to encourage people to move between the open space and adjoining uses.

Ensuring visual penetration into parks and open space along all street-facing edges will allow people to see into these spaces from adjoining properties, increasing safety and encouraging use of the site. Fences should be transparent where they exist and are necessary for recreational purposes, such as around baseball or other sports fields, and removed wherever they are not necessary for these purposes.

POLICY 5.1.1

Create a variety of new public open spaces.

A variety of active and passive recreational opportunities should be provided throughout the plan area. It is important that these uses not be segmented into isolated spaces, but integrated within each defined open space and the public realm itself. The level of activity in an individual park or plaza is related to the variety of activities provided within

the public space, the surrounding mix of land uses, and its ability to attract different users throughout the day.

Larger, more formal parks and open space should provide activities for different age groups and levels of activity. Smaller open spaces and plazas may serve a particular function, such as a transit waiting area or sidewalk seating at a café. These smaller spaces may only provide for a single type of activity can be enlivened by the active land uses surrounding them. Benches and other seating areas should be provided within public spaces to encourage informal daily use by residents and visitors.

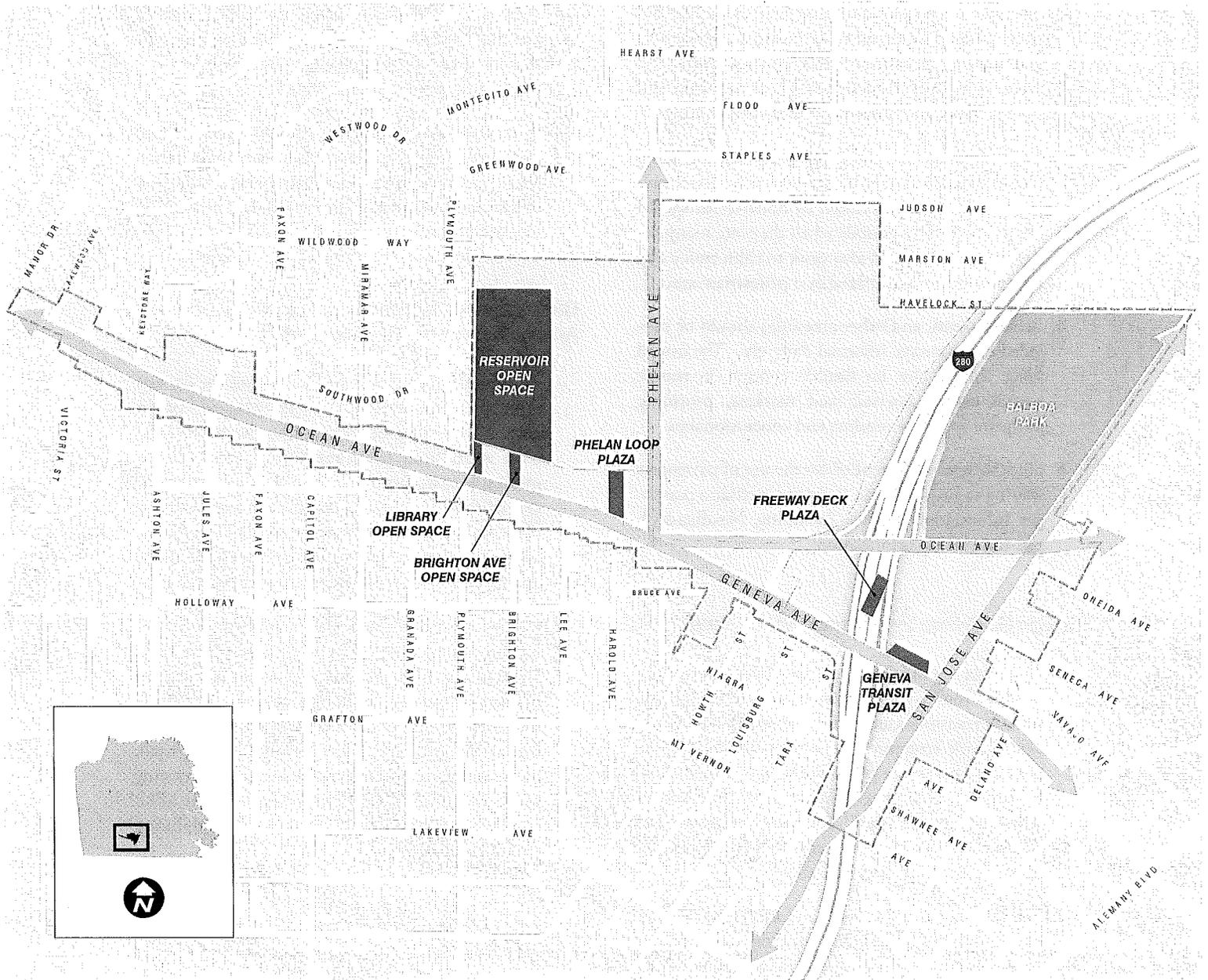
A number of open spaces are proposed in the plan area, including the Phelan Loop Plaza, the Geneva Plaza, open space associated with the proposed freeway deck, Brighton Avenue, the Library playground, and the proposed Balboa Reservoir open space. Design Guidelines for four key open spaces are articulated below.

Design Guidelines for Development of the Phelan Loop Plaza

1. The open space should be at an elevation generally level with and directly accessible from Ocean Avenue. The space should be designed to address the formal street front of Ocean Avenue and frame views toward the entrance to a future expansion of the City College campus. At least twenty-five percent of the open space should include vegetation/permeable material that is flush with sidewalks and other hardscape treatments.



Rendering of Proposed Phelan Loop Plaza



Open Space Improvements



Proposed Corridors for Major Pedestrian Improvements



Existing Open Space



Proposed Open Space

2. The civic open space and associated sidewalks and streets should be designed to create a comfortable and inviting pedestrian environment, while also accommodating a redesigned Muni bus loop and layover, slow auto movement, and curb parking.
3. The street that lines the open space (not including Ocean Avenue) should be narrow, with special paving, capable of being closed by bollards for special events and during periods when there are many pedestrians. This would also work to calm traffic and reinforce the area as primarily a pedestrian zone.
4. Benches, seats, and other amenities should be provided to encourage informal daily use. The overall space should also be flexible enough to handle special events, festivals and markets, providing adequate space for vendors and concessionaires.
5. Since this plaza is intended for the use of passengers waiting to board transit, it should include a passenger information system, including Nextbus-style real-time arrival information.

Design Guidelines for Development of Geneva Plaza

1. The plaza should be at an elevation directly accessible from Geneva Avenue, and must provide smooth transitions and vertical access routes. While below-grade structures (Muni operations) may be permitted below the plaza, the design should allow for large specimen trees to be planted flush within the surface of the plaza, along the perimeter, and within the space itself. Other trees may be planted in boxes that form low seat walls.
2. The stairway and escalator entrance into the station should be redesigned, placing emphasis on good design, an inviting and well-defined street presence, and a stronger sense of civic identity. The existing enclosed BART entrance on the north side of Geneva Avenue should be replaced with an entrance that is open (similar to Market Street station entrances) with a cover overhead provided by a new glass canopy enclosure. Ultimately, this entrance should be incorporated into the design of the Geneva Avenue entrance to a new reconstructed inter-modal station as described above.
3. The plaza, and the sidewalks and streets that line the plaza, should be designed to accommodate the bus stops that line Geneva Avenue and the high

volume of pedestrians using the space, thereby creating a pleasant waiting area. New large shelters that integrate bus waiting areas with the BART station entries should be considered

4. A master signage program should be developed and implemented for the transit plaza and adjacent transit facilities, to provide visitors with a clear sense of location and provide direction to and between all modes of transit.

Guidelines for Development of Open Space Associated with the Freeway Deck

1. Two public open spaces are possible on the freeway deck. The primary space, on the east side of the deck road, would be adjacent to the station and serve as its front plaza and formal entry. To the greatest extent possible, it should be located in the central third of the deck, but the rail terminals and platforms might push it a bit south. This public open space would help to define a sense of arrival and give a strong civic presence to the station area.
2. A more park-like green space could be developed on the western side of the deck adjacent to Lick-Wilmerding High School and could be defined by new mixed-use buildings that harmoniously integrate the edge of the school with the new buildings so that the park's edges are not defined by tall, monotonous, and uninterrupted concrete retaining walls. The difference in elevation between the SPUI and the school site should also be addressed during the design process.

Design Guidelines for the Open Space on the Balboa Reservoir

1. Develop a combination of active and passive recreational facilities that would serve residents of the neighborhood as well as others.
2. Provide a well-defined eastern entrance to the open space to provide access from Phelan Avenue through the proposed new campus on the east basin of the reservoir. The entrance should provide a visual terminus for the east to west axis leading through the new development on the eastern half of the reservoir to City College's main building atop the hill. The entrance should have a special landscaping treatment.

3. Develop clearly marked access gates, pedestrian pathways, and visual site lines aligned with the streets of adjoining neighborhoods. Create trails, small open spaces or plazas to form useful transitions and opportunities for connection between destination points. Stairs and ramps should connect the open space atop the west basin to Ocean Avenue via an extension of Brighton Avenue. A proposed neighborhood green within the Brighton Avenue right-of-way would become the primary gateway into the park from Ocean Avenue and the neighborhoods to the south.
4. Provide a visual buffer between the park and the houses that abut the reservoir site to the west.
5. Pay careful attention to the design of edges between the open space and surrounding neighborhoods as well as Riordon High School. It is important to provide access into the park from the surrounding neighborhoods while respecting the privacy of adjacent homes. Trees and shrubs should be planted to provide a buffer between the houses that abut the reservoir site to the west. Entrances to the park should align with existing streets for direct pedestrian access and to extend clear views into the park from public streets.

POLICY 5.1.2

Safe and active open spaces should be designed, including a re-design of Balboa Park.

Balboa Park should feel open and inviting to the many people traveling to and from the transit station and surrounding neighborhoods. New clearly defined entrances and greater visual access into the park will encourage use of the park for more than just prescribed recreational activities. Vegetation along the park's street-facing edges should be trimmed and/or removed so as not to encroach upon the sidewalk or prohibit views into the park.

A formal gateway should be developed on the corner of Ocean and San Jose Avenues that serves as a neighborhood landmark and emphasizes the neighborhood's connection with the park. Art, special paving, and landscaping should be used to celebrate the entrance to the park. Benches and other seating should be provided at the entrance to allow people to enjoy watching the activities in the park as well as in the surrounding areas.

More specifically, Balboa Park should feel open and inviting to the neighborhood and to the many people traveling along its borders. The Department of Recreation and Parks should undertake a new Master Plan for the park. The plan should evaluate the possibility of designing an environmentally sustainable open space, it should encourage the use of the many recreational activities that the park currently provides, and it should consider a formal gateway into the park that would serve as a neighborhood landmark and emphasizes the neighborhood's connection with the park.

POLICY 5.1.3

Ensure that new open spaces are linked to and serve as an extension of the street system

The plan calls to extend streets in the plan area, enhancing the existing grid system. Extensions of the street grid for new development can serve as a means for linking open space to neighborhoods. The creation of a path to the open space parcel on the reservoir should be explored when extending Brighton Avenue. The Lee Avenue extension should link the street with the proposed Phelan Loop plaza.

POLICY 5.1.4

Pay attention to transit waiting areas.

Important transit nodes in the plan area should be celebrated and designed with a strong sense of civic identity. Waiting areas should offer protection from the elements and be large enough to accommodate the intended users. Transit waiting plazas, and the sidewalks and streets that line them, must be designed to accommodate a high volume of pedestrian movement.

POLICY 5.1.5

Use "found space" as public open space.

A number of opportunities exist in the plan area to create small but important public places out of unused space within the public realm. The land around irregular intersections, widened sidewalks, and utility easements can be transformed into valuable community space through the installation of benches and other amenities that will create inviting public places. Widened sidewalks can be used for café seating and other retail-oriented gathering spaces. Otherwise unused spaces could be redesigned as places for people.

The plan proposes to re-design the area's main streets with wider sidewalks, places to sit, landscaping and street trees. To foster a sense of place and to improve the pedestrian experience, significant public space improvements – such as bulb-outs and landscaping treatments – will be focused where side streets intersect with the main streets of Phelan, Ocean, Geneva, and San Jose Avenues.

OBJECTIVE 5.2

CREATE OPEN SPACE WITHIN NEW DEVELOPMENT THAT CONTRIBUTES TO THE OPEN SPACE SYSTEM

POLICY 5.2.1

Require good quality public open space as part of major new developments

As more people live in the neighborhood, greater pressure is placed on existing open spaces. Major new developments in the plan area should assist in meeting the demand that they create for open space. These developments should be required to provide publicly accessible open space in a quantity directly proportional to the size of the development or to the lot size, whichever is greater.

POLICY 5.2.2

Create wind-protected open spaces.

San Francisco's climate is such that sunny, wind-protected outdoor sites are the most usable on most days of the year. Outdoor spaces should be oriented in relation to adjacent development so that there will be direct sunlight during periods of high usage. Prevailing wind patterns and local wind currents created by adjacent development should also be considered. Barriers to deflect unpleasant winds should be used where appropriate.

OBJECTIVE 5.3

PROMOTE AN URBAN FORM AND ARCHITECTURAL CHARACTER THAT SUPPORTS WALKING AND SUSTAINS A DIVERSE, ACTIVE AND SAFE PUBLIC REALM.

Achieving an engaging public realm for the Balboa Park plan area is essential. Developing the transit station area will create identifiable landmarks in the urban landscape. Improving the appearance of building facades along the Ocean Avenue commercial district will make the area more inviting.

POLICY 5.3.1

Improve the visual and physical character of the Ocean Avenue Neighborhood Commercial District.

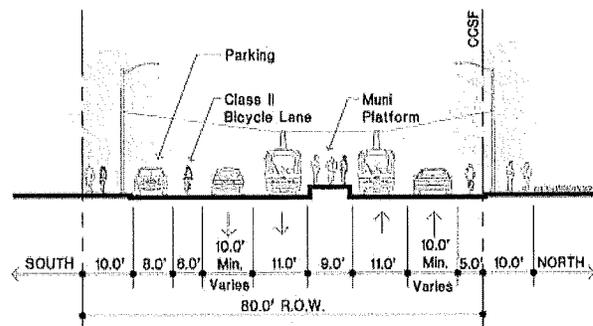
By improving the appearance of building facades and creating pedestrian-friendly sidewalks, the area will become a more inviting, desirable, and vital center of commercial activity. It will grow as a corridor that both reflects the culture of its residents and invites exploration by visitors.

POLICY 5.3.2

Redesign the main streets -- Phelan, Ocean, Geneva, and San Jose Avenues -- to encourage walking and biking to and from the Transit Station Neighborhood, City College, and the Ocean Avenue Neighborhood Commercial District.

The main streets in the plan area are poorly designed; they promote the fast movement of cars and contain circuitous pedestrian paths. These streets are generally cluttered; limiting mobility and creating an uninviting pedestrian experience. Improving the plan area's connectivity from its main streets, to its neighborhood streets, and to CCSF will encourage walking and biking in the area. The streets should be re-designed to emphasize pedestrian, transit and bike movement while still accommodating auto traffic.

SECTION BB OCEAN AVENUE (between I-280 and Geneva looking west)



POLICY 5.3.3

Pedestrian routes, especially in commercial areas, should not be interrupted or disrupted by auto access and garage doors.

The pedestrian interacts most with the ground story of buildings, and thus the greatest amount of attention must be paid to the articulation, transparency, and relation of building uses at this level. It is critical to ensure that pedestrian routes, especially in commercial areas, are not interrupted or disrupted by auto access and garage doors.

OBJECTIVE 5.4

CREATE AN SPACE SYSTEM THAT BOTH BEAUTIFIES THE NEIGHBORHOOD AND STRENGTHENS THE ENVIRONMENT.

Open space not only provides places to recreate and relax, but also helps improve the environmental quality of the neighborhood. Ecological sustainability is a key goal in the development of public spaces. New public open spaces should incorporate ecological sustainability elements, such as bioswales and natural areas. Urban areas such as San Francisco can improve existing water quality of our bay and ocean by encouraging more on-site infiltration. Pervious surfaces, such as parking lots, are one of the main causes of pollution flowing directly into these water resources, and one of the easiest sources to make more permeable. Permeability allows the water to be filtered through the soil before reaching the bay or the ocean. An ongoing master planning process being conducted by the San Francisco's Public Utility Commission (PUC) will provide guidance on how best to mitigate stormwater flow in the city's sewers, for example, by designing surface parking and loading areas to infiltrate rainwater onsite, rather than sending it into the drain.

POLICY 5.4.1

Make the open space system more environmentally sustainable by improving the ecological functioning of all open spaces in the plan area.

POLICY 5.4.2

Encourage efforts to uncover and restore Islais Creek to its natural state.

Water is ubiquitous yet invisible in the Balboa Park area. The south branch of Islais Creek runs through the area. And while culverted, Cayuga Avenue residents can still hear the creek water. In rainy seasons the creek floods. Where possible, this water source should be uncovered to expose another unique attribute of the area.

06

BUILT FORM

The Balboa Park Station Area Plan was in part chosen as a pilot project for the Better Neighborhoods program because the area contained the urban services and amenities that make a great neighborhood; it simply lacked a “sense of place.” Urban design is the process of giving physical design direction to urban growth, conservation, and change. Urban design draws together many strands of place-making into the creation of places of beauty and distinct identity. Urban design is about creating a vision for an area and then deploying the skills and resources to realize that vision.¹ The Balboa Park Station Area Plan has a vision to create a ‘sense of place.’ By focusing on connections (both physical and visual), the public realm, design, and the creation of a new neighborhood, this chapter focuses on how urban design can help achieve the plan’s vision.

A main goal for the plan is to provide connections between the Ocean Avenue Neighborhood Commercial District, City College, and the Transit Station Neighborhood. The street grid represents the basic unifying system for the neighborhood. The area has a good urban street pattern characterized by small, walkable blocks. The plan encourages this traditional street pattern as a way to improve connections within the plan area. The plan area contains isolated sections either caused by underutilized land or the intrusion of major infrastructure. This plan encourages infill development to connect these isolated sections.

The distinctive and attractive qualities of an area derive in great part from the design of individual buildings and the way in which these buildings come together to form the public realm. Achieving an engaging public realm for the Balboa Park plan area is essential. The combination of poorly designed streets and a lack of public and private investment in the area has contributed to the decline in the public realm. Re-designing the main streets and encouraging infill development will enhance the public realm by providing visual interest and adding activity to the street. Developing the transit station area, and improving the appearance of building facades along the Ocean Avenue commercial district will also help to improve the public realm. This section of the plan addresses the scale, character, and relationships that new buildings should embody in strengthening the public realm.

The transit station area is characterized by the Balboa Park Bart station, the Geneva Office building, surface parking lots, and the Muni rail facility. The area is not inviting, nor does it provide any services that complement the existing transportation services. This plan proposes the development of a transit village, and increases heights in this area to accommodate the goals of this development. It also proposes new height and bulk limits that allow for a greater variety in scale and character, while maximizing efficient building forms and enabling gracious ground floors. Developing

¹ http://www.cip-ica.ca/English/aboutplan/ud_what.htm

the Transit Station Neighborhood into a new transit village will create identifiable landmarks in the urban landscape through the siting and massing of significant buildings.

There are fundamental patterns of building composition that are essential to creating a pleasing public realm and establishing a human-scaled neighborhood character. Comprehensive urban design guidelines for the Balboa Park plan area will ensure that new development respects and builds upon the existing character while meeting these fundamental patterns.

OBJECTIVE 6.1

CREATE STRONG PHYSICAL AND VISUAL LINKS BETWEEN THE TRANSIT STATION NEIGHBORHOOD, CITY COLLEGE, AND THE OCEAN AVENUE NEIGHBORHOOD COMMERCIAL DISTRICT.

San Francisco has a history of creating visual corridors through the city, visually, and physically connecting its different areas together. One of the plan's main goals is to create strong physical and visual links by improving accessibility to the Transit Station Neighborhood, City College, and the Ocean Avenue Neighborhood Commercial District.

POLICY 6.1.1

Large parcels should emphasize the existing street pattern, by extending Harold, Brighton, and Lee avenues south across Ocean Avenue.

Extending and building upon the existing street pattern will help to connect the disparate sections of the area plan by breaking up large parcels of land into walkable blocks. In areas where the street cannot be extended due to topography or other factors, the "line of the grid" should continue in the form of a public pathway.

POLICY 6.1.2

Establish an east/west pedestrian pathway connection to link the BART Station to the Ocean Avenue Neighborhood Commercial District and City College.

New City College facilities should be designed on an extension of the existing street grid. New buildings should have a strong street presence and be built to the public right of way, creating a cohesive streetwall along Phelan Avenue,

internal roadways and pedestrian pathways. City College should include pedestrian improvements that help link the students with the retail services provided on Ocean Avenue and with the area's transit services.

OBJECTIVE 6.2

KNIT TOGETHER ISOLATED SECTIONS OF THE PLAN AREA WITH NEW MIXED-USE INFILL BUILDINGS.

Significant gaps in activity along streets are caused by underutilized land or the intrusion of major infrastructure that can make even very close areas seem distant, isolated, and unconnected. Filling in these gaps with active mixed-use buildings will make the transit station and the Ocean Avenue commercial district feel physically and psychologically connected. By knitting together these areas with infill development, residents and visitors alike will be encouraged to walk the area and take advantage of the shopping, cultural, and transportation resources that have seemed separated by voids.

OBJECTIVE 6.3

DEVELOP THE TRANSIT STATION NEIGHBORHOOD TO EMPHASIZE ITS IMPORTANCE AS A TRANSIT HUB AND LOCAL LANDMARK.

Developing the transit station area as a new mixed-use neighborhood will create a landmark in the urban landscape through the siting and massing of significant buildings. A new transit center would include a freeway deck over the I-280 freeway between Ocean and Geneva Avenues. It would also include a new transit station, integrating the Balboa Park Bart station and the Muni facilities. Housing is proposed to surround the transit center, and building heights and development densities at the transit station should be increased to take advantage of the transit infrastructure. The Upper Yard, at the southwest corner of San Jose and Geneva Avenues, represents the best near-term opportunity for introducing mixed-use development into the station area. Development on this site would provide a stronger sense of neighborhood identity and bring much needed housing to the Transit Station Neighborhood.

POLICY 6.3.1

Create a deck over the I-280 between Ocean and Geneva Avenues to integrate the Transit Station Neighborhood with City College and the Ocean Avenue Neighborhood Commercial District.

The design of the proposed freeway deck should refer to the following guidelines.

Guidelines for Development of the Transit Center

A primary advantage of the freeway deck is that it would provide space to serve multiple modes of transportation, including buses, streetcars, pedestrians, bicycles, and automobiles, that need to access the station. The deck should be designed and organized in a manner that effectively accommodates each of these modes while remaining a friendly place for pedestrians. The road on the deck and the SPUI ramps should be as narrow as possible to keep traffic calm and allow for easy pedestrian crossings, while they provide for the safe movement of autos, bicycles and buses. Sidewalks should be wide enough to accommodate the thousands of transit users who will walk through the area daily. Bus stops and passenger drop-off areas should be clearly defined and designed to function within a busy environment, and should provide direct connections into the multi-modal station.

The area on the deck immediately adjacent to the station would likely incorporate new stub rail terminals for the K streetcar line and be incorporated into an expanded inter-modal station as described above. Additionally, there would be room on the deck to accommodate a stub terminal for a future light-rail line on Geneva Avenue.

Guidelines for Development on the Freeway Deck

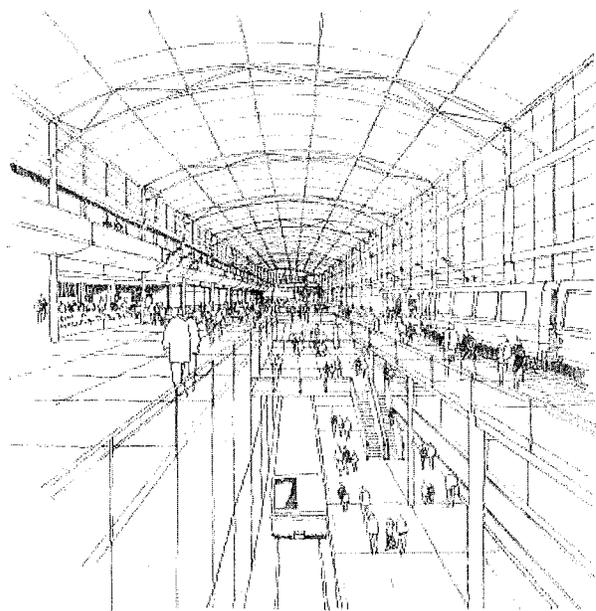
The deck would create a new “piece of land” over Interstate 280, available for development, open space, and community-supporting services. Development opportunities on top of the deck should be explored to the greatest extent practical: new buildings here would be essential in creating human-scaled development rather than a large, auto-dominated overpass. Two building opportunities would exist on

the deck: adjacent to Lick-Wilmerding High School on the west side of the deck, and adjacent to the BART station on the east side.

1. New development adjacent to Lick-Wilmerding High School should include mixed-use residential buildings. These uses will help activate the area, provide housing opportunities, and strengthen the area’s character. The buildings should be adjacent to Ocean and Geneva Avenues, and possibly separated by a central open space, sited so as to complement development at Lick-Wilmerding High School.
2. Streetcar tracks and passenger platforms would likely take up most of the ground floor of a transit center on the east side of the deck. Housing could be built above these facilities. Any buildings should be integrated with the station building to the greatest extent possible. Their placement and form should strengthen the character of the station and help to define pedestrian access routes and entries. There should be transit-oriented retail activities such as cafes, newsstands, personal services, and dry cleaners on the ground floors, and upper story offices and housing.

POLICY 6.3.2

The Balboa Park BART Station should be reconstructed to reinforce its role as a regional and local transit node and important neighborhood landmark.



Rendering of a Re-Designed BART Station

The Balboa Park Bart station should be reconstructed to improve internal circulation, incorporate terminals for Muni Metro streetcars within the facility, and to create a strong and inviting public presence and memorable identity. The reconstruction of the station should refer to the following guidelines.

Design Guidelines for Development of the Station Facility

The new station should contribute to the neighborhood by having a strong street presence. Particular emphasis should be placed upon creating distinctive pedestrian entrances on Ocean and Geneva Avenues. Entrances should be well-defined and inviting, and should establish a strong sense of civic identity. These primary entrances should be celebrated in different ways, with each reflecting its unique orientation and context, but designed to fit into the station context.

The station entrance facing Geneva Avenue should embody the characteristics of a traditional neighborhood train station, possibly including a grand entrance lobby defined by a strong central space of greater height, and special roof treatment. This, or similar architectural statements, should establish the station's role as a civic anchor, linking neighborhoods on both sides of Interstate 280. This role will be strengthened when new mixed-uses are built on the Upper Yard, the Geneva Office Building is revitalized, and improvements are made to the adjacent Geneva Plaza, making this entry a center of activity.

The context of the station entrance at Ocean Avenue is different from Geneva Avenue, but its role is quite important. It will continue to serve several thousand daily transit riders including City College students, residents of surrounding neighborhoods, and visitors to Balboa Park Station area. As such, it should serve as a landmark providing a visual beacon for pedestrians coming from either direction along Ocean Avenue.

The building's overall form should be distinctive and bold, clearly expressing its purpose and offering a strong sense of civic and neighborhood identity. It should demonstrate the highest quality architecture and use of building materials and technology. The building's perimeter should be largely

transparent, allowing the public clear views of the station and provide an additional measure of security for passengers and staff. Some portions of its external skin may be transparent, allowing natural light in by day and artificial out by night, further defining the building as a landmark and beacon.

The public area within the station should be defined by a feeling of space, light and a strong sense of identity. Public areas should include unimpeded site lines to entry and access points, ticketing areas, information centers, station agents, platform access areas, seating areas, and restrooms.

Transit riders should be provided with clear signage throughout the station area to ensure clarity of movement and a strong sense of orientation. Walking distances within the station should be kept to a minimum, allowing convenient access to and transfer between different transportation modes and areas outside the station. Potential conflicts between pedestrians and automobiles or rail should be clearly identified by signage, special walking surfaces consisting of textured or colored paving, special lighting, or other means.

POLICY 6.3.3

Any development on the Upper Yard site should be developed so that it contributes to the existing neighborhood and respects the character and scale of the Geneva Office building.

New mixed-use development is a critical part of creating a new neighborhood around the transit station. The Upper Yard, at the southwest corner of San Jose and Geneva Avenues, represents the best near-term opportunity for introducing mixed-use development into the station area. In addition to the general urban design and land use guidelines in this document, the following specific guidelines will apply to development on the Upper Yard:

Design Guidelines for the Upper Yard Site in the Transit Station Area

1. **Building Massing:** In general, building heights should be greatest close to the freeway, stepping down toward San Jose Avenue to respect the scale of the surrounding neighborhoods and the Geneva Office Building.

2. **Development Pattern.** A master development plan should be prepared that successfully integrates new buildings on this site with the existing entrance into the BART station and the BART mezzanine and that creates a generous sidewalk waiting area along Geneva Avenue. Buildings should be sited so as to define the block edges, address adjacent streets, and relate to the transit activities around them.

Facing Geneva Avenue, the ground floor should contain retail uses. To the extent possible, these buildings should provide a public glass atrium lobby along Geneva Avenue, containing entrances to shops, places for people to wait for the bus and sit and linger out of the weather, as well as a stairway or elevator to the transit station.

The street-wall along San Jose Avenue must be cohesive, while accommodating a mid-block portal for pedestrian and automobile access, as well as at least two mews-like pedestrian access points.

Building Setbacks

In general, buildings on the Upper Yard should be built up to the public right-of-way in order to create an inviting and active pedestrian environment, and to provide a sense of enclosure along the street. The following setbacks should be observed:

- Building(s) facing Geneva Avenue should set back to provide for a 20-footwide sidewalk, as measured from the face of curb, along the length of the block. This width is required to accommodate the many transit riders who use Geneva Avenue. A public glass atrium for shoppers and transit riders may be integrated into the design of the building.
- Buildings facing San Jose Avenue should be set back up to 5 feet from the sidewalk in order to allow projections such as stairs, or landscaping. The intent is to allow for frequent residential entries from the street, and to create a lively and interesting street-wall.

Building Massing

- The massing of buildings facing Geneva Avenue should be lowest adjacent to San Jose Avenue, with greater massing concentrated near the transit station entrance portal and Interstate 280. Along San Jose Avenue, the mixed-use buildings should include up to four floors of residential development over one floor of ground floor retail and parking (facing the Geneva Office Building), and increase to as high as seven stories over parking where development is closest to the freeway and the BART portal.

Because of the width of the Geneva Avenue frontage (approximately 180 feet) it is important that the street-facing mass be articulated in distinct masses with individual frontages no wider than 90-feet to break down the apparent size of the development.

Service areas for the mixed-use building should be consolidated and accessed from San Jose Avenue, and not visible from Geneva Avenue. Service bays should be an integral element of the building and must not be visually obtrusive.

- Development facing San Jose Avenue should be predominantly residential, taking the form of three- to four-story buildings (flats or townhouses), while taller and larger buildings may be built along the site's southern and western edges and adjacent to I-280. The overall form of buildings fronting San Jose Avenue should reflect either a series of tightly knit row houses, or traditional small apartment buildings. Either type should be massed with identifiable buildings with street frontages of no more than 100 feet in width, with 50-60 foot wide masses preferable. The urban design guidelines provided elsewhere in this document should also be followed.
- Frequent entrances to lower floor units facing San Jose Avenue are strongly encouraged to emphasize the residential use of the building, and to create an interesting and inviting street front. Ground floor residential entries may be handled several ways, including individual or shared stairs and porches or prominent entry lobbies. In any case, the location of entries should reflect a 25-foot-wide façade increment.

Parking Design

Structured parking should be completely screened from view from both Geneva and San Jose Avenues. Any auto entrances and exits should be located on San Jose Avenue. Openings for auto access should be as narrow as possible.

Any off-street parking built at or above grade on the site should obey a 25-foot setback from the property line on both the Geneva and San Jose Avenue sides, allowing for more active uses such as retail or residential entrances to front the street. Parking developed one-half level below grade and lower would not be subject to the setback, but should be treated as an integral component of the building's design. It should be articulated with entrances to lower floor residences and by other means so that it does not form a monotonous, uninteresting wall.

If parking is placed above grade (still within a building with units above), the San Jose Avenue facades should be lined with ground-floor residences and lobbies or building entrances. All openings for ventilation must be screened with architectural details and planting. In no case should full height blank parking level walls front onto San Jose or Geneva Avenues.

OBJECTIVE 6.4

RESPECT AND BUILD FROM THE SUCCESSFUL ESTABLISHED PATTERNS AND TRADITIONS OF BUILDING MASSING, ARTICULATION, AND ARCHITECTURAL CHARACTER OF THE AREA AND THE CITY.

There are fundamental patterns of building composition that are essential to creating a pleasing public realm and establishing a human-scaled neighborhood character. Common rhythms of building projections, window detail and proportions, exterior materials, and overall building siting are a few key ingredients that must be maintained regard-

less of the specific architectural fashion employed. This plan proposes new height and bulk limits that allow for a greater variety in scale and character, while maximizing efficient building forms, enabling gracious ground floors, and emphasizing key transit corridors. A comprehensive document of urban design guidelines for the Balboa Park plan area ensures that new development respects and builds upon the existing character for the area by meeting these fundamental patterns of building composition.

POLICY 6.4.1

Urban design guidelines should ensure that new development contributes to and enhances the best characteristics of the plan area.

New construction is likely to happen at different scales – modest structures will fill in gaps on small parcels along Ocean Avenue, some building owners will merely upgrade their facades, and other large underutilized parcels will see dramatic redevelopment. Regardless of scale, new development should add to the district's character, create a human scale public realm, and fit within the city's traditional fabric; regardless of architectural style. Larger-scale development efforts must take great care to not overwhelm the scale of the area and to positively establish a pedestrian-scale pattern. Urban design guidelines have been developed for the plan area and compliance with the guidelines is mandatory.

These urban design guidelines ensure that the fundamentals of good neighborhood design are followed while allowing for some freedom of architectural expression. A variety of architectural styles can achieve these important design performance standards. As such, architectural style is not regulated in this plan, but instead the Plan regulates the elements of building and site design that affect the scale, character, and pedestrian friendliness of the neighborhood. The intent is to encourage the design of buildings with a human scale that contributes to the establishment of an inviting and visually interesting neighborhood.

Balboa Park Station Area Plan Urban Design Principles

The Urban Design Principles apply to new development in the Balboa Plan Area and are intended to supplement existing design guidelines for the area and provide recommendations for good building design. The Balboa Park Station Area Plan Urban Design Principles address two main areas of concern: (1) massing and articulation and (2) treatment of the ground floor based on the type of street a building faces.

(1) Massing and Articulation

- Extend the city street network wherever possible and create human-scaled blocks. The city grid pattern provides an organized and measured relationship to give sense of place, orientation, scale, and comfort. Development patterns must be respectful of the existing street grid pattern and alignments to avoid the creation of “super blocks” that would be out of scale with the rest of the neighborhood and inhospitable to pedestrians. Development on large parcels should extend existing rights-of-way onto or through the parcel or create entirely new rights-of-way, such that the resulting development consists of definable blocks with a perimeter measuring no greater than 1400 feet bounded on all sides by public rights-of-way or other means of public access (e.g. open space, pedestrian passages). Blocks must be broken by, at the least, a public pedestrian passage every 450 linear feet.
- Significant parcel consolidation is prohibited on Ocean Avenue to preserve the fine-grained scale of the neighborhood. No parcel consolidation will be permitted that increases the frontage width on Ocean Avenue between Manor and Delano. The neighborhood is built on a traditional fabric of lots that are narrow and deep, which provides for an enriching block face, diversity of buildings, and stimulating pedestrian experience. Exceptions may be allowed where such merger would create corner parcels, such that off street parking can be accessed from a side street.
- All buildings of 85 feet in height or lower must have a maximum horizontal plan dimension of 110 feet, with a maximum diagonal of 125 feet.

The form of new buildings must consider the proportions and massing of other residential and street-front commercial buildings found throughout San Francisco, which are typically based on 25-foot wide building increments for row houses and neighborhood retail frontages, and that generally do not exceed 75 feet in width for larger apartment or office buildings. Efforts should be made to integrate the building into the overall scale of the streetwall. Many of the development parcels in the plan area are wider than the traditional 25-foot lot pattern, and care must be taken to create a fine-grained human scale. Individual buildings should maintain an expression of architectural unity, even for larger buildings, within the 110 foot maximum dimension. There must be a qualitatively different expression of buildings between adjacent structures.

These modulation and articulation increments are based on the walking speed of the average person and the need to experience diversity in the street-front every ten to twenty paces.

- Build to the edge of public rights-of-way. Buildings should embrace the public realm and the sidewalk, and set back only to accommodate elements that enhance this effect. Variations from this to accommodate wider sidewalks or front steps or stoops, create lively storefronts, or to mark entrances should be limited to the ground floor as defined elsewhere in these guidelines. Where sidewalks are less than 8 feet in width, new construction should set back to widen the sidewalk, especially along Ocean Avenue so that sidewalks are at least 8 feet in width. In the case of through-lots, concentrate massing along public rights of way and locate any open areas at the center of the lot.
- Parking shall be designed as an integral building element, set back at least 25 feet from street facing facades, located within or below development, completely screened from view, and wrapped by active uses on all major street frontages, notably along Ocean, San Jose and Geneva Avenues and the civic open space area on Harold Avenue. Parking should

create minimal physical and visual disruption to the pedestrian environment.

- Above the ground floor the minimum window reveal is 2 inches. Upper floors should include smaller, vertically proportioned windows punched into walls, projections such as bay windows, or small balconies. The typical window unit should be vertical. Sliding windows or applied mullions on windows facing the street are not permitted.

San Francisco's architectural tradition and fundamentals of good place-making suggest that buildings which contribute most to the public realm have a visually satisfying proportion between a façade's openings and its solid planes. In the best places around San Francisco, there is a balance between openings and solid planes, emphasizing pedestrian entries, windows and other points of interest, while de-emphasizing garages, storage, and mechanical areas.

- In addition to the larger building mass articulation based on the 25-50 foot module (outlined above), building facades which face the public realm (e.g. streets, parks, plazas) must be further articulated with a rhythm of finer incremental elements. Divisions and changes in building volumes, wall planes, and rooflines are encouraged. The use of bay windows or similar projections is encouraged, with vertical modules or breaks in façade plane from the ground floor ceiling height to the building cornice each 12-15 feet of frontage.

These guidelines do not imply a requirement for bay windows. However, bay windows serve a number of important functions in the articulation of buildings. They extend a building's private domain into the public realm, making for richer and more engaging interactions of buildings and streets and maximizing the opportunity for "eyes on the street." Other ways of achieving such building articulation and a flow between the interior of buildings and the public realm—outside of a strict requirement for bay windows—may also exist, but any alternative architectural solution must achieve these benefits to the public realm.

- Special building elements and architectural expressions such as towers, special entries, or cupolas should be used strategically at key locations, including street intersections and near important public spaces. They contribute to a building's distinction as a landmark, help to define a gateway, draw attention to an important activity, or help define public gathering places. These elements must be integrated into the design of the building. Special corner treatments are encouraged for buildings that front onto the intersections of Harold and Ocean Avenues, Phelan and Ocean Avenues, San Jose and Geneva Avenues, and at the primary entrances of the transit station facing Geneva and Ocean Avenues.
- Buildings must include a clearly defined base, middle, and roof or cornice termination. The middle of buildings should be clearly distinguished from the base and be articulated with windows, projections, porches, and balconies. Above five stories, the top floor(s) should be incorporated into an appropriately scaled expression of the building's top.

Cornices are not required. However, when designed well, cornices serve a number of important functions in relating a building to the public realm. They terminate the façade against the sky and create a definition that establishes the public street environment as an "urban room." They are an integral part of the façade composition, adding balance and helping tie the upper portions of a building to its base. Other ways of achieving these gestures to the public realm—other than strict inclusion of a cornice—are possible, but any alternative architectural expression of a façade must achieve these benefits to the public realm. The minimum recommended horizontal projection is 2 feet, with 3 feet preferable for buildings up to five stories. The roof, cornice, and/or parapet area should be well integrated with the building's overall composition, be visually distinctive, and should include elements that create skyline interest. Roof forms should be drawn from the best examples in the area.

Upper floor setbacks or other architectural techniques should be considered for structures taller than four stories in order to relate to the scale of nearby buildings and establish a sense of street enclosure that avoids abrupt changes in height.

- Building facades should include three-dimensional detailing such as bay windows (discussed above), cornices, belt courses, window moldings, and reveals to create shadows and add interest. Other elements that may contribute include awnings, canopies, projections, trellises, or detailed parapets. Windows and cornices are especially important elements contributing to the creation of a comfortable “urban room” and pedestrian environment.
- High quality building materials should be used on all visible facades and could include stone, masonry, ceramic tile, wood, pre-cast concrete, and high-grade traditional “hard coat” stucco (as opposed to “synthetic stucco” that uses foam). Rich detailing is encouraged to provide interest and create variation in wall planes. Materials and level of detail should be drawn from the best examples in the area. Base and cornice materials should be balanced in material and/or color.

(2) The Ground Floor

The design and use of a building’s ground floor has the most direct influence on the pedestrian experience along the street. Ground floor uses in the area are devoted to retail, service, and public uses and to residential units, lobbies and storage in apartment buildings. These uses provide an active and visually interesting edge to the public life of the street, which is especially critical on neighborhood commercial streets.

Ground floors should be visually distinguishable from upper floors, with generous ceiling heights. The base or ground floor of all buildings should contain active ground floor uses and avoid blank, unarticulated wall planes. The ground floor should be composed of a clearly legible framework of structural bays, flexible enough to offer the potential for varied and interesting street-front shops, restaurants, or lobbies for residences. Storefronts should include large windows, clearly defined entries, and attractive pedestrian-level detailing and ornamentation.

- Surface parking lots are prohibited between the sidewalk and the front of buildings.
- For parcels with greater than 25 feet of street frontage, parking is not permitted within 25 feet of the sidewalk. This space should be supportive

of residential or commercial uses. For corner lots, one street face, preferably that which is not on a commercial or transit street, is excluded from this requirement, provided that parking is fully screened and not visible from the sidewalk. For residential-only buildings, parking submerged at least 5 feet below grade need not be set back from the sidewalk, provided that the parking is fully screened and not visible from the sidewalk.

- No more than 30 percent of the width of the ground floor may be devoted to garage entries or blank walls (except where curb cuts are expressly prohibited by this plan, such as on Ocean Avenue). No façade may feature garage entries that together total greater than 16 feet in width. Large garage entries are extremely detrimental to the pedestrian character and safety of a street and vehicle traffic crossing the sidewalk should be contained to the absolute minimum necessary to facilitate access. Eight foot wide garage entries are preferable for narrower parcels (less than 50 feet wide). For larger parcels (greater than 50’ street frontage) a single 10’ garage entry and exit is preferable. Where separate paths for entrance and exit are deemed necessary for access, in no case should a combined ingress/egress opening exceed 16’ in width. At least 70 percent of the width of the ground floor must be devoted to windows, entrances to dwelling units, store windows and entrances, landscaping or planters, and other architectural features that provide visual relief and interest for the street frontage. Building entries and shop fronts should add to the character of the street by being clearly identifiable and inviting. Blank walls (absent windows, entries, or ornamentation). Display windows with unobstructed views into interior spaces and building entrances should line major streets. Service functions such as trash, utility or fire rooms, should not be placed at the streetfront if possible.
- Primary building entries are encouraged to be set back, though no more than 5 feet from the street-facing façade; and should be no wider than 15 feet at the facade per individual entry. A recessed entryway provides transition space between the public sidewalk and the private interior of the building and creates a welcoming portal to the public realm.

- Use changes in projections and recesses, along with materials and color to emphasize pedestrian entries and architectural features, and to de-emphasize garage doors and parking. These elements help to focus attention on the active spaces of a building and reinforce a human scale within the façade.
- First floor residential units are encouraged to be at least 3 feet above sidewalk level such that the window sill of these units is above pedestrian eye level in order to maintain the units' privacy.
- Lower level (1-3 story) residential units should be directly and independently accessible from the sidewalk, rather than from common lobbies.
- Horizontal articulation is required between the ground floor and second story. A minimum 6 inch projection is suggested. The human scale of the sidewalk is of paramount importance on neighborhood commercial streets. Architectural detailing, such as a belt course or cornice, at the ground floor ceiling height helps to frame the pedestrian space of the sidewalk.

On commercial streets (Ocean, San Jose, and Geneva Avenues):

- In all cases, ground floor uses should be directly accessible from the sidewalk at sidewalk grade with no steps up or down. To have a strong relationship with the pedestrian realm, storefronts and residential entries should be accessed directly from and related to the sidewalk.
- Ground floor frontages must be no less than 60% fenestrated and 75% transparent. For improved pedestrian experience, dark or mirrored glass should be discouraged. Treat solar consideration architecturally, through the use of recesses, eyebrows or awnings.
- Ground floors should have at least 12' clear ceiling heights. Successful retail spaces have an uncramped atmosphere with high ceilings. They often have clerestory windows.
- If provided, off-street parking must be accessed via side streets or alleys. No curb cuts are permitted on Ocean Avenue between San Jose Avenue and Manor Drive. It is critical to maintain continuous storefronts and an active pedestrian environment uninterrupted by cross-traffic accessing off-street parking or dead spaces created by garage doors.
- If provided, off-street parking must be setback at least 25' from street-facing property line, including parking above the ground floor. Parking is not permitted as a use along commercial streets, in favor of active uses that contribute to the life of the street.

POLICY 6.4.2

New buildings should epitomize the best in contemporary architecture, but should do so with full awareness of the older buildings that surround them.

Infill development should always strive to be the best design of the times, but should do so by acknowledging and respecting the positive attributes of the older buildings around it. The new should provide positive additions to the best of the old, and not merely replicate the older architecture styles.

POLICY 6.4.3

Ground floor retail uses should be tall, roomy and as permeable as possible.

Achieving an engaging public realm for the plan area is essential. While visual interest is key to a pedestrian friendly environment, current development practice does not always contribute positively to the pedestrian experience. Seeing through windows to the activities within imparts a sense of conviviality that blank walls or garage doors are unable to provide. Visually permeable street frontages offer an effective and engaging nexus between the public and private domains, enlivening the street, offering a sense of security and encouraging people to walk. Where there are residential uses, seeing the activities of living is key, represented by stoops, porches, entryways, planted areas, and windows that provide “eyes on the street.”

POLICY 6.4.4

Height and bulk controls should maximize opportunities for housing development while ensuring that new development is appropriately scaled for the neighborhood.

A primary intent of height districts is to provide greater variety in scale and character while maximizing efficient building forms and enabling gracious ground floors. In general, existing height limits throughout the surrounding neighborhoods and most of the Ocean Avenue commercial district remain unchanged, and heights increase toward the transit station area. Development immediately around the station, on San Jose, Geneva and Ocean Avenues, should be somewhat taller than the surrounding neighborhoods to mark the station’s importance as a landmark, to provide opportunities for more housing in the most advantageous location in the plan area for housing, and to help bring

more activity and energy to the transit station neighborhood. Height limits step down in order to reflect adjacent contextual conditions.

POLICY 6.4.5

Heights should reflect the importance of key streets in the city’s overall urban pattern, while respecting the lower scale development that surrounds the plan area.

Generally, the prevailing height of buildings is set to relate to street widths throughout the plan area. Height should emphasize key transit corridors and important activity centers.

OBJECTIVE 6.5

PROMOTE THE ENVIRONMENTAL SUSTAINABILITY, ECOLOGICAL FUNCTION AND THE OVERALL QUALITY OF THE NATURAL ENVIRONMENT IN THE PLAN AREA.

Given the reality of global climate change, it is essential that cities, and development within those cities, limit their individual and collective ecological footprints. Using sustainable building materials, minimizing energy consumption, decreasing storm water runoff, filtering air pollution and providing natural habitat are ways in which cities and buildings can better integrate themselves with the natural systems of the landscape.

These efforts have the immediate accessory benefits of improving the overall aesthetic character of neighborhoods by encouraging greening and usable public spaces and reducing exposure to environmental pollutants.

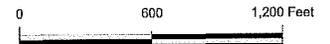
POLICY 6.5.1

The connection between building form and ecological sustainability should be enhanced by promoting use of renewable energy, energy-efficient building envelopes, passive heating and cooling, and sustainable materials.

Sustainability addresses topics including energy, hazardous materials, water, human health, parks, open spaces, streetscapes, transportation and building methodologies and technologies. Promote resource conservation and rehabilitation of the built environment, using an environmentally sensitive “green building standards” approach to development.

POLICY 6.5.2
New buildings should comply with strict environmental efficiency standards.

The positive relationship between building sustainability, urban form, and the public realm has become increasingly understood as these buildings become more commonplace in cities around the world. Instead of turning inwards and creating a distinct and disconnected internal environment, sustainable buildings look outward at their surrounds as they allow in natural light and air. In so doing, they relate to the public domain through architectural creativity and visual interest, as open, visible windows provide a communicative interchange between those inside and outside the building. In an area where creative solutions to open space, public amenity, and visual interest are of special need, sustainable building strategies that enhance the public realm and enhance ecological sustainability are to be encouraged.



Height Districts

- | | | | | |
|---|------|---|-------|--|
|  | 40-X |  | 85-B |  Balboa Park Station Area Plan Boundary |
|  | 45-X |  | 105-E | |
|  | 55-X |  | 160-E | |
|  | 65-A |  | OS | |

07

HISTORIC PRESERVATION

The heritage of San Francisco is preserved in its historically significant buildings, sites, and districts. These historic resources are important to the quality of life in the city and attract residents, visitors, and businesses alike. Historic resources provide continuity to the events, places, people, and architectural style of the city's storied past and their protection, rehabilitation, and reuse ensure that they remain present for future generations.

The Balboa Park plan area contains an assortment of historic resources. The Ocean Avenue Neighborhood commercial district contains many commercial buildings dating roughly between the 1920's to the 1940's. This era coincides with increased development in the area brought about by public transportation corridors and the increasing population of San Francisco. Balboa Park itself is a landscaped parcel containing open space and properties constructed prior to 1955 such as the community swimming pool building. The historic preservation objectives and policies of the Plan provide for the retention and reuse of the area's historic properties. The Plan regulates sound treatment of historic resources according to established standards, it encourages the rehabilitation of resources for new compatible uses, and it allows for incentives for qualifying historic projects.

OBJECTIVE 7.1

PROTECT, PRESERVE, AND REUSE HISTORIC RESOURCES WITHIN THE BALBOA PARK STATION PLAN AREA.

Significant historic and cultural resources located in the plan area include individual properties that are listed on or eligible for the National or California Register, or that are designated as Landmarks under Article 10 of the Planning Code. These historic and cultural resources cannot be replaced if lost to demolition or altered in such manner their historic significance is diminished. To retain this significance, these resources should be protected, preserved, and reused.

POLICY 7.1.1

The Secretary of the Interior's *Standards and Guidelines for the Treatment of Historic Properties* should be applied in conjunction with the overall neighborhood plan and objectives for all projects involving historic resources.

The Secretary of the Interior's *Standards and Guidelines for the Treatment of Historic Properties (Standards)* provide guidelines on how to manage any change to a historic resource and appropriately address historical materials, features, and character. In conjunction with the overall plan and objectives, the Standards shall be used to ensure that alterations to historic resources within the plan area are designed to minimize the removal of historic fabric and the overall impact upon the resource and enhance neighborhood character.

POLICY 7.1.2
The rehabilitation and adaptive reuse of historic buildings in the Balboa Park Station plan area should be promoted.

Many cultural and historic resources no longer retain their historic use. In such cases, it is desirable to adapt historic resources to suit compatible new uses while preserving character-defining features. The Planning Department shall support rehabilitation and the adaptive reuse of historic buildings within the Balboa Park Station plan area pursuant to the Secretary of the Interior's Standards.

POLICY 7.1.3
Individually significant resources in the Balboa Park Station plan area should be protected from demolition or adverse alteration.

Significant historic properties cannot be replaced if lost to demolition or altered in such manner that their historic significance is diminished. To protect the character and quality of historic resources, the Planning Department shall scrutinize all proposals to demolish or significantly alter any historic resource within the Balboa Park Station plan area.

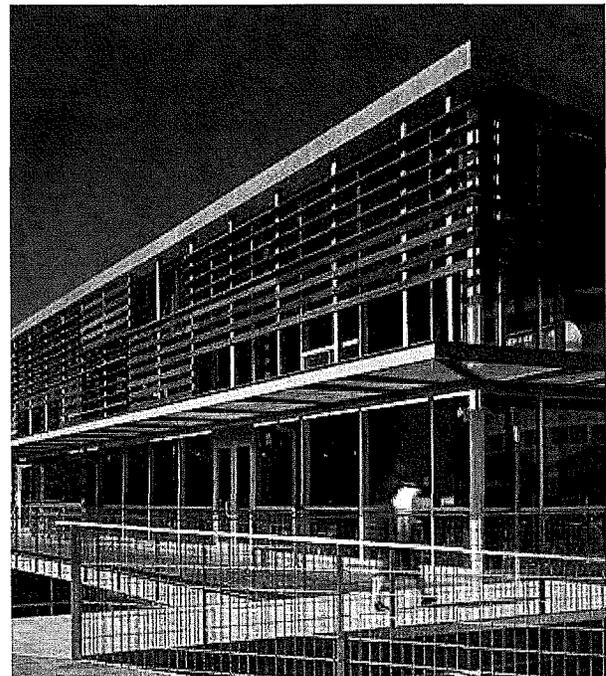
POLICY 7.1.4
Archeological resources found in the plan area should be preserved in-place or through appropriate treatment.

The Balboa Park Station Plan area is sensitive for several types of archeological resources: prehistoric occupation and small ephemeral activity sites; remains of the House of Refuge (San Francisco Industrial School, 1859-91); 19th century dairies and farms, including clusters of French Swiss dairy farms; remains of Ingleside Race Track and

Ingleside Coursing Park; and Ocean Avenue saloons, and clubrooms. Preservation of significant archeological sites requires sufficient identification and inventorying of documented and potential archeological resources. As a non-renewable resource, preservation in-place is the preferred treatment of an archeological site. Where preservation of an in-situ archeological resource is not possible, appropriate preservation treatment of the resource should be assured through data recovery, analysis, documentation, recordation, curation and public dissemination of the significance of the resource through interpretive products.

POLICY 7.1.5
Historic resources that are less than fifty years old should be protected.

A challenge of recognizing cultural and historic resources that are less than fifty years old is to understand what treatments are appropriate for those properties. Modern materials, styles, and property types are not as widely appreciated or studied as older materials and styles. Any building, object, or landscape less than fifty years of age within the Balboa Park Station Plan Area that displays exceptional significance for designation at a local, state, or national level shall be reviewed as historic resource.



Lick Wilmerding High School

OBJECTIVE 7.2**INTEGRATE HISTORIC PRESERVATION WITH THE LAND-USE PLANNING PROCESS FOR THE BALBOA PARK STATION PLAN AREA.**

It is important that throughout the planning process, the Planning Department work with various city agencies to ensure the protection and preservation of historic resources.

POLICY 7.2.1

Revised policies, guidelines, and standards should be adopted as needed to further preservation objectives.

New information regarding historic resources is discovered on a regular basis. As new information is compiled, it shall be utilized to update and revise the policies set for the Balboa Park Station plan area as needed to further preservation objectives of the plan.

POLICY 7.2.2

All projects located within the Ocean Avenue Potential Historic District should follow the Balboa Park Design Guidelines for the Potential Ocean Avenue Historic District.

POLICY 7.2.3

The destruction of historic resources from owner neglect or inappropriate actions should be prevented.

Owners of all properties have a responsibility to maintain their investment in good condition and to obtain City approval for alterations. The Planning Department shall seek remedies in cases of neglect or impairment through owner action/inaction within the Balboa Park Station plan area, particularly those that affect a cultural or historic resource.

POLICY 7.2.4

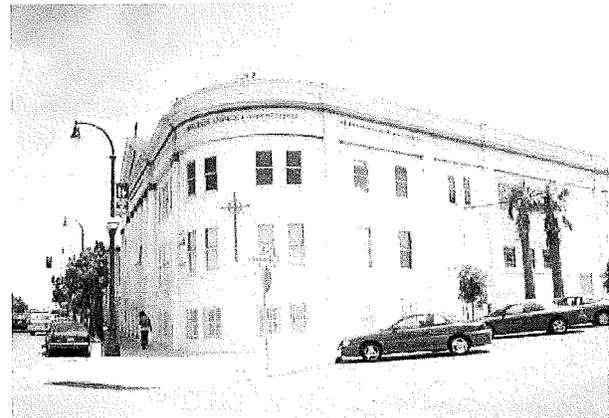
An emergency preparedness and response plan should be developed that considers the Balboa Park Station plan area's historic resources.

Older buildings are among those most vulnerable to destruction or heavy damage from events such as earthquake or fire, resulting in potential danger to life safety as well as an irreplaceable loss of the historic fabric of San Francisco. The Planning Department shall ensure the future welfare

of resources by developing plans and working with other agencies for preparation and response to earthquakes, fires, and other disasters.

OBJECTIVE 7.3**FOSTER PUBLIC AWARENESS AND APPRECIATION OF HISTORIC RESOURCES WITHIN THE BALBOA PARK STATION PLAN AREA.**

The public can play an important role in identifying historic resources by participating in surveys and context statement development or by submitting Potential San Francisco Landmark Evaluation forms to begin a formal designation process. Such participation can help to promote greater civic pride and awareness of the historic and cultural landscape of the plan area.



Ingside Presbyterian Church

POLICY 7.3.1

Formal designation of the Balboa Park Station's historic resources should be supported, as appropriate.

The Planning Department shall support official designation of resources at local, state, and national levels.

POLICY 7.3.2

Public participation in the identification of cultural and historic resources within the Balboa Park Station plan area should be encouraged.

San Francisco residents, merchants, and local historians may possess and have access to valuable historic information not widely known about buildings or other resources that would be useful in the evaluation process. The Planning Department, under the guidance of the Landmarks Preservation Advisory Board, shall seek the input and public participation in identifying historical contexts and properties in the Balboa Park Station plan area.

POLICY 7.3.3

Education and appreciation of historic resources within the Balboa Park Station plan area should be fostered among business leaders, neighborhood groups, and the general public through outreach efforts.

The Planning Department shall promote civic pride and awareness of the historic resources present in the Balboa Park Station plan area through the development of outreach programs, literature, signage, and internet tools.

OBJECTIVE 7.4

PROVIDE PRESERVATION INCENTIVES, GUIDANCE, AND LEADERSHIP WITHIN THE BALBOA PARK STATION PLAN AREA.

Preservation incentives are intended to offset the cost of preservation and encourage property owners to maintain, repair, restore, or rehabilitate historic and cultural resources.

POLICY 7.4.1

The availability of financial incentives for qualifying historic preservation projects should be promoted.

A number of financial incentives are available to owners of historic resources to assist in preservation. Preservation incentives are intended to off-set the cost of preservation and encourage property owners to maintain, repair, restore, or rehabilitate historic resources. The Planning Department shall promote and support the use of preservation incentives and shall provide information to the public on available preservation incentives to increase participation and awareness.

POLICY 7.4.2

The use of the State Historic Building Code for qualifying historic preservation projects should be encouraged.

The State Historic Building Code (SHBC) permits alternate design approaches to the regular Building Code that can minimize adverse impacts while still providing for health and safety. The Planning Department shall encourage and facilitate use of the SHBC for historic properties..

08

PUBLIC ART

Streets and open space are the shared public space of the city, the site of celebrations and demonstrations; they are the place where the stories and histories of many divergent communities coincide. Art can serve as a mirror and a conduit for these various meanings; it can take on numerous forms in the life of public space.

An Ocean Avenue/Balboa Park Area Arts Master Plan was created by artist Ann Chamberlain and the San Francisco Arts Commission's Public Art Program in response to a request from members of the community that the Arts Commission work with the Planning Department to develop an arts master plan in conjunction with the larger Balboa Park Station Area Plan.

The goals of this Arts Master Plan are;

- To identify the appropriate and predominant themes, shared histories and experiences within the community,
- To provide a blueprint of potential art project opportunities to enhance the Ocean Avenue corridor and surrounding neighborhoods,
- To recommend and rank prospective sites and types of projects relative to their value to the community, and
- To identify additional funding opportunities and strategies for implementation of these projects.

This plan incorporates some of the themes and proposals contained in the Arts Master Plan, which is published by the Arts Commission as a separate document.

San Francisco's Public Art Program, one of the first in the country, was established by city ordinance in 1969. The Art Enrichment Ordinance provides for 2% of the construction cost of civic buildings, transportation improvement projects, new parks, and other above-ground structures such as bridges, to be allocated for public art. It also provides an allowance for artwork conservation funds and allows for the pooling of art enrichment funds for interdepartmental projects. Circumstances that would allow construction projects to be exempt from public art allocations are also defined. The Public Art Program provides curatorial expertise and project management for the implementation of the city ordinance. It is administered through the San Francisco Arts Commission, and is overseen by the Visual Arts Committee (VAC) of the Commission.

The Public Art Program promotes a diverse and stimulating cultural environment to enrich the lives of the city's residents, visitors and employees. The Program encourages the creative interaction of artists, designers, city staff, officials and community members during the design of City projects, in order to develop public art that is specific and meaningful to the site and to the community. Public art is developed and implemented in conjunction with the overall design and construction of each project.

The Arts Master Plan deals as expansively as possible with the arts, not just as sculptural objects and physical enhancements commissioned through a public process, but as a living part of any community. Art can enhance the community's collective sense of identity, defining place and offering a site for the community's collective memories and stories. Art, art organizations and artists contribute to the economic and cultural vitality of an area, providing incentives for people to visit the area and indirectly encouraging other businesses. Art can offer a window to much of what has vanished or is invisible in the area by narrating the history of a space. This might include revealing or celebrating the ecology and typography of an area, as well as its people and cultural institutions.

It is also helpful to look at examples of successful projects in other public spaces, as well as to consider what specific sites and features of this neighborhood offer opportunities for art. One way of thinking about art and its role in the plan area is to consider its relation to various broad themes including Place, Community Identity, Geographic history and Economic Development.

Defining place

Defining place in a neighborhood includes identifying the boundaries and the central focus of a physical area, as well as exploring how art can announce a community's identity. This amplifies the experience of arrival or ceremony when visiting a particular neighborhood space. Large-scale sculptures, such as entry columns or sculptural light fixtures, can make a strong impression on visitors and can become symbols of a community that are deeply loved by its residents.

On Ocean Avenue artist-designed gates, sculptural columns or archways over Ocean Avenue could enhance the street as well as frame entrances to the commercial district. Benches, clocks, water fountains, and other types of functional furniture, when designed by artists, offer a sense of surprise and beauty to the street. Other place-defining artwork of a significant scale that can be viewed from the adjacent freeway, or experienced while in motion, can evoke curiosity about Ocean Avenue as a destination.

Community Identity

What makes the neighborhoods of the Balboa Park Station plan area unique? What things are common sources of pride for its residents? What aspects of the community evoke a different time or provide a distinct perspective on the world? There are numerous examples of these special places, reflecting its history both as a rural and urban site that residents are eager to share with visitors. The gymnasium in the First Presbyterian Church on Ocean Avenue, for example is a veritable Sistine Chapel of African American cultural and sports heroes. Cayuga Park is a pantheon of fantastic hand-carved sculptures and garden pathways created by city gardener Demi Braceros. These sites and others recall a particular moment in the history of the area, speaking to the diversity of the communities that surround the plan area. How can these secrets of the place, often known only locally or by just a few, be shared and acknowledged? How can art evoke memories and preserve the community's history?

On a street scale, embedding stories mosaics, medallions or historical signage on the street enables history to become accessible to everyone on a daily basis. Local heroes and narratives can be articulated through quotes, anecdotes, depictions and descriptions of historical events in various media. Projections of movies, photographic or moving images onto old movie houses like the El Rey Theater designed by Timothy Phluger (now a church), or on storefronts along the street, could enliven the street at night and offer history lessons to the community.

Study of historic maps can provide clues as to how and why a community evolved over time. Family photos and stories are valuable resources in developing a history of the area.

Geographic History

Land

The geography of the plan area has had much to do with shaping its current existence. To the south the hills slope off towards Daly City. The area is exposed to both the ocean (to the west) and the Bay (to the east) creating a

confluence of cool ocean air and warmer bay breezes which makes this a neighborhood that is frequently foggy, windy and cool. Ocean Avenue passes along a valley formed between outcroppings of rock. Merced Heights and Ocean View are to the south. Brooks Park, situated on one of these outcroppings, offers a view of Pt. Reyes to the north and the Farallons to the west. This southern point of the city is its narrowest point east to west, while Ocean Avenue and Geneva form a main east to west corridor extending from the ocean to the Bayshore. The wind and cool air inspire possible ideas for phenomena-based art works.

Water

“Water has a perfect memory forever finding its place”
-- Toni Morrison.

Water is essential to survival of humans and all forms of life. Historically communities grew up around streams and springs: water formed a central feature of their economy and was essential to their survival. Water in this area has a long history that refuses to go away. It emerges as water flooding up through the basements of homes and schools along Cayuga Ave. This water is traceable to Islais Creek, still visible above ground as it flows into the bay on the eastern edge of the city and to springs in the Excelsior Area to the east of Balboa Park. Its sound can be heard in the culverts and sump pumps of private residences.

In addition to the groundwater, there were flumes that traversed this area in the early 20th century bringing water to the city. Spring Valley Water Company owned large tracts of land in this area and ran water through the area. The Islais Creek bed which degenerated into an open sewer for the tanneries on its bank, was culverted in the early 20th century. The sound of water in the creek-bed was replaced first with the sound of rail transit with Southern Pacific Railway and then with cars after the construction of Interstate 280.

Artists working with the school district have used the hidden water of Islais Creek to irrigate a school garden at Denman Middle School. Additional projects could identify the water under the community, perhaps marking a segment of the creek. This could be extended to above ground structures and street furniture incorporating water

imagery. In Los Angeles, Blue Line Oasis, a mosaic and stone replica of an artesian well by artist Lynn Aldrich, enlivens the Artesia Metro Rail Station entrance and makes reference to a bygone era.

Art and Economic Development

The arts and artists often form a vanguard to economic development, appropriating and improving facilities that are undesirable with seat equity, subsequently attracting other businesses to the area. In San Francisco’s SOMA and Mission neighborhoods, are areas that have been enhanced by the influx of and building upgrades initiated by arts organizations.

The high-ceilings of the Geneva Office Building suggests an opportunity for a nonprofit arts organization to take up residency. This kind of activity could establish a precedent for the ongoing usage of the building in support of the arts. It could also stimulate other ancillary business developments in the neighborhood.

OBJECTIVE 8.1

INTEGRATE ART INTO THE FABRIC OF THE NEIGHBORHOOD.

Many of the publicly-financed projects discussed in this plan will generate art enrichment funding to commission permanent, public artworks through the San Francisco Arts Commission. Other sources of local, municipal funding would be appropriate for smaller or temporary projects, while funding on a national level could provide the means to realize more ambitious, community-initiated projects.

POLICY 8.1.1

The scope of the City’s Art Enrichment Ordinance should be broadened in the plan area.

Many of the new facilities and physical improvements suggested in this plan will be implemented under the auspices of the city and will thus be subject to the Art Enrichment Ordinance. In the plan area, the scope of the program should be broadened so that art is an integral component of all municipal construction projects and major urban design endeavors.

POLICY 8.1.2

Non-city public agencies and institutions should be encouraged to take part in the 2% for art program.

Several non-city public agencies and institutions (BART, City College, Caltrans, San Francisco Unified School District) will be involved in building new facilities in the plan area. These entities are not subject to San Francisco's Art Enrichment Ordinance (though some have programs of their own). These agencies should voluntarily take part in the city's program, or coordinate with it if they already have their own art enhancement programs in place.

POLICY 8.1.3

The arts and artists should be integrated with the overall design of new buildings, facilities and public opens spaces.

Often when artists are involved in the design of a new facility, they are brought in near the end of the process and are asked to design projects that are standalone or surface decoration. Though sometimes well-executed and compelling, these art projects miss the opportunity to allow artists to contribute from the beginning of a design project. Artists should be involved from the very beginning of design on the facilities and projects outlined in this plan. In general, a collaborative design team comprised of an architect or landscape architect and an artist can greatly add to the richness and originality of a new building, transit facility or public open space.

Art Enhancement Program Outline

1. "Research Projects"

There are a number of research-related art projects that could involve the local community in meaningful ways. These are relatively inexpensive projects for which sources of local money may be available. The importance of these projects should not be underestimated. They may be endeavors that precede and form the groundwork in terms of research and community building for larger permanent public art works. They can enhance the sense of shared history and community participation, and may be important precursors to more permanent undertakings.

Book Project

The residents of this area have a strong sense of their neighborhood, of its history, and of their own diverse origins, but these stories are scattered among personal archives and not universally accessible. A project that collates and records this history could build a sense of shared and renewed identity and offer a shared resource to the community as well as to those who might create public art works later. Such a book might chronicle the various neighborhoods, include illustrations and stories, reproduce collections of personal photographic archives and feature both historic maps as well as those created by the community.

Nighttime Street Projections

Film and historical images of the area could be projected onto various sites along Ocean Avenue. An important aspect of street safety has to do with keeping the area lively at night. Community members have archives of historic photographs in slide form. These could be rear projected in an empty storefront, or projected onto the side of a building at night. The snapshots of this area collected by the public library's history project could be used as well. Projections could rotate through the community or take place at fixed locations such as the exterior of the buildings that housed early cinema theaters on Ocean Avenue.

2. Transit platforms on Ocean Avenue

Ocean Avenue transports a large volume of commuters. The fog and wind of the area make this a cold and inhospitable place to wait for trains. The design of a transit structure would be a practical and aesthetic enhancement of the streetscape. These transit platforms, which will be the most visible element of Muni's K-Line improvements, could provide a defining characteristic for the street and neighborhood. The transit shelters along San Francisco's Embarcadero, designed by Anna Murch, or the shelters on 19th Avenue, designed by Leonard Hunter and Sheila Ghuldini, are local examples of such structures. An artist and architect team would be most appropriate for this project.

3. Sidewalk improvements and other enhancements as opportunities to embed history

As sidewalk improvements are implemented in the plan area there is an opportunity to embed ideas about history/culture into the sidewalk as art projects. The African Kente textile weaving patterns incorporated by artists Gary Moore, Gerald Marston, and WRT Inc. into the Ninth Street Pedestrian Mall, an extended walkway in an African American community in Miami, Florida, is one example of a creative paving treatment. Additional enhancement of the street might include interpretive signage that provides continuity throughout the streetscape. These could include vertical markers or uniquely designed narrative signage designed to convey local stories through text and images. The Historical and Interpretive Signage Project on The Embarcadero, by artist Michael Manwaring and historian Nancy Leigh Olmsted, which tells the story of San Francisco's waterfront, is a good example of this type of project.

4. *Gateway project*

The sense of entrance arrival or importance offered by a symbolic entranceway is an essential element in providing a unique identity to a place. The Balboa Park Station Area Plan acknowledges the significance of such a gateway in relation to the City College entrance as a focal point on Ocean Avenue. The plan calls for a pedestrian plaza or park at the site of the current bus turnaround on the Phelan Loop. This site will also function as a gateway into the City College campus, presenting an opportunity for an artist to design light fixtures or other features such as a gateway into the campus.

Alternatively a symbolic sculpture could be designed for this space. A work that is intriguing and perhaps changing, perhaps powered by wind, would be interesting for passersby to contemplate.

5. *Other open spaces*

Various open spaces have been proposed in the Phelan Loop Area as well as the Transit Station Neighborhood. Each suggests an opportunity for adding whimsical embellishments public open space environments. Sculptures of animals that children can climb on would be appropriate for a children's playground. Other artwork such as outdoor furniture or water fountains could enhance open spaces adjacent to residential neighborhoods or neighborhood parks.

6. *Artistic enhancements to architecture*

Ongoing development in the plan area will potentially provide opportunities for artistic enhancement. For example, the new Ingleside branch library on Ocean Avenue will generate art enrichment funds for new public art projects. As with the artwork by Colette Crutcher and Mark Roller, on the façade of the Ocean View Library, artwork could be incorporated into the exterior of the building, providing street appeal and neighborhood beautification.

7. *Transit Hub Enhancements*

This area, with its overlay of transportation interchange creates an opportunity to draw out the theme of transportation in the artwork. There are many possibilities: an artist project could integrate an icon or image similar to the Del Amo Wheel in Los Angeles, by artist Colin Gray, a decorative cast-stone cartwheel inscribed with transportation-themed visual and verbal riddles, or to develop a site using elements from old MUNI street cars for seating. This could also be a place to tell the layered history of the Southern Pacific Railway, the evolution of the region as a hub for transportation in the city's early days, and the introduction of the freeway through the landscape. The work might be iconic or intimate, functional or interactive.

8. *Geneva Office Building*

The rehabilitation of the historic Geneva Office Building -- which is likely to be the outstanding landmark and image-making building in the Transit Station Neighborhood -- offers extraordinary art-related opportunities.

This building and its history is tightly linked to the rich history of rail transportation in San Francisco. Artists can and should be involved in the planning and design of the building's renovation, in designing exhibits and elements of the building that illustrate this important and fascinating history. In addition, one of the most frequently-mentioned possible uses for the building is to house one or more arts-related organizations. Such an arts "hub" in the neighborhood, in combination with the many educational institutions in the vicinity, might begin to establish the arts as an overall theme for the new Transit Station Neighborhood.

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: 1963 Ocean Ave Appeal Information

From: Blake He [mailto:blakehe@gmail.com]
Sent: Thursday, January 08, 2015 4:27 AM
To: Carroll, John (BOS); Board of Supervisors (BOS)
Subject: 1963 Ocean Ave Appeal Information

Dear John,

Could you please include this file(<http://sf-planning.org/ftp/files/Commission/cpcpackets/2014.0206C.pdf>) to be part of the packet of information that will be distributed out please.

Please let me know if you need a physical copy of it. Thank you very much.

Blake He

Happy Vape

Electronic vaporizer retail &
Steam stone hookah lounge
(415)513-2620
1963 Ocean Ave.
San Francisco, CA 94127



SAN FRANCISCO PLANNING DEPARTMENT

Executive Summary Conditional Use

HEARING DATE: NOVEMBER 6, 2014

Date: October 30, 2014
Case No.: 2014.0206C
Project Address: 1963 Ocean Avenue
Zoning: Ocean Avenue NCT (Neighborhood Commercial Transit)
45-X Height and Bulk District
Block/Lot: 6915/020
Project Sponsor: Cong Phuong T Nguyen/Yong (Blake) He [agent]
948 Moscow Street
San Francisco, CA 94112
Staff Contact: Marcelle Boudreaux – (415) 575-9140
marcelle.boudreaux@sfgov.org
Recommendation: Approval with Conditions

1650 Mission S
Suite 400
San Francisco,
CA 94103-2476

Reception:
415.558.6376

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415.558.6406

Planning
Information:
415.558.6377

PROJECT DESCRIPTION

The project sponsor proposes to open a Tobacco Paraphernalia Establishment retail use in a vacant retail space to be known as “Happy Vape”, which will include e-cigarette sales at the ground floor and a steam stone hookah lounge at the basement level. The existing tenant space measures approximately 1,334 square feet at ground floor and 1,054 square feet at basement level. The project also includes minor interior tenant improvements and new signage, but otherwise no storefront alterations are proposed.

The project sponsor proposes a business that will sell devices (e-cigarettes/vaporizers), vaping liquids/e-juices and batteries both in-store, with some accessory sales on-line. In the basement level, the project sponsor proposes establishing a steam stone hookah lounge with maximum occupancy of 21 people. Together, these activities have been determined as Tobacco Paraphernalia Establishment uses and account for more than 10% of the square footage of occupied floor area. The proposed hours of operation are from 11 a.m. to 12 a.m. daily. No ABC license is being sought in conjunction with this Conditional Use authorization. Per the business plan for Happy Vape, no one under the age of eighteen will be allowed; this will be made clear through a sign on the entrance door and checking of identification.

E-cigarette smoking, or “vaping”, is not allowed inside commercial establishments within San Francisco, or within 15 feet of entrances to commercial establishments.

SITE DESCRIPTION AND PRESENT USE

The project is located on the south side of Ocean Avenue, between Ashton Street and Victoria Avenue, on an approximately 4,500 square foot parcel. The subject property is located within the Ocean Avenue NCT (Neighborhood Commercial Transit) District and the 45-X Height and Bulk District. The property is developed with a one-story-over-partial-basement commercial building, with tenants including a travel

agent and a massage/acupuncture establishment. The tenant space at 1963 Ocean Avenue, occupying the ground floor and the basement level, is currently vacant but was previously occupied by a retail aquarium store known as “Aquatic Central”. The proposed Tobacco Paraphernalia Establishment occupies 20 feet of street frontage.

SURROUNDING PROPERTIES AND NEIGHBORHOOD

The length of the Ocean Avenue NCT District is approximately ¾ mile and the City College of San Francisco anchors the southern end of the district, with approximately 35,000 students enrolled annually. The area surrounding the project site on Ocean Avenue is mixed-use in character. A variety of commercial establishments are located within ground floor storefronts in the Ocean Avenue NCT, including restaurants, cafes, professional services, convenience stores, liquor stores, auto service stations, and other types of retailers.

Buildings along Ocean Avenue typically range from one to five stories in height. Upper floors of buildings are generally occupied by residential units. The surrounding properties are located within the RH-1(D) (Residential House, One-Family Detached), RH-1 (Residential House, One-Family) and RH-2 (Residential House, Two-Family) Districts, with some NC-2 and NC-1 zoned districts interspersed. The area is transit-oriented with the MUNI K-Ingleside line on Ocean Avenue, several bus lines on or connecting to Ocean Avenue and the regionally-serving Balboa Park BART station at Geneva and San Jose Avenues approximately ¾ mile to the south. The Ocean Avenue NCT District is intended to provide convenience goods and services to the surrounding neighborhoods as well as limited comparison shopping goods for a wider market. The range of comparison goods and services offered is varied and often includes specialty retail stores, restaurants, and neighborhood-serving offices.

ENVIRONMENTAL REVIEW

The Project is exempt from the California Environmental Quality Act (“CEQA”) as a Class 1 categorical exemption.

HEARING NOTIFICATION

TYPE	REQUIRED PERIOD	REQUIRED NOTICE DATE	ACTUAL NOTICE DATE	ACTUAL PERIOD
Classified News Ad	20 days	October 17, 2014	October 15, 2014	22 days
Posted Notice	20 days	October 17, 2014	October 16, 2014	21 days
Mailed Notice	20 days	October 17, 2014	October 16, 2014	21 days

The proposal requires a Section 312-neighborhood notification, which was conducted in conjunction with the conditional use authorization process.

PUBLIC COMMENT

- To date, the Department has received emails and letters in opposition to the proposal from 22 individuals, and 2 letters of opposition from neighborhood groups, including the Westwood Park Association and from the Ingleside Terraces Homes Association. These individuals and groups expressed concerns regarding the safety of e-cigarettes, the safety and welfare of children in

relation to e-cigarettes, possibility of odor, crime in the area, and problems with the outdoor area (which the project sponsor has since removed from the project).

- The Department has also received a letter of support from the Ocean Avenue Association. The project sponsor has obtained 21 signed letters of support from neighboring business owners, including a petition with two signatures.

ISSUES AND OTHER CONSIDERATIONS

- On October 21, 2008, the Board of Supervisors (BOS) passed Ordinance No. 244-08, which created a new use category in the Planning Code for Tobacco Paraphernalia Establishments, defined as a retail use where more than 15% of the gross square footage of the establishment is dedicated to such sales. This use required Conditional Use Authorization in all Commercial and Industrial districts throughout San Francisco. Effective February 16, 2010 the BOS adopted Ordinance No. 03-10 that amended the definition of a Tobacco Paraphernalia Establishment where more than 10% of the square footage of occupied floor area or 10 linear feet of display area is dedicated to such sales. No restrictions were placed on the proximity of Tobacco Paraphernalia Establishments to each other or to other uses. Per the Ordinance, Tobacco Paraphernalia Establishments were defined as separate and distinct from Medical Cannabis Dispensaries.
- The Department of Public Health is the City's regulatory agency for tobacco permits. Ordinance No. 030-14 amended the Health Code with restrictions on the sale and use of electronic cigarettes through Board of Supervisor action, effective March 25, 2014. The ordinance generally amended Article 19(N): to prohibit the use of e-cigarettes where smoking is otherwise prohibited; require a tobacco permit for the sale of e-cigarettes; and prohibit the sale of e-cigarettes where the sale of tobacco products is otherwise prohibited.
- On August 5, 2014, the Director of SF Department of Public Health sent a letter to the Federal Drug Administration urging regulation of new noncombustible products, including e-cigarettes. The focus of the recommendations was that the FDA require: regulation of e-cigarettes (and other noncombustibles) in the same manner as existing tobacco products, including to be properly labeled and tested; regulation of marketing/advertising; and restriction of flavorings; and to require child-resistant packaging.
- There are no other retail shops completely dedicated to e-cigarette sales in the Ocean Avenue NCT, nor are there other Tobacco Paraphernalia Establishments that have been through the conditional use process. The approximate concentration of establishments that sell e-cigarettes – as peripheral goods and the proposed business - within the Ocean Avenue NCT is 6% of commercial frontage. This represents seven stores, including the subject proposal, out of 144 storefronts in the Ocean Avenue NCT. The two other nearest retail stores dedicated to e-cigarette sales appear to be located approximately 1.5 miles away from the subject site. However, the Planning Code does not outline restrictions on concentration percentage or proximity to other Tobacco Paraphernalia Establishments.

- Although not required for purposes of this Conditional Use Authorization process, the Planning Department requested that the project sponsor host a Pre-Application meeting according to Department standards. Adjacent property owners and occupants to the subject property, and neighborhood organizations from the Ocean View and West of Twin Peaks areas were invited. Nine people attended two Pre-Application meetings, hosted by Blake He (agent and co-owner) on May 5 and May 21, 2014, at the subject site. In addition, the project sponsor has presented at an Ocean Avenue Association monthly board meeting, presented at an Ocean Avenue Street Life Committee meeting, and attended an Ingleside Terraces Homes Association board meeting to field questions.
- The Invest in Neighborhoods (IIN) program of the Mayor's Office of Economic and Workforce Development prepared a neighborhood snapshot of Ocean Avenue corridor from Phelan Avenue to Manor Drive in February 2013. Out of 144 storefronts, the report's analysis determined an 11% vacancy rate -- a "relatively low commercial vacancy rate". However, according to a map produced of vacancy locations, the concentration of vacancies appear located at the northern end of the commercial district between Ashton Avenue and Manor Drive which were considered "dead blocks" through a survey conducted for this IIN report.
- The project sponsor had initially proposed an outdoor activity area for sampling e-cigarettes that required conditional use authorization; this request has been removed from the project.

REQUIRED COMMISSION ACTION

In order for the project to proceed, the Commission must grant conditional use authorization to allow the establishment of a Tobacco Paraphernalia Establishment, pursuant to Planning Code Sections 737.69.

BASIS FOR RECOMMENDATION

- The project promotes a locally-owned business and contributes to the commercial diversity of Ocean Avenue NCT.
- The project fills a vacant retail storefront and would not displace a retail tenant providing convenience goods and services to the neighborhood.
- The project meets all applicable requirements of the Planning Code.
- The project is desirable for, and compatible with the surrounding commercial neighborhood.
- The business is not a Formula Retail use and would serve the immediate and surrounding neighborhood.
- This type of retail sales must meet obtain other agency permits prior to occupancy and opening.

RECOMMENDATION: Approval with Conditions

Attachments:
Block Book Map
Sanborn Map
Aerial Photographs
Public Correspondence (see also Project Sponsor Submittal)
Reduced Plans

Project Sponsor Submittal, including:

- Letter to Commissioners
- Letters of Support
- Business Plan
- Information and research about e-cigarettes
- Photographs

Attachment Checklist

- | | |
|--|--|
| <input checked="" type="checkbox"/> Executive Summary | <input checked="" type="checkbox"/> Project sponsor submittal |
| <input checked="" type="checkbox"/> Draft Motion | Drawings: <u>Existing Conditions</u> |
| <input type="checkbox"/> Environmental Determination | <input checked="" type="checkbox"/> Check for legibility |
| <input checked="" type="checkbox"/> Zoning District Map | Drawings: <u>Proposed Project</u> |
| <input checked="" type="checkbox"/> Height & Bulk Map | <input checked="" type="checkbox"/> Check for legibility |
| <input checked="" type="checkbox"/> Parcel Map | 3-D Renderings (new construction or significant addition) |
| <input checked="" type="checkbox"/> Sanborn Map | <input type="checkbox"/> Check for legibility |
| <input checked="" type="checkbox"/> Aerial Photo | <input type="checkbox"/> Wireless Telecommunications Materials |
| <input checked="" type="checkbox"/> Context (Rear Yard) Photos | <input type="checkbox"/> Health Dept. review of RF levels |
| <input checked="" type="checkbox"/> Site Photos | <input type="checkbox"/> RF Report |
| | <input type="checkbox"/> Community Meeting Notice |
| | <input type="checkbox"/> Housing Documents |
| | <input type="checkbox"/> Inclusionary Affordable Housing Program: Affidavit for Compliance |

Exhibits above marked with an "X" are included in this packet

_____MWB_____
Planner's Initials



SAN FRANCISCO PLANNING DEPARTMENT

Subject to: (Select only if applicable)

- Affordable Housing (Sec. 415)
- Jobs Housing Linkage Program (Sec. 413)
- Downtown Park Fee (Sec. 412)
- First Source Hiring (Admin. Code)
- Child Care Requirement (Sec. 414)
- Other

1650 Mission S
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

Planning Commission Draft Motion

HEARING DATE: NOVEMBER 6, 2014

Date: October 30, 2014
Case No.: 2014.0206C
Project Address: 1963 Ocean Avenue
Zoning: Ocean Avenue NCT (Neighborhood Commercial Transit)
45-X Height and Bulk District
Block/Lot: 6915/020
Project Sponsor: Cong Phuong T Nguyen/Yong (Blake) He [agent]
948 Moscow Street
San Francisco, CA 94112
Staff Contact: Marcelle Boudreaux – (415) 575-9140
marcelle.boudreaux@sfgov.org
Recommendation: Approval with Conditions

ADOPTING FINDINGS RELATING TO THE APPROVAL OF CONDITIONAL USE AUTHORIZATION PURSUANT TO SECTIONS 303 AND 737.69 OF THE PLANNING CODE TO ALLOW ESTABLISHMENT OF A TOBACCO PARAPHERNALIA ESTABLISHMENT (D.B.A. HAPPY VAPE) WITHIN THE OCEAN AVENUE NCT (NEIGHBORHOOD COMMERCIAL TRANSIT) DISTRICT AND A 45-X HEIGHT AND BULK DISTRICT.

PREAMBLE

On February 7, 2014 Cong Phuong Nguyen (hereinafter “Project Sponsor”) filed an application with the Planning Department (hereinafter “Department”) for Conditional Use Authorization under Planning Code Section(s) 737.69 to allow establishment of a Tobacco Paraphernalia Establishment retail use (d.b.a. Happy Vape) within the Ocean Avenue NCT (Neighborhood Commercial Transit) District and a 45-X Height and Bulk District.

On November 6, 2014, the San Francisco Planning Commission (hereinafter “Commission”) conducted a duly noticed public hearing at a regularly scheduled meeting on Conditional Use Application No. 2014.0206C.

The Project is exempt from the California Environmental Quality Act (“CEQA”) as a Class 1 categorical exemption.

The Commission has heard and considered the testimony presented to it at the public hearing and has further considered written materials and oral testimony presented on behalf of the applicant, Department staff, and other interested parties.

MOVED, that the Commission hereby authorizes the Conditional Use requested in Application No. 2014.0206C, subject to the conditions contained in "EXHIBIT A" of this motion, based on the following findings:

FINDINGS

Having reviewed the materials identified in the preamble above, and having heard all testimony and arguments, this Commission finds, concludes, and determines as follows:

1. The above recitals are accurate and constitute findings of this Commission.
2. **Site Description and Present Use.** The project is located on the southern side of Ocean Avenue, between, Block 6915, Lot 020. The property is located within the Ocean Avenue NCT (Neighborhood Commercial Transit) District with 45-X height and bulk district. The property is developed with a one-story-over-partial-basement commercial building, with tenants including a travel agent, a massage/acupuncture establishment and the vacant retail space at 1963 Ocean Avenue. The street frontage of the proposed tenant space is 20 feet. The parcel is approximately 4,500 square feet.
3. **Surrounding Properties and Neighborhood.** The length of the Ocean Avenue NCT District is approximately $\frac{3}{4}$ mile and the City College of San Francisco anchors the southern end of the district, with approximately 35,000 students. The area surrounding the project site on Ocean Avenue is mixed-use in character. A variety of commercial establishments are located within ground floor storefronts in the Ocean Avenue NCT, including restaurants, cafes, professional services, convenience stores, liquor stores, auto service stations, and other types of retailers.

Buildings along Ocean Avenue typically range from one to five stories in height. Upper floors of buildings are generally occupied by residential units. The surrounding properties are located within the RH-1(D) (Residential House, One-Family Detached), RH-1 (Residential House, One-Family) and RH-2 (Residential House, Two-Family) Districts, with some NC-2 and NC-1 zoned districts interspersed. The area is transit-oriented with the MUNI K-Ingleside line on Ocean Avenue and several bus lines on and connecting to Ocean Avenue. The Ocean Avenue NCT District is intended to provide convenience goods and services to the surrounding neighborhoods as well as limited comparison shopping goods for a wider market. The range of comparison goods and services offered is varied and often includes specialty retail stores, restaurants, and neighborhood-serving offices.

4. **Project Description.** The project sponsor proposes to establish a Tobacco Paraphernalia Establishment retail use in a vacant retail space to be known as "Happy Vape", which will include e-cigarette sales at the ground floor and a steam stone hookah lounge at the basement

level. The existing tenant space measures approximately 1,334 square feet at ground floor and 1,054 square feet at basement level. The project also includes minor interior tenant improvements, new signage but otherwise proposed no storefront alterations.

The project sponsor proposes a business that will sell devices (e-cigarettes/vaporizers), vaping liquids/e-juices and batteries both in-store and some accessory sales on-line. In the basement level, the project sponsor proposes establishing a steam stone hookah lounge. Together, these activities have been determined as Tobacco Paraphernalia Establishment uses and account for more than 10% of the square footage of occupied floor area. The proposed hours of operation are from 11 a.m. to 12 a.m. daily. No ABC license is being sought in conjunction with this Conditional Use authorization.

E-cigarette smoking, or “vaping”, is not allowed inside commercial establishments within San Francisco.

The proposed use is an independent use and locally owned, which has been encouraged throughout San Francisco. The proposed use is not a Formula Retail use. The proposal requires a Section 312-neighborhood notification, which was conducted in conjunction with the Conditional Use Authorization process.

The proposed operation will employ between 2-4 employees. The subject site is well served by public transit so that potential customers should not adversely affect the traffic flow.

5. Public Comment. To date, the Department has received emails and letters in opposition to the proposal from 22 individuals, and 2 letters of opposition from neighborhood groups, including the Westwood Park Association and from the Ingleside Terraces Homes Association. These individuals and groups expressed concerns regarding the safety of e-cigarettes, the safety and welfare of children in relation to e-cigarettes, possibility of odor, crime in the area, and problems with the outdoor area (which the project sponsor has since removed from the project). The Department has also received a letter of support from the Ocean Avenue Association. The project sponsor has obtained 21 signed letters of support from neighboring business owners, including a petition with two signatures.
6. Planning Code Compliance: The Commission finds that the Project is consistent with the relevant provisions of the Planning Code in the following manner:
 - A. Use Size. Planning Code Section 737.21 permits use sizes up to 3,999 square feet, with a Conditional Use Authorization required for use sizes of 4,000 square feet and above, as defined by Planning Code Section 790.130.

The proposed use size of the ground floor and basement level is approximately 2,423 square feet.

- B. Outdoor Activity. Planning Code Section 737.24 states that a Conditional Use Authorization is required for an Outdoor Activity Area, as defined by Planning Code Section 790.70.

The Project Sponsor does not intend to establish an outdoor activity area.

- C. Hours of Operation. Planning Code Section 737.27 permits operation by-right from 6 a.m. to 2 a.m. Operation between the hours of 2 a.m. to 6 a.m is allowed through conditional use authorization only.

The Sponsor does not seek to operate beyond the permitted hours of operation for the Zoning District. The proposed hours of operation for Happy Vape are 11 a.m. to 12 a.m. daily in the ground and basement levels.

- D. Rear Yard Requirement in the Ocean Avenue NCT District. Planning Code Section 737.12 and 134 states that the minimum rear yard depth shall be equal to 25 percent of the total depth of a lot in which it is situated, but in no case less than 15 feet.

The proposal does not include any structural expansion. The rear yard meets the Planning Code requirements.

- E. Parking. Planning Section 151 of the Planning Code requires off-street parking for every 200 square-feet of occupied floor area, where the occupied floor area exceeds 5,000 square-feet.

The Subject Property contains approximately 2,423 square-feet of occupied floor area and thus does not require any off-street parking.

- F. Street Frontage in Neighborhood Commercial Districts. Section 145.1 of the Planning Code requires that within NC Districts space for active uses shall be provided within the first 25 feet of building depth on the ground floor. Frontages with active uses must be fenestrated with transparent windows and doorways for no less than 60 percent of the street frontage at the ground level and allow visibility to the inside of the building.

The subject commercial space has approximately 20-feet of frontage on Ocean Avenue with approximately 20 feet devoted to either the retail entrance or window space. The windows are proposed as clear and unobstructed. There are no changes proposed to the commercial frontage.

- G. Signage. Any proposed signage will be subject to the review and approval of the Planning Department per Article 6 of the Planning Code.

- 7. Planning Code Section 303 establishes criteria for the Planning Commission to consider when reviewing applications for Conditional Use approval. On balance, the project does comply with said criteria in that:

- A. The proposed new uses and building, at the size and intensity contemplated and at the proposed location, will provide a development that is necessary or desirable, and compatible with, the neighborhood or the community.

The size of the proposed use is in keeping with other storefronts on the block face. The proposed Tobacco Paraphernalia Establishment will not impact traffic or parking in the District, as the use is not changing from retail. This will compliment the mix of goods and services currently available in the district by providing diverse commercial offerings and contribute to the economic vitality of the neighborhood by removing a vacant storefront.

B. The proposed project will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity. There are no features of the project that could be detrimental to the health, safety or convenience of those residing or working the area, in that:

- i. Nature of proposed site, including its size and shape, and the proposed size, shape and arrangement of structures;

The height and bulk of the existing building will remain the same and will not alter the existing appearance or character of the project vicinity. The proposed work will not affect the building envelope.

- ii. The accessibility and traffic patterns for persons and vehicles, the type and volume of such traffic, and the adequacy of proposed off-street parking and loading;

The Planning Code does not require parking or loading for a 2,423 occupied square-foot retail use. The proposed use is designed to meet the needs of the immediate neighborhood as well as limited comparison shopping goods for a wider market. The site is easily accessible by transit for surrounding neighborhoods, and should not generate significant amounts of vehicular trips from the immediate neighborhood or citywide.

- iii. The safeguards afforded to prevent noxious or offensive emissions such as noise, glare, dust and odor;

The proposed use is subject to conditions of approval outlined in Exhibit A. Conditions 3 and 6 specifically obligates the project sponsor to mitigate odor generated by the Tobacco Paraphernalia Use.

- iv. Treatment given, as appropriate, to such aspects as landscaping, screening, open spaces, parking and loading areas, service areas, lighting and signs;

The proposed use does not require additional exterior improvements, nor does the project require parking or loading. The Department shall review all signs proposed for the new business in accordance with Article 6 of the Planning Code.

C. That the use as proposed will comply with the applicable provisions of the Planning Code and will not adversely affect the General Plan.

The Project complies with all relevant requirements and standards of the Planning Code and is consistent with objectives and policies of the General Plan as detailed below.

- D. That the use as proposed would provide development that is in conformity with the purpose of the applicable Neighborhood Commercial District.

The proposed project is consistent with the stated purposes of the Ocean Avenue NCT District in that the intended use is located at the ground floor and below, will provide convenience goods and services to the surrounding neighborhoods as well as limited comparison shopping goods for a wider market. The proposal enhances the range of comparison goods and services offered by adding another specialty retail store to the District. The project seeks to retain an existing storefront, which will preserve the fine grain character of the district. Further, a survey conducted by the Mayor's Office of Economic and Workforce Development Invest in Neighborhoods program (February 2013) determined that more diverse commercial offerings were desired by the neighborhood.

- E. With respect to a Tobacco Paraphernalia Establishment, as defined in Section 227(v) of the Planning Code, the Commission shall make the following findings:

- i. The concentration of such establishments in the particular zoning district for which they are proposed does not appear to contribute directly to peace, health, safety, and general welfare problems, including drug use, drug sales, drug trafficking, other crimes associated with drug use, loitering, and littering, as well as traffic circulation, parking, and noise problems on the district's public streets and lots;

The proposal is a new establishment, which proposes to utilize a vacant retail space for an electronic cigarette retail store and steam stone hookah lounge. There are no other Tobacco Paraphernalia Establishments within the Ocean Avenue NCT that have received Conditional Use authorization. The approximate concentration of establishments that sell e-cigarettes – including as peripheral goods and the proposed business - within the Ocean Avenue NCT is 6% of commercial frontage. The project sponsor will maintain current contact information for a Community Liaison per Condition 6 in Exhibit A, will endeavor to create a safe business environment, discourage loitering and e-cigarette smoking outside the storefront, and maintain the public space in front of the storefront free from litter per Condition 4 in Exhibit A. Street parking exists along Ocean Avenue and the area is well-served by MUNI K-Ingleside lightrail line and several bus lines on and connecting to Ocean Avenue.

- ii. The concentration of such establishments in the particular zoning district for which they are proposed does not appear to adversely impact the health, safety, and welfare of residents of nearby areas, including fear for the safety of children, elderly and disabled residents, and visitors to San Francisco;

The proposal is a new establishment, which proposes to utilize a vacant retail space for an electronic cigarette retail store and steam stone hookah lounge. There are no other Tobacco Paraphernalia Establishments within the Ocean Avenue NCT that have received Conditional Use authorization. The approximate concentration of establishments that sell e-cigarettes –

including as peripheral goods and the proposed business - within the Ocean Avenue NCT is 6% of commercial frontage. The project sponsor will maintain current contact information for a Community Liaison per Condition 6 in Exhibit A, will endeavor to create a safe business environment, discourage loitering and e-cigarette smoking outside the storefront, and maintain the public space in front of the storefront free from litter per Condition 4 in Exhibit A.

- iii. The proposed establishment is compatible with the existing character of the particular district for which it is proposed.

The proposal is a new commercial establishment, which proposes to utilize a vacant retail space for an electronic cigarette retail store and steam stone hookah lounge. The use will remain as retail establishment, and no changes are proposed to the fine-grained, pedestrian-oriented storefront. The establishment is compatible with the existing character of particular district for which it is proposed.

- 8. General Plan Compliance. The Project is, on balance, consistent with the following Objectives and Policies of the General Plan:

NEIGHBORHOOD COMMERCE

Objectives and Policies

OBJECTIVE 1:

MANAGE ECONOMIC GROWTH AND CHANGE TO ENSURE ENHANCEMENT OF THE TOTAL CITY LIVING AND WORKING ENVIRONMENT.

Policy 1.1:

Encourage development which provides substantial net benefits and minimizes undesirable consequences. Discourage development that has substantial undesirable consequences that cannot be mitigated.

Policy 1.2:

Assure that all commercial and industrial uses meet minimum, reasonable performance standards.

Policy 1.3:

Locate commercial and industrial activities according to a generalized commercial and industrial land use plan.

The proposed development will provide specialty goods and services to the neighborhood and will provide employment opportunities to those in the community. Further, the Project Site is located within a Neighborhood Commercial District and is thus consistent with activities in the commercial land use plan.

OBJECTIVE 2:

MAINTAIN AND ENHANCE A SOUND AND DIVERSE ECONOMIC BASE AND FISCAL STRUCTURE FOR THE CITY.

Policy 2.1:

Seek to retain existing commercial and industrial activity and to attract new such activity to the City.

The Project will introduce a new commercial retail use and will enhance the diverse economic base of the City.

OBJECTIVE 6:

MAINTAIN AND STRENGTHEN VIABLE NEIGHBORHOOD COMMERCIAL AREAS EASILY ACCESSIBLE TO CITY RESIDENTS.

Policy 6.1:

Ensure and encourage the retention and provision of neighborhood-serving goods and services in the city's neighborhood commercial districts, while recognizing and encouraging diversity among the districts.

No commercial tenant would be displaced and the project would not prevent the district from achieving optimal diversity in the types of goods and services available in the neighborhood. The proposed business seeks to occupy a vacant retail storefront with a diverse commercial use.

Policy 6.2:

Promote economically vital neighborhood commercial districts which foster small business enterprises and entrepreneurship and which are responsive to the economic and technological innovation in the marketplace and society.

An independent entrepreneur is sponsoring the proposal. This is not a Formula Retail use.

9. Planning Code Section 101.1(b) establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the project does comply with said policies in that:

- A. That existing neighborhood-serving retail uses be preserved and enhanced and future opportunities for resident employment in and ownership of such businesses be enhanced.

The proposal would enhance the district by filling a vacant storefront and preserve a retail use. The business would be locally owned and it creates 2-4 employment opportunities for the community. The proposed alterations are within the existing building footprint.

- B. That existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods.

The existing units in the surrounding neighborhood would not be adversely affected. The proposal includes the use of the outside activity area but restricts the hours of this space to between 11 a.m. and 8 p.m. daily.

- C. That the City's supply of affordable housing be preserved and enhanced,

No housing is removed for this Project.

- D. That commuter traffic not impede MUNI transit service or overburden our streets or neighborhood parking.

The site is on Ocean Avenue and is well served by transit. Street parking lines both sides of Ocean Avenue. Ocean Avenue has one MUNI light-rail (K-Ingleside) and several bus lines on and connecting to Ocean Avenue.

- E. That a diverse economic base be maintained by protecting our industrial and service sectors from displacement due to commercial office development, and that future opportunities for resident employment and ownership in these sectors be enhanced.

The Project will not displace any service or industry establishment. The project will not affect industrial or service sector uses or related employment opportunities. Ownership of industrial or service sector businesses will not be affected by this project.

- F. That the City achieve the greatest possible preparedness to protect against injury and loss of life in an earthquake.

This proposal will not impact the property's ability to withstand an earthquake.

- G. That landmarks and historic buildings be preserved.

A landmark or historic building does not occupy the Project site.

- H. That our parks and open space and their access to sunlight and vistas be protected from development.

The project will have no negative impact on existing parks and open spaces. The Project does not have an impact on open spaces.

10. The Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) in that, as designed, the Project would contribute to the character and stability of the neighborhood and would constitute a beneficial development.

11. The Commission hereby finds that approval of the Conditional Use authorization would promote the health, safety and welfare of the City.

DECISION

That based upon the Record, the submissions by the Applicant, the staff of the Department and other interested parties, the oral testimony presented to this Commission at the public hearings, and all other written materials submitted by all parties, the Commission hereby APPROVES Conditional Use Application No. 2014.0206C subject to the following conditions attached hereto as "EXHIBIT A" in general conformance with plans on file, dated October 30, 2014, and stamped "EXHIBIT B", which is incorporated herein by reference as though fully set forth.

APPEAL AND EFFECTIVE DATE OF MOTION: Any aggrieved person may appeal this Conditional Use Authorization to the Board of Supervisors within thirty (30) days after the date of this Motion No. XXXXX. The effective date of this Motion shall be the date of this Motion if not appealed (After the 30-day period has expired) OR the date of the decision of the Board of Supervisors if appealed to the Board of Supervisors. For further information, please contact the Board of Supervisors at (415) 554-5184, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

Protest of Fee or Exaction: You may protest any fee or exaction subject to Government Code Section 66000 that is imposed as a condition of approval by following the procedures set forth in Government Code Section 66020. The protest must satisfy the requirements of Government Code Section 66020(a) and must be filed within 90 days of the date of the first approval or conditional approval of the development referencing the challenged fee or exaction. For purposes of Government Code Section 66020, the date of imposition of the fee shall be the date of the earliest discretionary approval by the City of the subject development.

If the City has not previously given Notice of an earlier discretionary approval of the project, the Planning Commission's adoption of this Motion, Resolution, Discretionary Review Action or the Zoning Administrator's Variance Decision Letter constitutes the approval or conditional approval of the development and the City hereby gives NOTICE that the 90-day protest period under Government Code Section 66020 has begun. If the City has already given Notice that the 90-day approval period has begun for the subject development, then this document does not re-commence the 90-day approval period.

I hereby certify that the Planning Commission ADOPTED the foregoing Motion on November 6, 2014.

Jonas P. Ionin
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: November 6, 2014

EXHIBIT A

AUTHORIZATION

This authorization is for a conditional use to allow a Tobacco Paraphernalia Establishment (d.b.a. Happy Vape) located at 1963 Ocean Avenue, Block 6915, Lot 020, pursuant to Planning Code Section(s) 303, 737.69, and 737.24 within the Ocean Avenue NCT District and a 45-X Height and Bulk District; in general conformance with plans, dated October 30, 2014, and stamped "EXHIBIT B" included in the docket for Case No. 2014.0206C and subject to conditions of approval reviewed and approved by the Commission on November 6, 2014 under Motion No XXXXXX. This authorization and the conditions contained herein run with the property and not with a particular Project Sponsor, business, or operator.

RECORDATION OF CONDITIONS OF APPROVAL

Prior to the issuance of the building permit or commencement of use for the Project the Zoning Administrator shall approve and order the recordation of a Notice in the Official Records of the Recorder of the City and County of San Francisco for the subject property. This Notice shall state that the project is subject to the conditions of approval contained herein and reviewed and approved by the Planning Commission on November 6, 2014 under Motion No XXXXXX.

PRINTING OF CONDITIONS OF APPROVAL ON PLANS

The conditions of approval under the 'Exhibit A' of this Planning Commission Motion No. XXXXXX shall be reproduced on the Index Sheet of construction plans submitted with the site or building permit application for the Project. The Index Sheet of the construction plans shall reference to the Conditional Use authorization and any subsequent amendments or modifications.

SEVERABILITY

The Project shall comply with all applicable City codes and requirements. If any clause, sentence, section or any part of these conditions of approval is for any reason held to be invalid, such invalidity shall not affect or impair other remaining clauses, sentences, or sections of these conditions. This decision conveys no right to construct, or to receive a building permit. "Project Sponsor" shall include any subsequent responsible party.

CHANGES AND MODIFICATIONS

Changes to the approved plans may be approved administratively by the Zoning Administrator. Significant changes and modifications of conditions shall require Planning Commission approval of a new Conditional Use authorization.

PERFORMANCE

Validity. The authorization and right vested by virtue of this action is valid for three (3) years from the effective date of the Motion. The Department of Building Inspection shall have issued a Building Permit or Site Permit to construct the project and/or commence the approved use within this three-year period.

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

Expiration and Renewal. Should a Building or Site Permit be sought after the three (3) year period has lapsed, the project sponsor must seek a renewal of this Authorization by filing an application for an amendment to the original Authorization or a new application for Authorization. Should the project sponsor decline to so file, and decline to withdraw the permit application, the Commission shall conduct a public hearing in order to consider the revocation of the Authorization. Should the Commission not revoke the Authorization following the closure of the public hearing, the Commission shall determine the extension of time for the continued validity of the Authorization.

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

Diligent pursuit. Once a site or Building Permit has been issued, construction must commence within the timeframe required by the Department of Building Inspection and be continued diligently to completion. Failure to do so shall be grounds for the Commission to consider revoking the approval if more than three (3) years have passed since this Authorization was approved.

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

Extension. All time limits in the preceding three paragraphs may be extended at the discretion of the Zoning Administrator where implementation of the project is delayed by a public agency, an appeal or a legal challenge and only by the length of time for which such public agency, appeal or challenge has caused delay.

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

Conformity with Current Law. No application for Building Permit, Site Permit, or other entitlement shall be approved unless it complies with all applicable provisions of City Codes in effect at the time of such approval.

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

Conditions of Approval, Compliance, Monitoring, and Reporting

1. Enforcement. Violation of any of the Planning Department conditions of approval contained in this Motion or of any other provisions of Planning Code applicable to this Project shall be subject to the enforcement procedures and administrative penalties set forth under Planning Code

Section 176 or Section 176.1. The Planning Department may also refer the violation complaints to other city departments and agencies for appropriate enforcement action under their jurisdiction. For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

2. Revocation due to Violation of Conditions. Should implementation of this Project result in complaints from interested property owners, residents, or commercial lessees which are not resolved by the Project Sponsor and found to be in violation of the Planning Code and/or the specific conditions of approval for the Project as set forth in Exhibit A of this Motion, the Zoning Administrator shall refer such complaints to the Commission, after which it may hold a public hearing on the matter to consider revocation of this authorization. For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

DESIGN – COMPLIANCE AT PLAN STAGE

3. Odor Control Unit. In order to ensure any significant noxious or offensive odors are prevented from escaping the premises once the project is operational, the building permit application to implement the project shall include air cleaning or odor control equipment details and manufacturer specifications on the plans. Odor control ducting shall not be applied to the primary façade of the building. For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

OPERATION

4. Garbage, Recycling, and Composting Receptacles. Garbage, recycling, and compost containers shall be kept within the premises and hidden from public view, and placed outside only when being serviced by the disposal company. Trash shall be contained and disposed of pursuant to garbage and recycling receptacles guidelines set forth by the Department of Public Works. For information about compliance, contact Bureau of Street Use and Mapping, Department of Public Works at 415-554-.5810, <http://sfdpw.org>
5. Sidewalk Maintenance. The Project Sponsor shall maintain the main entrance to the building and all sidewalks abutting the subject property in a clean and sanitary condition in compliance with the Department of Public Works Streets and Sidewalk Maintenance Standards. For information about compliance, contact Bureau of Street Use and Mapping, Department of Public Works, 415-695-2017, <http://sfdpw.org>
6. Odor Control. While it is inevitable that some low level of odor may be detectable to nearby residents and passersby, appropriate odor control equipment shall be installed in conformance with the approved plans and maintained to prevent any significant noxious or offensive odors from escaping the premises.

For information about compliance with odor or other chemical air pollutants standards, contact the Bay Area Air Quality Management District, (BAAQMD), 1-800-334-ODOR (6367), www.baaqmd.gov and Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

7. Community Liaison. Prior to issuance of a building permit to construct the project and implement the approved use, the Project Sponsor shall appoint a community liaison officer to deal with the issues of concern to owners and occupants of nearby properties. The Community Liaison is Yong (Blake) He, at a business address of 1963 Ocean Avenue, San Francisco, CA 94127, and phone number 415-513-2620. Should the contact information change, the Zoning Administrator shall be made aware of such change. The community liaison shall report to the Zoning Administrator what issues, if any, are of concern to the community and what issues have not been resolved by the Project Sponsor.

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

8. Hours of Operation. The subject establishment is limited to the following hours of operation: 11 a.m. – 12 a.m. daily.

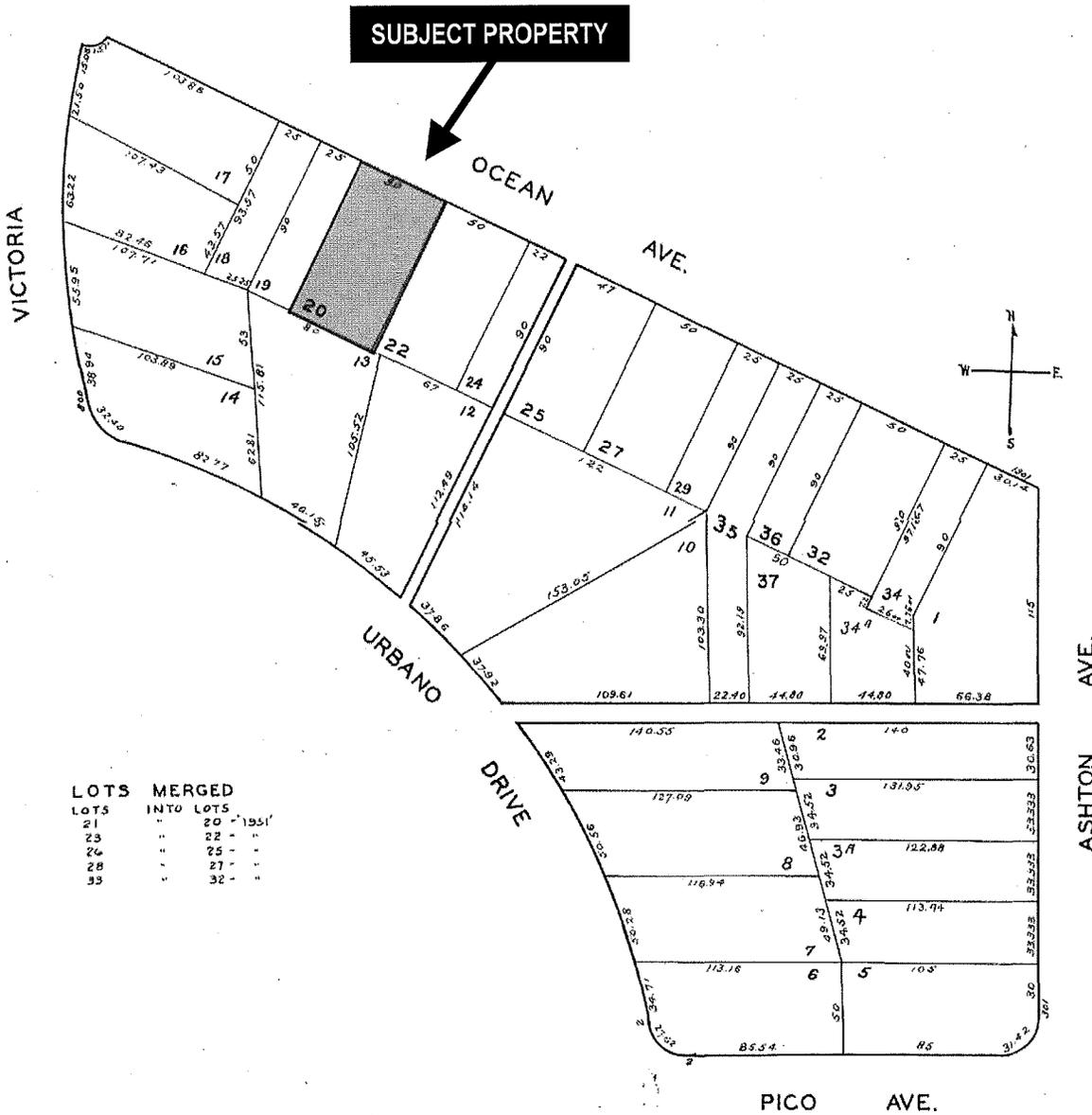
For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

Parcel Map

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CITY & COUNTY ASSESSOR 1995

6915
INGLESIDE TER. BLK. 12

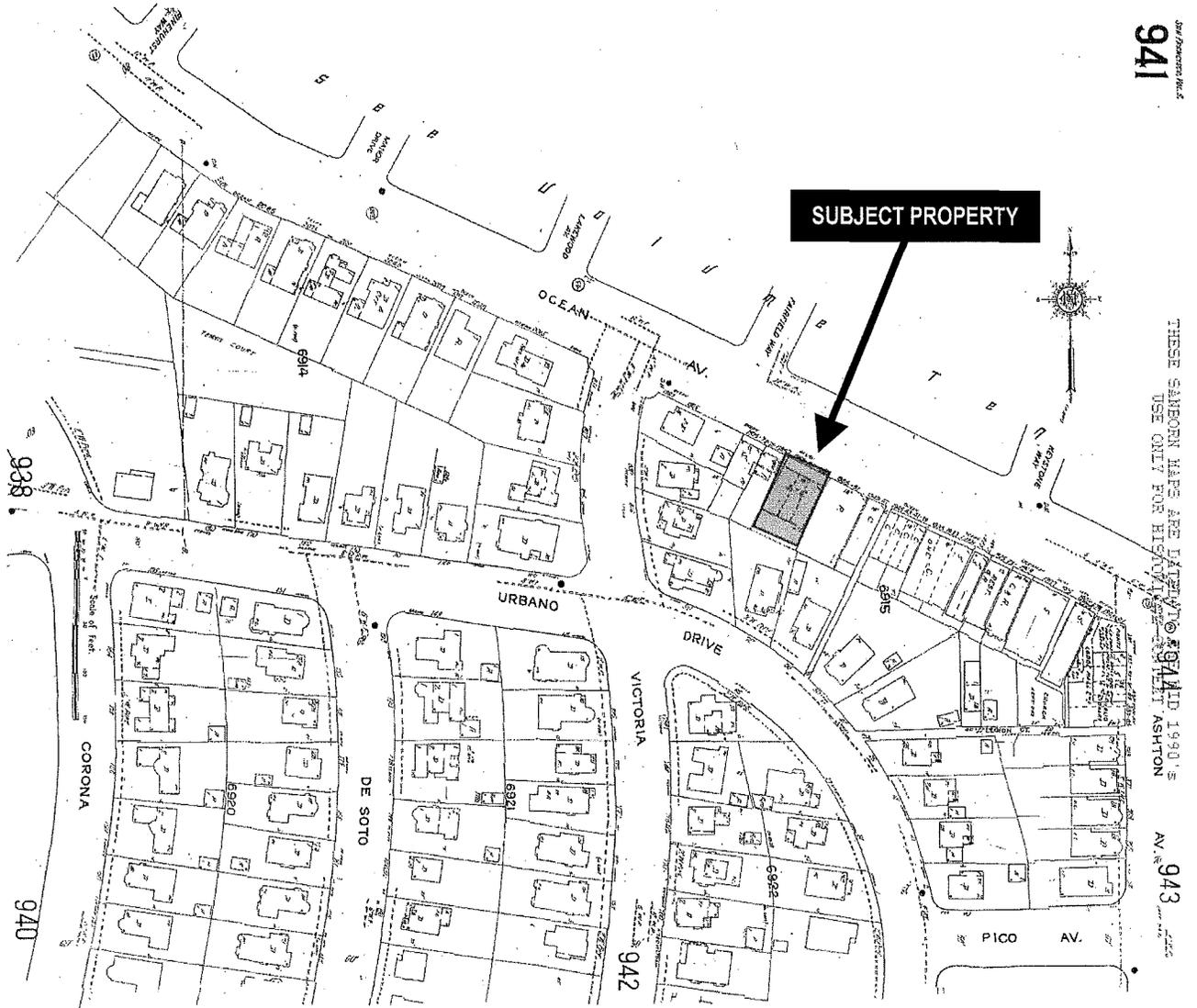
REVISED 159
" 187



Conditional Use Authorization Hearing
Case Number 2014.0206C
1963 Ocean Avenue



Sanborn Map*

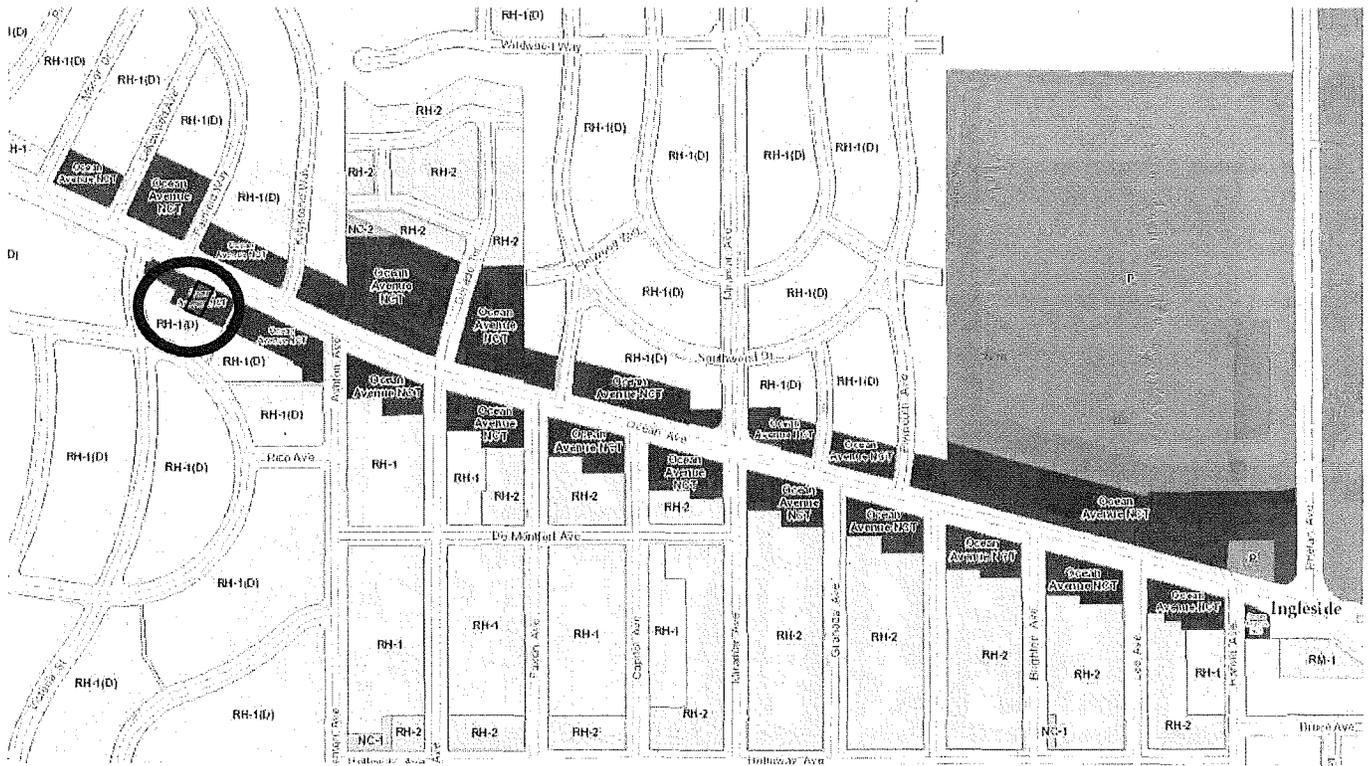


*The Sanborn Maps in San Francisco have not been updated since 1998, and this map may not accurately reflect existing conditions.



Conditional Use Authorization Hearing
Case Number 2014.0206C
1963 Ocean Avenue

Zoning Map



Conditional Use Authorization Hearing
Case Number 2014.0206C
1963 Ocean Avenue



Aerial Photo



SUBJECT PROPERTY



Conditional Use Authorization Hearing
Case Number 2014.0206C
1963 Ocean Avenue

Site Photo



SUBJECT PROPERTY

Conditional Use Authorization Hearing
Case Number 2014.0206C
1963 Ocean Avenue



Ocean Avenue Association
1728 Ocean Ave PMB 154
San Francisco, CA 94112

October 20, 2014

Marcelle Boudreaux
San Francisco Department of City Planning
marcelle.boudreaux@sfgov.org
415..575.9140

Dear Marcelle,

The Ocean Avenue Association supports Mr. Blake He's proposal to open the Happy Vape on Ocean Avenue.

The OAA's decision to support the Happy Vape conditional use application should not be construed as an endorsement of the applicant's chosen business nor its compatibility with the surrounding neighborhood. The Board has no position on the matters of public policy raised by members of the community with regard to the nature of the applicant's business. We do not doubt the sincerity of those views. The OAA's purview, however, does not extend to making choices among lawful business that otherwise comply with the City's licensing and regulatory process.

OAA's support is based on the board's view that Happy Vape's operations are consistent with the objectives of the OAA to promote vibrant business along the Ocean Avenue commercial corridor. The management team has shown a commitment to supporting the Ocean Avenue retail district and improving the cleanliness and safety of the commercial area. The OAA board also believes that Mr. He is receptive to the concerns and input of neighbors.

Please contact me if your have questions about this recommendation.

Daniel Weaver
Executive Director

From: [deltabear](#)
To: [Boudreaux, Marcelle \(CPC\)](#)
Subject: 1963 Ocean Ave - Conditional Use Permit Application -- Tobacco Paraphernalia
Date: Monday, October 20, 2014 10:21:06 AM

Thank you for the notice of public hearing for this project.

I reside at 50 Urbano Dr. I am opposed to this project. There are already plenty of shops on Ocean Ave offering tobacco, e-cigarettes, hookah, and medical marijuana. It is creating an atmosphere on Ocean Ave that is not conducive to pedestrian traffic or business. The smells make me cross the street. My children are uncomfortable walking along these blocks of Ocean Avenue.

Adrienne Go

From: SMGraz2001@aol.com
To: [Boudreaux, Marcelle \(CPC\)](#); [Yee, Norman \(BOS\)](#); [Secretary, Commissions \(CPC\)](#)
Cc: smgraz2001@aol.com; calbearsph@gmail.com; rckaris@gmail.com; board@balboaterrace.org
Subject: 1963 Ocean Ave. Proposed Vape Shop
Date: Wednesday, October 22, 2014 12:45:54 PM

Hello SF Planning Commission, Mr. Norman Yee and Ms. Marcelle Boudreaux,

I would like to state my OPPOSITION to the proposed new Vape Shop at 1963 Ocean Ave. I realize that the Vape Shop is applying for a conditional use. At this point, I do not think that this type of business is necessary or desirable on Ocean Ave. corridor. E-Cigarettes can be purchased on Taraval and 19th Ave, which is quite close. On the health issue, E-Cigarettes contain nicotine and the vaporized byproducts include unhealthy chemicals, heavy metals and nanoparticles that accumulate in the lungs. Nicotine is addictive and habit forming. Ingestion of the non-vaporized concentrated ingredients in the cartridges can be poisonous.

There is a garden area in the back that the business wants to use for smokers. Homes are directly located on the other side of the fence. Is this fair to the neighbors?

Lastly, this proposed location is across from a school with children. So, I would appreciate your consideration in not approving this Vape Shop.

Sincerely,
Susan Grazioli
Balboa Terrace Director

From: [Maria S Flaherty](#)
To: [Boudreaux, Marcelle \(CPC\); Secretary, Commissions \(CPC\)](#)
Cc: Terraces@goglegroups.com
Subject: 1963 Ocean avenue Happy Vape
Date: Monday, October 27, 2014 7:22:54 PM

I am an adjacent neighbor to the project and member of ITHA residential group. I strongly OPPOSE the Conditional Use authorization to sell tobacco paraphernalia, e-cigarette sales, and oppose to a Stream Stone Hookah Lounge at basement level. Additionally I strongly OPPOSE to any OUTDOOR ACTIVITY for sampling e-cigarettes PERIOD!

In addition, I oppose to any outdoor activity or sampling. This is a nuisance to adjacent neighbors. The vapors are toxic and a health hazard to the public. The lights, noise, sampling are absolutely not welcome in the backyard of neighbors nor our neighborhood! This would set a negative precedence.

Please include my e-mail and document in the planning dept. packet for review by the Planning Commission.

John and Maria Flaherty
Ingleside Terraces
ITHA member

Sent from my iPad

From: [John Stacey](#)
To: [Boudreaux, Marcelle \(CPC\)](#); [Yee, Norman \(BOS\)](#); [Secretary, Commissions \(CPC\)](#)
Subject: 1963 Ocean Avenue Vape Shop
Date: Monday, October 20, 2014 8:47:39 AM

I am writing to let you know of my opposition to the proposed Vape Shop, requesting to be located at 1963 Ocean Ave in San Francisco.

My reasons are fairly straight-forward:

- Ocean Avenue merchants appear to be moving in without much interest from the city on what the street is *becoming*. There are two relatively new tattoo parlors, about six nail shops, at least three massage parlors, two marijuana distributors, a bong shop, and (wait for it...) soon to be a VAPE shop!
- The neighbors deserve better. The (few) upstanding merchants on the street deserve better. Our community deserves better than having our main street turn into San Francisco's location for cheap sex, legal drugs, and various inhaled stimulants
- I realize I probably sound like a staunchy old republican, but I'm not: I am a 47 year old democrat - and own a home just off of Ocean. We have two teen-aged children that walk and drive through the "circus" daily. My wife and I call Ocean "Bangkok."
- In the 15 years that we've lived in our house, we've seen crime rise (including a shooting about 100 yards from this proposed shop). We've seen fast food litter pile up. We've seen drunken and disorderly behavior. We hear the subwoofers. We listen to the sounds of inebriates fighting on the sidewalks.
- It should stop. The city of San Francisco owes it to the local residents to do it's job... and have a commercial zoning plan for Ocean that is more calculated than "we'll rent to anyone the law allows."
- We pay substantial property taxes, and we vote.
- Please carefully consider my plea, as well as those from the neighbors in the community.

I live at 25 Cerritos, and I oppose the permitting of the Vape Shop.

Thank you for your time.

John Stacey
mobile 415-218-3431

From: Robert Karis
To: Boudreaux, Marcelle (CPC); Secretary, Commissions (CPC)
Cc: Yee, Norman (BOS); Low, Jen (BOS)
Subject: 1963 Ocean Avenue, Case No.: 2014.0206C
Date: Monday, September 22, 2014 10:43:56 AM

Dear Ms. Boudreaux,

The proposed Happy Vape store at 1963 is a Conditional Use, which means it has to demonstrate that it is necessary or desirable. This business is neither necessary or desirable.

I am opposed to the vape store for several reasons:

1) They are part of an effort by tobacco companies and others to addict young people, 20 somethings, to nicotine, which is a harmful substance
http://www.cdc.gov/media/releases/2014/p0825-e-cigarettes.html?s_cid=cdc_homepage_whatsnew_002 E-cigarette ads are targeted towards young people, as is easily demonstrated by googling images of e-cigarette ads.

2) The vapors from e-cigarettes can be harmful, even when they don't contain nicotine http://www.nytimes.com/2014/05/04/business/some-e-cigarettes-deliver-a-puff-of-carcinogens.html?_r=1

E-liquids use propylene glycol as a solvent. In ordinary usage, propylene glycol is safe. But when it is heated, as it is in e-cigarettes, propylene glycol is oxidized and gives rise to a variety of toxic substances, particularly formaldehyde in unsafe amounts. Some earlier studies reported only low doses of formaldehyde, but they may not have used a high enough voltage, 4.8 volts in this study. 4.8 volts is easily and frequently obtained with the devices sold in vape shops, as the higher voltage also results in more nicotine and more effect from the e-cigarette. It is not surprising that heating propylene glycol (P.G.) $C_3H_8O_2$ yields formaldehyde CH_2O , or, to show the chain structure of P.G.,: $CH_2OH-CHOH-CH_3 + 2O_2 > 2CH_2O + 2H_2O + CO_2$. In addition, e-cigarettes contain toxic metals and nanoparticles which result in disease causing inflammation.

3) E-cigarettes may be useful in a few cases as part of a comprehensive stop smoking program <http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/> but the purpose of a stand alone vape shop is to to increase, not decrease, nicotine usage.

As the Planning Department and Commission have a duty to benefit our neighborhoods, I trust they will agree that a vape shop on Ocean Avenue is not necessary or desirable.

Yours truly,
Robert Karis
Ingleside Terraces

From: Mary Swope
To: Boudreaux, Marcelle (CPC)
Cc: Yee, Norman (BOS)
Subject: anti Happy Vape
Date: Wednesday, October 29, 2014 3:42:59 PM

Dear Mr. Yee and Marcelle Boudreaux, and Planning Commission,
As a resident of the Ingleside, I am strongly opposed to the issuance of a Conditional Use authorization to 'Happy Vape' to sell e-cigarettes. I also oppose any outdoor area dedicated to sampling the product. There are other businesses in the vicinity where e-cigarettes are available. Merchants have been and are continuing to improve the neighborhood. 'Happy Vape' would be a negative to this effort.
Sincerely,
Mary Swope alphogal@sonic.net

From: [Carolyn Karis](#)
To: [Boudreaux, Marcelle \(CPC\)](#)
Cc: [Secretary, Commissions \(CPC\)](#); [Yee, Norman \(BOS\)](#)
Subject: vape store at 1963 Ocean Ave., Letter of Opposition
Date: Tuesday, October 28, 2014 5:44:09 PM
Attachments: [SFBOS_e-cigarettes.pdf](#)

Dear Ms. Boudreaux:

I am attaching a copy of San Francisco Ordinance No. 030-14, Restrictions on Sale and Use of Electronic Cigarettes. Harmful chemicals that may be found in the fumes from e-cigarettes are listed on Page 2. Page 3 states that "electronic cigarettes can increase nicotine addiction among young people, may lead youth to try conventional tobacco products" and the fumes released into the air present a danger to others who breathe them. This ordinance was passed unanimously, 11 to 0, by the Board of Supervisors and signed by Mayor Ed Lee on 3/27/14.

E-cigarettes are not a proven method to stop smoking. Although e-cigarettes may replace cigarettes in a few cases, they may not be any healthier. Happy Vape states that they are interested in harm reduction; however, they are a vape shop, not a stop smoking clinic. If they are allowed to open their doors, they will sell e-cigarettes and e-liquids, with and without nicotine, to anyone over the age of 18.

The San Francisco Department of Public Health has asked the FDA to limit advertising for e-cigarettes. The San Francisco Board of Supervisors unanimously passed restrictions on the sale and use of electronic cigarettes. The vape store is a Conditional Use. Because of the harmful effects, listed above and in many other documents, the proposed use is not necessary or desirable to the neighborhood and may have a negative impact on the surrounding neighborhood. I ask that the San Francisco Planning Commission vote against allowing this business to open on Ocean Avenue.

Yours truly,
Carolyn Karis
Ingleside Terraces

1 [Health Code - Restrictions on Sale and Use of Electronic Cigarettes]

2
3 **Ordinance amending the Health Code to prohibit the use of electronic cigarettes where**
4 **smoking is otherwise prohibited; require a tobacco permit for the sale of electronic**
5 **cigarettes; prohibit the sale of electronic cigarettes where the sale of tobacco products**
6 **is otherwise prohibited; and making environmental findings.**

7
8 NOTE: Additions are *single-underline italics Times New Roman*;
9 deletions are *strike-through-italics Times New Roman*.
10 Board amendment additions are double-underlined;
11 Board amendment deletions are ~~strikethrough-normal~~.

12
13 Be it ordained by the People of the City and County of San Francisco:

14 Section 1. The Planning Department has determined that the actions contemplated in
15 this ordinance comply with the California Environmental Quality Act (California Public
16 Resources Code Section 21000 et seq.). Said determination is on file with the Clerk of the
17 Board of Supervisors in File No. 131208 and is incorporated herein by reference.

18 Section 2. The San Francisco Health Code is hereby amended by adding Article 19N,
19 Sections 19N.1 – 19N.9, to read as follows:

20 **SEC. 19N.1 FINDINGS AND STATEMENT OF PURPOSE.**

21 (a) Electronic smoking devices, commonly referred to as electronic cigarettes or e-cigarettes,
22 are battery-operated devices that may resemble cigarettes, although they do not contain tobacco leaf.
23 People who use electronic smoking devices inhale vaporized liquid nicotine extracted from tobacco, or
24 inhale other vaporized liquids, created by heat through an electronic ignition system, and exhale the
25 vapor in a way that mimics smoking.

1 (b) Electronic cigarettes are presently available for purchase and use in San Francisco.

2 (c) The FDA's Center for Drug Evaluation and Research, Office of Compliance purchased two
3 samples of electronic cigarettes and components from two leading brands. These samples included 18
4 of the various flavored, nicotine, and no-nicotine cartridges offered for use with these products. These
5 cartridges were obtained to test some of the ingredients contained in them and inhaled by users of
6 electronic cigarettes. The FDA's Center for Drug Evaluation and Research, Division of
7 Pharmaceutical Analysis (DPA) analyzed the cartridges from these electronic cigarettes for nicotine
8 content and for the presence of other tobacco constituents, some of which are known to be harmful to
9 humans, including those that are potentially carcinogenic or mutagenic. The DPA's analysis of the
10 electronic cigarette samples showed:

11 (1) The products contained detectable levels of known carcinogens and toxic chemicals to
12 which users could be exposed.

13 (2) Quality control processes used to manufacture these products are inconsistent or non-
14 existent.

15 (3) Tobacco-specific impurities suspected of being harmful to humans—*anabasine, myosmine,*
16 and *β-nicotyrine*—were detected in a majority of the samples tested.

17 (4) Three different electronic cigarette cartridges with the same label were tested and each
18 cartridge emitted a markedly different amount of nicotine with each puff. The nicotine levels per puff
19 ranged from 26.8 to 43.2 mcg nicotine/100 mL puff.

20 (d) The Surgeon General has found that the chemical nicotine is a powerful pharmacologic
21 agent that acts in the brain and throughout the body and is highly addictive. The United States
22 Department of Health and Human Services has concluded that nicotine is as addictive as cocaine or
23 heroin and is a highly toxic substance. Use of nicotine in any form may cause or contribute to
24 cardiovascular disease, complications of hypertension, reproductive disorders, cancers of many types,
25 and gastrointestinal disorders, including peptic ulcer disease and gastro esophageal reflux.

1 (e) The FDA has raised concerns that electronic cigarettes, including but not limited to
2 flavored electronic cigarettes, can increase nicotine addiction among young people and may lead youth
3 to try conventional tobacco products. A CDC study showed that in 2011 4.7% of all high schoolers had
4 tried e-cigarettes and that in 2012 that number increased to 10.0% of all high schoolers. Electronic
5 cigarettes may not be legally sold to minors in California. Electronic smoking devices and other
6 unapproved nicotine delivery products have a high appeal to youth due to their high tech design and
7 availability in child-friendly flavors like cotton candy, bubble gum, chocolate chip cookie dough and
8 cookies and cream milkshake.

9 (f) Health authorities have also expressed concerns that the vapors released into the air
10 through the use of an electronic cigarette present a danger to others who breathe them.

11 (g) The use of an electronic cigarette in public is often indistinguishable from the use of
12 traditional tobacco products, prompting confusion among members of the public wherever smoking is
13 prohibited. Consequently, persons who smoke traditional tobacco products may be induced to do so in
14 areas where smoking is illegal under the mistaken belief that smoking is legal in such areas, or that the
15 ban on smoking in such areas is not being enforced.

16 (h) Owners of establishments such as office buildings and restaurants encounter similar
17 obstacles seeking to comply with the laws prohibiting smoking in certain locations. An owner may
18 request that a patron stop smoking cigarettes in a restaurant only to have the patron demonstrate that it
19 is an electronic cigarette. The Owner may also be placed in the position of having to confront and
20 examine the cigarettes of any number of customers absent a prohibition on the use of electronic
21 cigarettes where traditional cigarettes are banned.

22 (i) The agencies charged with enforcing compliance in enclosed and unenclosed spaces will
23 similarly have to devote considerable time and resources determining the individuals smoking
24 electronic cigarettes versus traditional cigarettes.

1 (j) Some agencies in San Francisco have already adopted restrictions on e-cigarette usage
2 including San Francisco General Hospital, Laguna Honda Hospital, AT&T Ballpark, University of
3 California-San Francisco, San Francisco Department of Public Health and the San Francisco
4 International Airport.

5 **SEC. 19N. 2 DEFINITIONS.**

6 (a) "Director" means the Director of Public Health or his or her designee.

7 (b) "Electronic Cigarette" or "E-cigarette" means any device with a heating element, a
8 battery, or an electronic circuit that provides nicotine or other vaporized liquids to the user in a
9 manner that simulates smoking tobacco.

10 (c) "Establishment" means any store, stand, booth, concession or other enterprise that engages
11 in the retail sales of tobacco products and/or electronic cigarettes.

12 **SEC. 19N.3 TOBACCO SALES PERMIT REQUIRED.**

13 (a) An establishment must have a valid tobacco sales permit obtained pursuant to Health Code
14 Section 1009.52 to sell electronic cigarettes.

15 (b) The Director may enforce this section pursuant to Articles 19 et seq. of the Health Code
16 including but not limited to Article 19H.

17 **SEC. 19N.4 PROHIBITING THE USE OF ELECTRONIC CIGARETTES WHEREVER**
18 **SMOKING OF TOBACCO PRODUCTS IS BANNED.**

19 (a) The use of electronic cigarettes is prohibited wherever smoking of tobacco products is
20 prohibited by law including Articles 19 et seq. of the Health Code.

21 (b) The Director may enforce this section pursuant to Articles 19 et seq. of the Health Code
22 including but not limited to the Articles prohibiting smoking in certain spaces or areas.

23 **SEC. 19N.5 PROHIBITING THE SALE OF ELECTRONIC CIGARETTES WHEREVER**
24 **THE SALE OF TOBACCO PRODUCTS IS PROHIBITED.**

1 a) The sale of electronic cigarettes is prohibited wherever the sale of tobacco products is
2 prohibited by law, including as prohibited in Articles 19 et seq. of the Health Code.

3 b) The Director may enforce this section pursuant to Articles 19 et seq. of the Health Code
4 including but not limited to Article 19J.

5 **SEC. 19N.6 CITY UNDERTAKING LIMITED TO PROMOTION OF GENERAL**
6 **WELFARE.**

7 In enacting and implementing this ordinance, the City is assuming an undertaking only to
8 promote the general welfare. It is not assuming, nor is it imposing on its officers and employees, an
9 obligation for breach of which it is liable in money damages to any person who claims that such breach
10 proximately caused injury.

11 **SEC. 19N.7 RULES AND REGULATIONS.**

12 The Director, after a noticed public hearing, may adopt rules and regulations to carry out the
13 provisions of this Article. Such rules and regulations shall take effect 15 days after the public hearing.
14 Violation of any such rule or regulation may be grounds for administrative or civil action against the
15 permittee pursuant to this Article.

16 **SEC. 19N.8 PREEMPTION.**

17 (a) Nothing in this Article shall be interpreted or applied so as to create any power, duty or
18 obligation in conflict with, or preempted by, any Federal or State law. Even if not preempted by
19 Federal or State law, the provisions of this Article shall not apply if the Federal or State law is more
20 restrictive.

21 //

22 //

23 //

24 //

25 //

1 (b) This Article shall not apply to any FDA-approved product marketed for therapeutic
2 purposes.

3 (c) This Article shall not affect any laws or regulations regarding medical cannabis.

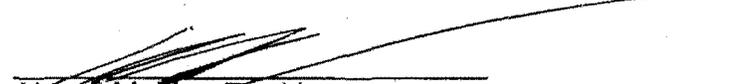
4 **SEC. 19N.9 SEVERABILITY.**

5 If any section, subsection, subdivision, paragraph, sentence, clause, or phrase in this Article or
6 any part thereof is for any reason held to be unconstitutional or invalid or ineffective by any court of
7 competent jurisdiction, such decision shall not affect the validity or effectiveness of the remaining
8 portions of this Article or any part thereof. The Board of Supervisors hereby declares that it would
9 have passed each section, subsection, subdivision, paragraph, sentence, clause, or phrase thereof
10 irrespective of the fact that any one or more subsections, subdivisions, paragraphs, sentences, clauses,
11 or phrases be declared unconstitutional, or invalid, or ineffective.

12
13 Section 3. Effective Date. This ordinance shall become effective 30 days after
14 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
15 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
16 of Supervisors overrides the Mayor's veto of the ordinance.

17
18 APPROVED AS TO FORM:
19 DENNIS J. HERRERA, City Attorney

20 By:


21 Aleeta M. Van Runkle
22 Deputy City Attorney

23
24
25 SUPERVISOR MAR
BOARD OF SUPERVISORS



City and County of San Francisco

Tails
Ordinance

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 131208

Date Passed: March 25, 2014

Ordinance amending the Health Code to prohibit the use of electronic cigarettes where smoking is otherwise prohibited; require a tobacco permit for the sale of electronic cigarettes; prohibit the sale of electronic cigarettes where the sale of tobacco products is otherwise prohibited; and making environmental findings.

March 06, 2014 Rules Committee - RECOMMENDED

March 18, 2014 Board of Supervisors - PASSED, ON FIRST READING

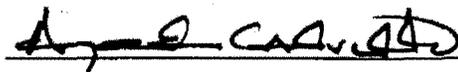
Ayes: 11 - Avalos, Breed, Campos, Chiu, Cohen, Farrell, Kim, Mar, Tang, Wiener and Yee

March 25, 2014 Board of Supervisors - FINALLY PASSED

Ayes: 11 - Avalos, Breed, Campos, Chiu, Cohen, Farrell, Kim, Mar, Tang, Wiener and Yee

File No. 131208

I hereby certify that the foregoing
Ordinance was FINALLY PASSED on
3/25/2014 by the Board of Supervisors of the
City and County of San Francisco.


Angela Calvillo
Clerk of the Board



Mayor



Date Approved

From: Wendy Portnuff
To: Boudreaux, Marcelle (CPC)
Subject: Conditional Use Permit for Tobacco Paraphanalia at 1963 Ocean Avenue
Date: Saturday, May 10, 2014 3:44:33 PM

Dear Ms. Boudreaux,

I live in Ingleside Terraces, which is adjacent to the location above on Ocean Avenue. Furthermore, I walk past the location almost daily. I object strongly to the introduction of Tobacco Products to this part of our neighborhood. These electronic cigarettes are highly suspect for health reasons. They contain known carcinogens. I do not wish to be exposed to them, and I do not want them to be readily available to neighborhood youth in this part of the city. It's bad enough that there are marijuana stores and tatoo parlors here. Please do not approve yet another storefront that challenges our ability to remain healthy and to be role models for our children.

Wendy Portnuff

The Professional Woman's Guide to Healthy Travel
www.wendypornuff.com
415-269-4398

From: [Dan Hambali](#)
To: [Boudreaux, Marcelle \(CPC\)](#); [Secretary, Commissions \(CPC\)](#)
Cc: [Yee, Norman \(BOS\)](#)
Subject: Happy Vape Shop on Ocean Avenue (Planning Commission 2014.0206 C)
Date: Sunday, October 26, 2014 8:59:19 AM
Attachments: [1963_Ocean_Avenue.pdf](#)
[ATT00001.htm](#)
[SmokingEnforcementAlert.pdf](#)
[ATT00002.htm](#)

Dear Sir:

I have received a Notice of Public Hearing regarding the planned operation of a Tobacco Paraphernalia and Cigar Bar in my neighborhood, Ingleside Terraces. The site is located at 1963 Ocean Avenue.

I would like to protest the opening of such an establishment for the following reasons.

1. There are already several vendors of such E-Cigarettes on Ocean Avenue. Through a simple Google search one can find this product sold in these establishments. There are likely more.

- * MMM Smoke Shop - 1936 Ocean Avenue (literally across the street)
- * 1944 Ocean Collective - 1944 Ocean Avenue (literally across the street)
- * Waterfall Wellness Health Center - 1545 Ocean Ave

2. I'm well acquainted with the former site of operations as it used to be an aquarium store that I frequented. The proposed business would have a hookah lounge in the basement and allow its customers to use the back yard area. The back yard is visible from Urbano drive. In no documents that I have seen has the proposed business declared their hours of operation. I've attached a document from SFDPH that states that tobacco products may not be consumed within any enclosed areas without DPH approval. This makes me believe that the business will move its consumption into the back yard—possibly at late hours. As a resident of Ingleside Terraces, I concerns me greatly that we will have late night activity in our neighborhood which would become a nuisance.

3. The nearby businesses and in particular the medicinal marijuana shop, 1944 Ocean Collective, create a parking burden from 1 Urbano (@Ashton to 90 Urbano (@Victoria) where customers of shops on Ocean Avenue avoid the parking meters by parking on Urbano. I regularly see and smell who I presume to be the customers of the medicinal marijuana shop smoke their medicine in their vehicles, and then drive off. Aside from being DUI, it's also creates a traffic burden to a residential neighborhood with young families. It concerns me that this new shop will attract similar customers at late hours as it is being treated as a "cigar bar" (see attached Letter of Determination).

Thank you for your time on this matter,

Daniel Hambali
715 Victoria St.
San Francisco, CA 94127

Attachments: 2



SAN FRANCISCO PLANNING DEPARTMENT

Letter of Determination

September 26, 2014

Marsha Garland
Garland Public & Community Relations
535 Green Street
San Francisco, CA 94133

Site Address:	1963 Ocean Avenue
Assessor's Block/Lot:	6915/020
Zoning District:	Ocean Avenue Neighborhood Commercial Transit
Staff Contact:	Marcelle Boudreaux, (415) 575-9140 or marcelle.boudreaux@sfgov.org

1650 Mission S
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

Dear Ms. Garland:

This letter is in response to your request for a Letter of Determination regarding the property at 1963 Ocean Avenue, a vacant retail use with proposal to establish a retail use selling e-cigarettes and related materials and steam stone hookah lounge with outdoor activity area (dba "Happy Vape"). This parcel is located in the Ocean Avenue Neighborhood Commercial Transit (NCT) Zoning District and 45-X Height and Bulk District.

CURRENT PROPOSAL

Per Planning Code Section 790.123, Tobacco Paraphernalia Establishment is defined as an establishment with greater than 10 linear feet or 10% of sales area devoted to display and sales of tobacco paraphernalia and (per Section 737.69) requires Conditional Use Authorization. Additionally, per Section 737.24, an outdoor activity area also requires a Conditional Use Authorization.

On February 7, 2014, the Project Sponsor submitted a Conditional Use Authorization application (Case No. 2014.0206C) for the subject property to establish a Tobacco Paraphernalia Establishment on the ground floor, a steam stone hookah lounge on the basement level and an outdoor activity area at the rear to allow sampling of e-cigarettes.

LETTER OF DETERMINATION REQUEST

The request seeks answers to the following: are steam stone hookahs allowed for indoor and outdoor use; is vaping allowed for indoor and outdoor use; are sales of packaged snacks and soft drinks allowed on the premises; and, would the use be considered a "cigar bar."

RESPONSE

In regards to allowed areas for steam stone hookahs, note that while the Planning Department would consider the hookah use as part of the overall Tobacco Paraphernalia Establishment use, the Department of Public Health (DPH) is responsible for regulating hookah establishments.

Marsha Garland
Garland Public & Community Relations
535 Green Street
San Francisco, CA 94133

September 26, 2014
Letter of Determination
1963 Ocean Avenue

In regards to allowed areas for vaping, it is the Planning Department's understanding of recent legislation enacted by DPH that vaping/e-cigarette smoking is now regulated in a similar manner to tobacco smoking. Please review Public Health Code Sections 19(N) and 19(F) and note that DPH is responsible for regulating such activity.

In regards to packaged drinks and snacks (food handling) being sold on the same premises as the Tobacco Paraphernalia Establishment and hookah use, please note that DPH is responsible for regulating such activity.

In regards to whether the proposed hookah use would be considered a "cigar bar"; this use would be considered as part of the Tobacco Paraphernalia Establishment use.

APPEAL: If you believe this determination represents an error in interpretation of the Planning Code or abuse in discretion by the Zoning Administrator, an appeal may be filed with the Board of Appeals within 15 days of the date of this letter. For information regarding the appeals process, please contact the Board of Appeals located at 1650 Mission Street, Room 304, San Francisco, or call (415) 575-6880.

Sincerely,



Scott F. Sanchez
Zoning Administrator

cc: Marcelle Boudreaux, Planner
Business Contacts: *Owner* - Cong Phuong Nguyen (948 Moscow St, San Francisco, CA 94112);
Manager - Blake He (blakehe@gmail.com)
Property Owner: Timoleon and Corinne Zaracotas
Neighborhood Groups

Garland Public & Community Relations

535 Green Street

San Francisco, CA 94133

marshagarland@att.net 415/531/2911

stefanocassolato@att.net 415/875/0818

June 24, 2014

Mr. Scott Sanchez, Zoning Administrator
San Francisco Planning Department
1650 Mission Street, 4th Floor
San Francisco, CA 94103

ID # 12004 (SW)
D. WASHINGTON
CR # 5003 \$ 625.-

Re: 1963 Ocean Avenue, Happy Vape 6915/020

Dear Mr. Sanchez:

This letter is to request a Letter of Determination for an innovative concept called Happy Vape at 1963 Ocean Avenue. The business plan for Happy Vape includes selling e-cigarettes, e-cigarette liquids with and without nicotine, packaged snacks, soft drinks and other peripherals associated with e-cigarettes as well as steam stone hookahs. Happy Vape would like to dedicate some of its leased area to lounge space in which customers can vape and socialize.

Happy Vape will occupy a 2,000 square foot commercial space with 1,000 feet on ground level and 1,000 feet below ground. There is also an adjacent outdoor area. Drawings and an aerial photograph are enclosed.

According to the Internet, "Hookah Steam Stones are a new concept in the hookah world. Instead of smoking Steam Stones allow you to inhale vapor. Hookah Steam Stones are available in a variety of flavors. Steam stones are know to produce huge clouds and are a great way to smoke without the nicotine".

On May 5 and May 21, 2014 the project sponsor held pre-application meetings at 1963 Ocean Avenue for the community. In total eight people attended. Attached are copies of their questions and our responses.

The project sponsor has been in touch with Marcelle Boudreaux of the Planning Department and was scheduled for a conditional use permit hearing on July 24. That date has now been continued.

We understand that there is pending legislation regarding e-cigarettes but this is a new concept that has helped many smokers reduce their nicotine intake, if not quit smoking altogether, improve their health risks, and live in a cleaner environment.

Additionally Happy Vape will fill a vacancy on Ocean Avenue, create two or three new jobs, and, with the on site vaping component, will allow patrons the opportunity to taste and sample various flavors in order to make an informed product purchase. The new social activity of sharing a common experience will bring people together and create an opportunity for people to connect and interact.

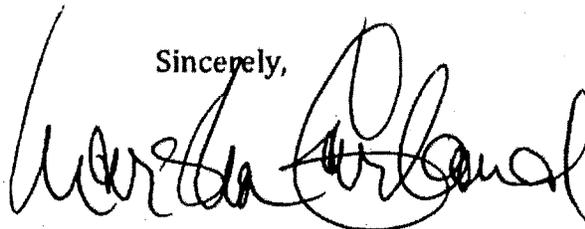
We need to know if steam stone hookahs are legal for indoor use and outdoor use, are packaged snacks and soft drinks allowed on the premises, is vaping allowed inside the premises, and is vaping allowed in the outdoor patio area?

As far as the question of tobacco goes (and tobacco is not in all of the products) would Happy Vape be deemed akin to cigar bars? The project sponsor has been in touch with the Department of Public Health but no one seems to be able to fit them into a suitable category, which is why they are wondering about the comparison to cigar bars.

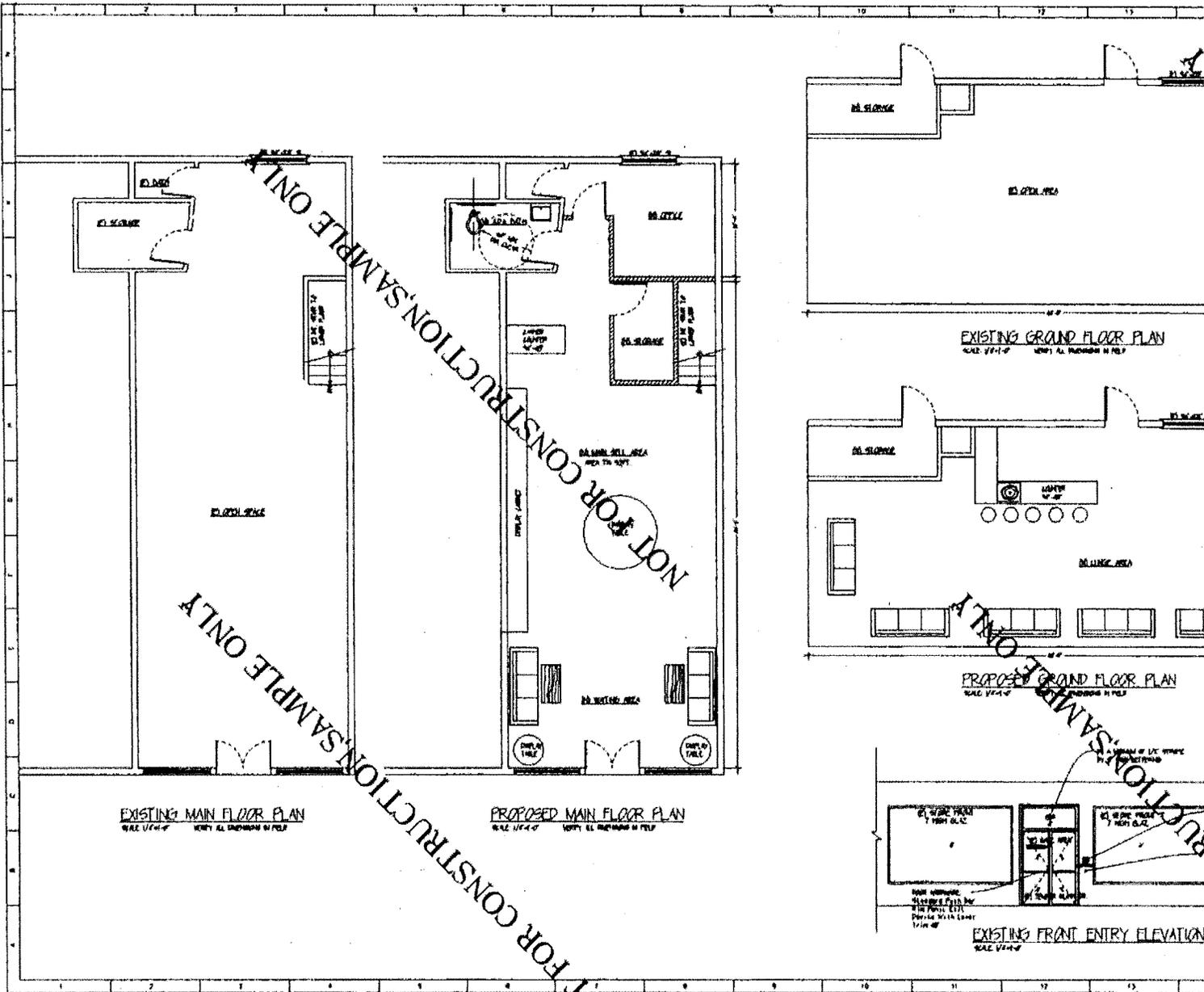
It is, therefore, the reason they have decided to request a Letter of Determination. Please advise exactly what it is they do need in order for this new business concept to be in compliance with the city's zoning laws.

A check for \$625 made payable to SF Planning is enclosed. We look forward to your response.

Sincerely,

A handwritten signature in black ink, appearing to read "Marsha Garland", written in a cursive style.

Marsha Garland



EXISTING MAIN FLOOR PLAN
SCALE 1/8" = 1'-0" WITH 1/4" DIMENSIONS IN FEET

PROPOSED MAIN FLOOR PLAN
SCALE 1/8" = 1'-0" WITH 1/4" DIMENSIONS IN FEET

EXISTING GRAND FLOOR PLAN
SCALE 1/8" = 1'-0" WITH 1/4" DIMENSIONS IN FEET

PROPOSED GRAND FLOOR PLAN
SCALE 1/8" = 1'-0" WITH 1/4" DIMENSIONS IN FEET

EXISTING FRONT ENTRY ELEVATION
SCALE 1/4" = 1'-0"

NOT FOR CONSTRUCTION, SAMPLE ONLY

NOT FOR CONSTRUCTION, SAMPLE ONLY

google.com

1963 ocean ave

1963 Ocean Avenue, San Francisco, CA

1963 Ocean Ave

1963 Ocean Ave





San Francisco City and County
Department of Public Health
Environmental Health
Occupational & Environmental Health

Edwin M. Lee, *Mayor*
Barbara A. Garcia, MPA, *Director of Health*
Rajiv Bhatia, M.D., M.P.H., *Director*

Smoking Prohibition Enforcement Alert

Attention All Restaurants, Bars, Night Clubs, Lounges, and Hookah Business Operators

On September 27, 1996, the State of California passed a law that prohibited smoking in all enclosed places of employment including restaurants and bars (California Labor Code § 6404.5).

The City and County of San Francisco also passed a similar law, Article 19F San Francisco Health Code (SFHC 19F), in 1994 and amended this law on March 25, 2010 to prohibit smoking of any tobacco products, plants, or other weeds in all restaurants, bars, lounges, and outdoor dining areas even when food is no longer served in the dining areas (SFHC 19F §§ 1009.21(s); 1009.22(a)).

Except as follows:

- **For Businesses that operate only as a bar or tavern at all times and have a side or rear outdoor patio, smoking is allowed in the side or rear outdoor patio portion of the bar except within 10 feet of doors, windows, or vents of the bar. (SFHC 19F §§ 1009.21(m), 1009.22(a) (14)).**

Outdoor dining areas of restaurants, including sidewalk dining tables, are not considered outdoor patios even if food is no longer being served or if a bar is located outside. Smoking is not permitted in all outdoor dining areas (SFHC 19F § 1009.21(m)).

- **For Bar or Tavern Operators that have received approved DPH exemptions (SFHC 19F §§ 1009.21(a) (14); 1009.23(c) or (d)). Exemption applications for DPH approval expired July 31, 2010. DPH does not have authority to issue exemption approvals for applications submitted after July 31, 2010. For Businesses without an exemption approval from DPH, smoking is not allowed in any enclosed areas of the business.**

There are no other exemptions in SFHC 19F.

If your business is affected as described above, you are to immediately **cease and desist** all smoking activities that violate SFHC 19F. Failure to comply may result in enforcement action against the Business Operator and/or Property Owner including, but not limited to, penalties, cost recovery, suspension or revocation of Environmental Health permit(s), or referral to City Attorney's Office.

For more information about SFHC 19F, please contact Senior Inspector Janine Young, Secondhand Smoke Ordinance Compliance and Enforcement Program Coordinator, at (415) 252-3903.

For complaints about businesses violating SFHC 19F, please call 311 (within San Francisco) or (415) 701-2311 (outside San Francisco).

Oct. 20, 2014

To: Marcelle Boudreau,

I am writing in regard to the proposed Tobacco Paraphernalia Establishment on 1963 Ocean Avenue at the cross streets of Ashton and Victoria. This business intends to include e-cigarette sales, a hookah lounge - and even an area for cigarette sampling in the rear yard. Everyone in our neighborhood is furious about this. What can they be thinking! Surely you won't approve this.

Nationally, for the sake of everyone's health, we as a country, are attempting to stamp out smoking. Now this group is trying to encourage it - especially among young people, for this location is almost adjacent to a church-run school and is only a few blocks from Aptos Junior High School. It is indefensible!

There are already four other locations on Ocean Avenue that sell e-cigarettes - and homes can be harmful - to anyone, even passersby.

Please realize that this Establishment is an affront to the neighborhood - and our young people, as this atmosphere can lead to substance abuse and addiction. Surely San Francisco - and City Planners - should work to protect its citizens.

Sincerely,



October 28, 2014

Marcelle Boudreaux, AICP
Planner, Southwest Quadrant
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103 | By Email Only: #marcelle.boudreaux@sfgov.org

RE: 1963 Ocean Avenue; 2014.0206C Hearing Date: November 6, 2014

Dear Ms. Boudreaux:

On behalf of the Ingleside Terraces Homes Association ("ITHA"), I am writing to express concern about "Happy Vape," the proposed business at 1963 Ocean Avenue, San Francisco, in particular the business owners' plan to use the rear yard for daily sampling of its retail products. The store hours are proposed for 11 a.m. to 12 a.m., with the outdoor activity conducted voluntarily limited from 11 a.m. to 8 p.m. There are serious noise and environmental issues for our neighborhood in this proposal.

As described in the Conditional Use application, "Happy Vape" is an electronic vaporizer retailer and steam stone hookah lounge. In the retail store, customers can purchase electronic vaporizers and liquids, both nicotine and non-nicotine. The business owners want to use the site's rear yard as the liquid sampling area where customers sample products before purchase. The use of the rear yard is requested because indoor "vaping," the recently regulated equivalent of indoor smoking, is prohibited by the San Francisco Health Code.

A primary purpose of ITHA, as a non-profit homeowner's association, is to promote the "collective and individual property and civic interests and rights" of the homeowners and residents of Ingleside Terraces. The Happy Vape proposal to use the store's rear yard for vaping will create noise daily from mid-day to evening. And cigarettes, whether nicotine-filled or not, pose still unknown potential health risks to those who breathe the vapors. This business proposal jeopardizes our residents' property and health rights, particularly those residents who live at 70 Urbano Drive, 90 Urbano Drive, and 816 Victoria Street, homes adjacent to or abutting the rear yard of 1963 Ocean Avenue.

The "Happy Vape" proposal does not comply with the Planning Code criteria for Conditional Use approval as set forth in Planning Code section 303. Specifically, the proposed use of the rear yard for vaping (1) is not necessary or desirable for or compatible with the neighborhood, and (2) is detrimental to the health, safety, and general welfare of persons residing in the vicinity of the site, particularly the residents of Ingleside Terraces whose

Marcelle Boudreaux, Planner

October 27, 2014

2

residences about the proposed site. For this reason, on October 16, 2014, the Board of Directors of THA passed the following resolution:

"THA opposes the outdoor use, during any business hours, of electronic cigarettes or apparatus unless the business owner and operator of Happy Vape are able to contain or filter the vapor and noise so as to control their effect on adjacent property owners. Outdoor hours should be limited to 8 p.m. as a conditional use condition."

1. The Project As Proposed is Not Necessary or Desirable or Compatible With the Neighborhood.

If the requested Conditional Use is approved, there will be sampling and vaping of e-cigarettes in the rear yard of the site every evening until at least 8 p.m. This means 30 people (a number provided by the Happy Vape business manager at our meeting), at any given time, socializing, talking, laughing, and trying the various products that Happy Vape intends to sell. The noise of so many people in the rear yard each afternoon and evening is the equivalent of a daily party interfering with the peace and quiet of the homes along Victoria Street and Urban Drive adjacent to and near the rear yard of 1963 Ocean Avenue. The repurposing of the rear yard by Happy Vape to transact commerce outside the store because the San Francisco Health Code prohibits such transaction inside the store, should not transcend the right of the Ingleside Terraces neighbors to the peaceful and quiet enjoyment of their homes and yards.

2. The Proposed Use is Detrimental to the Health and Welfare of the Neighbors in Ingleside Terraces.

Article 19N of the San Francisco Health Code prohibits the use of electronic cigarettes where smoking is otherwise prohibited and the sale of electronic cigarettes where the sale of tobacco products is otherwise prohibited. As support for the Health Code restrictions on the sale and use of electronic cigarettes, the San Francisco Board of Supervisors, when legislating Article 19N, included the following in their Findings and Statement of Purpose:

"(c) The FDA's center for Drug Evaluation and Research, Division of Pharmaceutical Analysis (DPA) analyzed the cartridges from electronic cigarettes for nicotine and for the presence of other tobacco constituents. The DPA's analysis of the electronic cigarette samples showed:

(1) The products contained detectable levels of known carcinogens and toxic chemicals to which users could be exposed.

(2) Quality control processes used to manufacture these products are inconsistent or nonexistent.

* ***** *

(f) Health authorities have also expressed concerns that the vapor released into the air through the use of an electronic cigarette present a danger to others who breathe them in." (emphasis added)



Show



From: [Robert Karis](#)
To: [Boudreaux, Marcelle \(CPC\)](#)
Cc: [Yee, Norman \(BOS\)](#); [Secretary, Commissions \(CPC\)](#)
Subject: 1963 Ocean Avenue, Case No.: 2014.0206C, letter of opposition
Date: Thursday, October 23, 2014 12:18:55 PM
Attachments: [FDA-Deeming-Comments-San Francisco_DPH.pdf](#)

Dear Ms. Boudreaux:

The attached document demonstrates why the San Francisco Planning Commission should deny the Conditional Use application for a vape shop at 1963 Ocean Avenue.

The document by Barbara A. Garcia, MPA, Director of Health, San Francisco Department of Public Health, is dated August 5, 2014. This letter was written on behalf of the SFDPH in response to regulations proposed by the United States Food and Drug Administration. Please include the document "FDA-Deeming-Comments-San Francisco-DPH.pdf" and my email in the case report for project 2014.0206C. Comments in the document pertaining to e-cigarettes, which I have highlighted, include the following:

Section 3, p.2:

FDA and other independent scientists have found numerous potentially dangerous chemicals and carcinogens as well as varying levels of nicotine that are inconsistent with the amount indicated on the labels of e-cigarette solutions....there is a lack of credible information on the full range of chemicals being produced by the large number of different e-cigarettes currently on the market.

Section 3, p.3:

CDC reported that e-cigarette use more than doubled among U.S. middle and high school students between 2011-2012. There is evidence that e-cigarettes help youth to initiate smoking habits – only 20% of middle school e-cigarette users reported never having smoked conventional cigarettes. Youth are also impressionable and can succumb to marketing ploys such as the numerous fruity and candy flavored e-cigarettes and to youth-oriented company advertising.

We recognized that these products pose a threat to the public health and are clearly serving as starter products for young people in our community....Surveys of local youth and adults show that the industry has created a great deal of confusion about these products and the general public repeats back the unsubstantiated claims made by e-cigarette marketers- eerily similar to claims made by the tobacco industry a generation earlier.

Current e-cigarette advertisements target youth with marketing strategies such as celebrity endorsements, and messaging that promote freedom, rebelliousness, and glamour with e-cigarette use.

Section 5, p.3:

Currently, e-cigarette liquid refill containers are not required to be sold in child-resistant packaging and that may encourage children to ingest the product's

poisonous content. Some e-cigarette refill product packaging features cartoons, colorful labeling, or illustrates edible ingredients representing particular flavors, such as cherry, chocolate, or bubble gum. The contents themselves can have the aroma of the edible ingredient pictured on the label. Any of these factors can prompt a child to investigate and the contents can be extremely dangerous, if not lethal.

CDC analyzed calls to U.S. Poison Centers from 2010 to 2014 related to e-cigarette exposures. The results showed that e-cigarettes accounted for an increasing proportion of the calls, 0.3% in September 2010 to 41.7% in February 2014. Half of the calls made regarding exposure were for incidents involving children ages 0-5. The prevalence of poisonings and the potential danger to children promoted the American Association of Poison Control Centers and its member centers to issue a statement warning e-cigarette users to keep the devices and liquids away from children. One teaspoon (5 ml) of a 1.8% nicotine solution can be lethal for a person weighing 200 pounds. Most nicotine solutions range between 1.8% and 2.4%, and the refill bottles contain 10-30 ml of solution.

It is obvious from reading this document why a vape store, whose purpose is to increase the use of e-cigarettes, vaporizing devices, and e-liquids, and to addict our relatives and neighbors to nicotine and to expose them and people near them to the harmful chemicals contained in the e-cigarette vapors (actually fumes), is not desirable in our neighborhood. The letter from the SFDPH focuses on youth, but college students and older residents of our neighborhood are also adversely affected by the advertising, availability, and unhealthy effects of these products. E-cigarettes result in previous non-smokers using e-cigarettes and possibly cigarettes.

E-cigarettes are reported to be about as effective as nicotine patches for smoking cessation. However, e-cigarettes contain a coil heated to 600 degrees Fahrenheit (which, of course, is not true of nicotine gum or patches), resulting in the emission of harmful fumes that have been found to contain formaldehyde, heavy metal nanoparticles, and other breakdown products which are deposited in the lungs. Vape shops sell devices with larger batteries than e-cigarettes. This allows higher voltages than found in e-cigarettes, which results in higher temperatures, more nicotine delivered to the user, more production of harmful breakdown products from the propylene glycol solvent, and very likely more metallic nanoparticles from the coil.

Due to insightful legislation passed by the San Francisco Board of Supervisors in recent years, with input from the DPH, tobacco paraphernalia establishments, including e-cigarettes and e-liquids, require Conditional Use Authorization. This allows neighborhoods in San Francisco to limit the number of these stores. Ocean Avenue has four stores nearby that sell e-cigarettes; the three liquor stores and the 7-Eleven. There are two vape stores within a 1.5 mile radius of 1963 Ocean Ave.

I ask that the Planning Commission agree that the health of our neighbors is infinitely more important than the interests of a new business, and vote to deny this Conditional Use Application. A vape shop on Ocean Avenue is not necessary or desirable.

Yours truly,
Robert Karis
Ingleside Terraces

Addendum:

The four stores on Ocean Avenue that sell e-cigarettes are:

No Limit Liquor & Food Mart, 1015 Ocean Ave.

A & N Liquors, 1521 Ocean Ave.

Homrun Liquors, 1551 Ocean Ave.

7-Eleven, 2000 Ocean Ave.

The two vape shops within a 1.5 mile radius of 1963 Ocean Ave. are:

Juicebox Vapor, 907 Taraval St. at 19th Ave.

Dream Cloud Vapors, 4971 Mission St., near Geneva Ave.



City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

August 5, 2014

The Honorable Margaret Hamburg, Commissioner
United States Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

Re: Deeming Tobacco Products to be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act
Docket No. FDA-2014-N-0189, RIN 0970-AG38

Dear Commissioner Hamburg,

On behalf of the San Francisco Department of Public Health I am writing to provide comments on the proposed rule "Deeming Tobacco Products to be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act." The City and County of San Francisco has long recognized the need to tackle tobacco addiction head-on, leading the country in some of the earliest and strongest regulations of the use, sale, and marketing of tobacco products in our community. Even with our investment in our proven community-engagement policy development model and ongoing innovative educational and quitting programs, we continue to see the substantial impact of the tobacco industry negatively affecting the health of San Franciscans.

San Francisco Department of Public Health applauds the Food and Drug Administration (FDA) for proposing this rule to identify additional products to be deemed as tobacco and subject to the requirements of the Family Smoking Prevention and Tobacco Control Act. Many cities and counties across the country such as San Francisco have passed our own legislation regulating these products in order to protect their communities. Federal regulation is absolutely needed to unite efforts already begun at the local level, provide a uniform set of standards and take action where local jurisdictions are prohibited from doing so. We can only take the regulation so far at the local level, and there are considerable gaps in our system that only FDA action is empowered to resolve.

In response to the proposed rule, San Francisco Department of Public Health offers the following comments and recommendations.

1. Cigar regulation option

San Francisco Department of Public Health recommends use of Option 1 regarding cigar deeming, to include all types of cigars. Our agency does not recommend Option 2, which excludes premium cigars from the proposed rule, defeating the intention of regulating various cigar products equally under the law. This is important, as producers have skirted the intention of various laws by claiming their youth-marketed products are technically cigars. We need a consistent application of the law around cigars. Both premium and non-premium cigars contain cancer causing chemicals that increase the smoker and non-smoker risk for lung disease, chronic bronchitis, and oral cavity, larynx, esophagus, pancreas, bladder, and lung cancers.^{1,2} Both types of cigars

negatively affect the public's health. The differences between these cigar types speak to the ingredients and price, but not to their effects on health. Thus, if the FDA's intent for this proposed rule is to take action to address the public health risk associated with the use of tobacco products, premium cigars should not receive an exemption. Exempting premium cigars may set back the FDA's work to reduce tobacco use and disease risk in the United States.

Cigar use is popular among youth. The Centers for Disease Control and Prevention (CDC) reported that cigarette and cigar use in high school students was nearly identical in 2012. This similarity is also seen in middle schools students who smoked cigarettes and cigars.³ When youth are faced with premium cigars and cigarettes of the same price, premium cigars may be the product of choice because premium cigars are not subject to accessibility restrictions as promulgated for cigarettes. For example, cigars can be sold in self-service displays and sold individually.

2. Flavored products

San Francisco Department of Public Health urges the FDA to apply the same flavor restrictions promulgated by the Tobacco Control Act on cigarettes to newly-deemed tobacco products. As flavors such as cherry, vanilla, and apple contribute to the increasing popularity of e-cigarettes, hookah, and cigars among youth, regulation is critical for the same reasons the FDA restricted flavor options for cigarettes. The FDA's Parental Advisory on Flavored Tobacco Products states that flavored tobacco products:⁴

- Appeal to kids.
- Disguise the bad taste of tobacco, easing adoption by youth.
- Are just as addictive as regular tobacco products.
- Have the same harmful health effects as regular tobacco products.

Local and state health departments have already taken the initiative to regulate the sale of non-regulated flavored tobacco products in their jurisdictions. Maine banned the sale and distribution of flavored cigarettes and cigars in the state in 2009.⁵ In 2011, New York City banned the sale of flavored tobacco products.⁶ Providence (RI) banned sale of flavored tobacco products and redemption of tobacco industry coupons and discounts in 2013.⁷ In 2014, Chicago banned the sale of all flavored tobacco products, including e-cigarettes (regulated as tobacco products), within a 500-foot radius of any elementary, middle, or secondary school.⁸ Our community continues to examine options for addressing how the harsh flavors of cigarettes can be masked by candy and sweet flavorings. Prior generations became addicted to cigarettes in large numbers despite the harsh taste and difficulty initiating the smoking habit. With cherry and cotton candy and vanilla starter products now, the current generation of youth face fewer barriers to initiation of nicotine addiction and are more targeted by the industry than ever before.

3. Regulation of the new noncombustible products

San Francisco Department of Public Health urges FDA to regulate the newly-deemed tobacco products, including e-cigarettes, dissolvables, hookah, and cigars, in the same manner as existing tobacco products. Federal regulation offers an opportunity to more fully assess the public health risks of these products, which have grown in popularity since the passage of the Tobacco Control Act. There are currently no federal consumer protections in place to ensure that e-cigarettes are properly labeled and tested. FDA and other independent scientists have found numerous potentially dangerous chemicals and carcinogens as well as varying levels of nicotine that are inconsistent with the amount indicated on the labels of e-cigarette solutions. For example, a recent study of e-cigarette refill fluids found that the majority (65%) of nicotine fluids tested deviated by more than ten percent from the nicotine concentrations on the label.⁹ Furthermore, because e-cigarettes are unregulated, there is a lack of credible information on the full range of chemicals being produced by the large number of different e-cigarettes currently on the market. The same flavoring, marketing, and self-service access rules should apply to newly-deemed products because they also pose risk to the public and can spur initiation or joint use of multiple tobacco products.

CDC reported that e-cigarette use more than doubled among U.S. middle and high school students between 2011-2012. There is evidence that e-cigarettes help youth to initiate smoking habits – only 20% of middle school e-cigarette users reported never having smoked conventional cigarettes.¹⁰ Youth are also impressionable and can succumb to marketing ploys such as the numerous fruity and candy flavored e-cigarettes and to youth-oriented company advertising.

It is these startling facts about youth use of e-cigarettes and alternative products that caused San Francisco to join Los Angeles, Chicago, Philadelphia, and New York early this year in regulating e-cigarettes locally. We recognized that these products pose a threat to the public health and are clearly serving as starter products for young people in our community. Without regulation of advertising, content of the product, claims made by the industry, and flavors available, the proliferation of this product will likely continue exponentially. Surveys of local youth and adults show that the industry has created a great deal of confusion about these products and the general public repeats back the unsubstantiated claims made by e-cigarette marketers eerily similar to claims made by the tobacco industry a generation earlier.

San Francisco Department of Public Health calls on the FDA to restrict the flavor offerings as in cigarettes for the same reasons that the agency restricted cigarette flavor offerings. Current e-cigarette advertisements target youth with marketing strategies such as celebrity endorsements, and messaging that promote freedom, rebelliousness, and glamour with e-cigarette use. The FDA should also restrict new product advertising in the same way that cigarette and smokeless tobacco advertising is restricted.

4. New product warnings

Product warning labels are incredibly useful tools in FDA's effort to protect public health. However, the proposed warning labels for newly covered tobacco products can be strengthened to be more effective.

Since the first warning labels appeared on cigarette packages in 1965, warning labels have been an important source of information for tobacco users.¹¹ While there is evidence that warning labels can become stale,¹² and the need for large graphic warning labels is clear,^{13,14,15} the newly covered products will be marketed with minimal warning. This may contribute to confusion about the health effects of the newly covered products. The proposed textual warnings for cigars are fairly strong, but the single warning for the remaining products is weak and does not convey the potential extent of health risk associated with use of the products. The FDA should require large graphic warnings for all tobacco products, similar to those required for combustible cigarettes. There is significant evidence of the specific health harms of the new products and those caused by nicotine that support stronger, more specific warnings in the "2014 U.S. Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress." The City of San Francisco cannot introduce a mandate for packaging with striking graphic images that tells consumers the truth about the health impacts of tobacco (similar to those required in nearly every country in the world), but we very much support the move by FDA to require those warnings.

5. Additional opportunities

The proposed rule presents an opportunity to require child-resistant packaging for e-cigarette liquids to prevent child poisonings. Currently, e-cigarette liquid refill containers are not required to be sold in child-resistant packaging and that may encourage children to ingest the product's poisonous content.¹⁶ Some e-cigarette refill product packaging features cartoons, colorful labeling, or illustrates edible ingredients representing particular flavors, such as cherry, chocolate, or bubble gum. The contents themselves can have the aroma of the edible ingredient pictured on the label.¹⁷ Any of these factors can prompt a child to investigate and the contents can be extremely dangerous, if not lethal.

CDC analyzed calls to U.S. Poison Centers from 2010 to 2014 related to e-cigarette exposures. The results showed that e-cigarettes accounted for an increasing proportion of the calls, 0.3% in September 2010 to 41.7% in February 2014.¹⁸ Half of the calls made regarding exposure were for incidents involving children ages 0-5.¹⁸ The prevalence of poisonings and the potential danger to children promoted the American Association of Poison Control Centers and its member centers to issue a statement warning e-cigarette users to keep the devices and

liquids away from children.¹⁹ One teaspoon (5 ml) of a 1.8% nicotine solution can be lethal for a person weighing 200 pounds.¹⁶ Most nicotine solutions range between 1.8% and 2.4%, and the refill bottles contain 10-30 ml of solution.²⁰ Due to the dramatic increase in calls to poison control centers, some states have taken precautions through new regulations. Minnesota and Vermont created statutes that require child protective packaging on all liquid nicotine refill bottles, and some retailers have voluntarily begun selling their refills with child-resistant caps.²⁰ While those who oppose such requirements note there have been no confirmed poisoning deaths in the United States due to the ingestion of liquid nicotine, the FDA must not wait for tragic consequences before acting.

San Francisco Department of Public Health is pleased to support the deeming of additional products as tobacco as proposed in the rule and urges FDA to do the following: include premium cigars in cigar regulations; apply the same requirements of the Family Smoking Prevention and Tobacco Control Act for combustible cigarettes to all of the newly deemed products regarding flavors, marketing, and self-service access; strengthen the content and requirements for the warning labels on newly deemed products; and create a requirement for child-resistant packaging for e-cigarette liquids. Thank you for your attention to these recommendations.

Sincerely,



Barbara A. Garcia, MPA
Director of Health
San Francisco Department of Public Health

¹ National Cancer Institute. (2010). Fact sheet: Cigar smoking and cancer. Retrieved Jul. 16, 2014, from <http://www.cancer.gov/cancertopics/factsheet/Tobacco/cigars>.

² American Cancer Society. (2014). Cigar smoking: Tobacco and cancer. Retrieved Jul. 16, 2014, from <http://www.cancer.org/cancer/cancercauses/tobaccocancer/cigarsmoking/cigar-smoking-cancer-and-health>.

³ Centers for Disease Control and Prevention. Youth and tobacco use webpage. Retrieved Jul. 22, 2014, from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm.

⁴ U.S Food and Drug Administration. (2013). FDA parental advisory on flavored tobacco products - what you need to know. Retrieved Jul. 22, 2014, from <http://www.fda.gov/TobaccoProducts/ProtectingKidsfromTobacco/FlavoredTobacco/ucm183196.htm>.

⁵ State of Maine. (2007, September 25). News: Governor celebrates ban on flavored cigarettes. Retrieved Jul. 16, 2014, from <http://www.maine.gov/tools/whatsnew/index.php?topic=Portal+News&id=42524&v=article-2006>.

⁶ New York City Department of Health and Mental Hygiene. Smoking legislation webpage. Retrieved Jul. 22, 2014, from <http://www.nyc.gov/html/doh/html/environmental/smoke-law.shtml>.

⁷ City of Providence, Rhode Island. (2013). Providence tobacco laws go into effect January 3. Retrieved Jul. 16, 2014, from <http://www.providenceri.com/healthy-communities/providence-tobacco-laws-go-into-effect-january-3>.

⁸ City of Chicago. Tobacco regulations webpage. Retrieved Jul. 16, 2014, from http://www.cityofchicago.org/city/en/depts/bacp/supp_info/tobaccoregulations.html.

⁹ Davis, B., Dang, M., Kim, J., Talbot, P. (2014, May 26). Nicotine concentrations in electronic cigarette refill and do-it-yourself fluids. *Nicotine & Tobacco Research* (published online). doi: 10.1093/ntr/ntu080.

¹⁰ Centers for Disease Control and Prevention. (2013, September 6). Notes from the field: Electronic cigarette use among middle and high school students – United States, 2011-2012. *MMWR*, 62(35), 729-730. Retrieved on Jul. 7, 2014, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a6.htm>.

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- ¹¹ U.S. Department of Health and Human Services. (2000). Reducing tobacco use: A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- ¹² Institute of Medicine (U.S.). Committee on Reducing Tobacco Use: Strategies, Barriers, and Consequences. (2007). Ending the tobacco problem: A blueprint for the nation. R. J. Bonnie, K. Stratton, R. B. Wallace (Eds.) Washington, DC: National Academies Press.
- ¹³ Azagba, S., & Sharaf M.F. (2013). The effect of graphic cigarette warning labels on smoking behavior: Evidence from the Canadian experience. *Nicotine & Tobacco Research*, 15(3), 708-17. doi: 10.1093/ntr/nts194.
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- ¹⁸ Chatham-Stephens, K., Law, R., Taylor, E., Melstrom, P., Bunnell, R., Wang, B., et al. (2014, April 4). Notes from the field: Calls to Poison Centers for exposures to electronic cigarettes. *MMWR*, 63(13), 292-293. Retrieved on Jul. 7, 2014, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6313a4.htm>.
- ¹⁹ American Association of Poison Control Centers. (2014, March 25). News Release: AAPOC and Poison Centers issue warning about electronic cigarette devices and liquid nicotine. Retrieved Jul. 7, 2014, from https://aapcc.s3.amazonaws.com/pdfs/releases/E-cigarette_Release.pdf.
- ²⁰ Richtel, R. (2014, March 23). Selling a poison by the barrel: Liquid nicotine for e-cigarettes. *The New York Times*. Retrieved Jul. 4, 2014, from <http://www.nytimes.com/2014/03/24/business/selling-a-poison-by-the-barrel-liquid-nicotine-for-e-cigarettes.html?module=Search&mbReward=relbias%3Aw>.
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From: [a infusino](#)
To: [Boudreaux, Marcelle \(CPC\)](#); [Yee, Norman \(BOS\)](#); [Secretary, Commissions \(CPC\)](#)
Subject: Neighbor OPPOSING 1963 Ocean Avenue Vape Shop
Date: Tuesday, October 28, 2014 9:56:17 PM

Dear Planning Commission, Mr. Norman Yee, and Ms. Marcelle Boudreaux:

I am writing to strongly oppose the proposed Conditional Use Authorization for 'Happy Vape' at 1963 Ocean Avenue. As the neighbor who lives directly behind this proposed business, I do not support the retail Tobacco Paraphernalia Establishment, the steam stone hookah lounge at the basement level, or the outdoor activity area for e-cigarette sampling. Please see the following reasons why this business is not a good fit for our neighborhood:

1. There are at least 4 businesses just on Ocean Avenue that already sell e-cigarettes. By walking 10 minutes or less, I can purchase a variety of different e-cigarettes at each of these stores.
2. E-cigarettes are unregulated and under researched and the full risks on human health have yet to be determined.
 1. As the neighbor that lives directly behind this proposed "outdoor activity area for cigarette sampling," my family and I will be adversely affected by the chemicals in these e-cigarettes.
 2. The proposed outdoor activity space in the backyard at 1963 Ocean Avenue, is approximately 20 feet from my property line (measurements taken from the back wall of proposed business to my property line). Depending on where the owners of the business decide to place the "tables, awning or tent," customers will be smoking even closer to my property line. The proposed "Outdoor activity area" is too close to surrounding residents. (Please see attached picture of the back of 1963 Ocean Avenue where the smoking section will be and my property line)
 3. Moreover, as an asthma sufferer and as someone who will be starting a family soon, having people smoke approximately 20 feet from my property will in turn make my backyard an unusable space unless I choose to subject my future child or myself to chemicals that will irritate, harm, or otherwise affect our bodies.
 4. Additionally, there are many children living in the houses surrounding the backyard of this business. Each of these children will be subject to the unregulated and under-researched chemicals emitted from these e-cigarettes.
3. This business will bring nuisance to the neighborhood.
 1. The outdoor space and hookah lounge will add outdoor lights and additional noise from people talking and smoking in the backyard. The hookah lounge is marketed to be a place where people can hang out

and socialize. Given that this part of the business will be open until 12am, this will be an additional noise disturbance to the surrounding neighbors. Overall, it will ruin the peaceful, quiet neighborhood we currently live in.

2. Ocean avenue is a neighborhood where outdoor backyard retail spaces are uncommon. This is because the surrounding neighborhoods are quiet, peaceful, family friendly neighborhoods.
 3. This proposed business will decrease the home values of the surrounding neighbors. Who would want to pay the market neighborhood rate and move into a home which is adjacent to an outdoor smoking patio?
4. This business is not favorable for the surrounding family communities and undesirable considering the 8 schools that are less than 1 mile from the proposed business.
1. E-cigarette have a high appeal to youth due to their high tech design and availability in child friendly flavors like cotton candy, bubble gum, chocolate chip cookie dough, and cookie and cream milkshake.
 1. According to the U.S. Centers for Disease Control and Prevention (CDC), 250,000 youths who had never before smoked, tried e-cigs in 2013 — a threefold increase since 2011.
 2. Within a 1 mile radius of the proposed business, there are 8 schools, including 4 high schools, and 3 schools with middle school aged children.
 2. According to recent census demographics for Ingleside terrace 40.6% of households in this neighborhood have children. The same census demographics show that in Mount Davison Manor, the neighborhood directly across from this business on Ocean Avenue, 69.7% of households have children. Moreover, a few blocks down from Mount Davison Manor, in Westwood park the census data states that 71.3% of their households have children. How is this a desirable business for this neighborhood?
 3. All in all, considering the percentage of households with children in the nearby communities adjacent to Ocean Avenue, in addition to the other businesses that already sell e-cigarettes, this additional business is unneeded and unwelcome.

As a strong supporter to revitalize Ocean Avenue, I wholeheartedly see the changes that are possible. These changes however, will not happen if we continue to promote businesses that do not add to the neighborhood. In the past 2 years that I have lived here, I have seen Champa Gardens, Whole Foods, the new hardware store, The Dailey Method, Yoga Flow, and a few other businesses open their doors. Adding more businesses that will be patronized and supported by people in the surrounding communities is what will make Ocean Avenue a nice place to walk, shop, and stay. Adding another place to buy e-cigarettes is not going to attract other desirable businesses or shoppers.

Please include my e-mail and attached picture in the Planning Dept. packet for review by the Planing Commission.

Respectfully submitted,

Angela Button
70 Urbano Drive
San Francisco, CA 94127

From: Michelle Schulze
To: Boudreaux, Marcelle (CPC); Yee, Norman (BOS); Secretary, Commissions (CPC)
Subject: Neighboring Residents OPPOSED to 1963 Ocean Ave Happy Vape
Date: Tuesday, October 28, 2014 1:34:56 PM

Dear Planning Commission, Mr. Yee and Ms. Marcelle Boudreaux:

We are adjacent neighbors to the project at 1963 Ocean Ave. (Happy Vape). We are also members of the ITHA residential group. We strongly OPPOSE the Conditional Use Authorization to sell tobacco paraphernalia, e-cigarette sales. There are already two other 'vape' shops within a 1.5 mile distance of the proposed site. Tobacco and tobacco products can be found at various stores along the Ocean Avenue Corridor. There is no need for this business in this location. We are also strongly opposed to a Steam Stone Hookah Lounge at basement level and especially OPPOSED to ANY OUTDOOR ACTIVITY that samples or promotes e-cigarettes or Hookah or for that matter ANY type of smoking. The latter is planned to be across the street from our home, backing directly adjacent to our neighbor's back yard. This is a FAMILY NEIGHBORHOOD. There are many families with small children in this area. We are strongly opposed to any type of outdoor sampling or activity regarding this type of business. The vapors are toxic and a health hazard to the public. The lights, noise, and sampling are absolutely not welcome in the backyard of our neighbors nor of our neighborhood! The proposed business of HAPPY VAPE is not consistent with the 'beautifying' of Ocean Avenue, nor is it wanted in a family neighborhood. This would set a very negative precedence.

We are aware of the empty store fronts along Ocean Avenue. Simply because it is empty does not mean it needs to be filled with businesses such as Happy Vape. Our neighborhood would love to see more positive, family friendly businesses such as Fog Lifter Café, YogaFlow, Whole Foods and Elevate Fitness-these are the types of businesses that our locals deserve & desire. They would attract similar businesses that our families can walk to and shop at.

Please include my email and document in the Planning Department packet for review by the Planning Commission.

Sincerely,

Derek & Michelle Schulze
Ingleside Terraces

From: [James Spalding Jr.](#)
To: [Boudreaux, Marcelle \(CPC\)](#)
Subject: No Vape shop on Ocean Avenue
Date: Monday, October 27, 2014 2:47:19 PM

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James H. Spalding Jr. CPA/MSTax
180 De Soto Street
San Francisco CA 94127-2183
cpaspalding@gmail.com
415-337-6799, cel 415-517-2539

Word of mouth is the best source of new business for Spalding and Company.
Thanks for your good word referrals.

From: Donna Howe
To: Boudreaux, Marcelle (CPC)
Subject: Opposition to proposed permit for 1963 Ocean Ave
Date: Thursday, May 15, 2014 2:23:52 AM

To: Marcelle Boudreaux
From: Donna Howe, 85 Entrada Court

Message:

I am a long time resident of the Ingleside Terraces. I am the third generation of our family to have lived at Entrada Court, and my son and his family are the fourth and fifth generations and currently reside nearby on Urbano Drive. That being said, **I wish to voice my strong opposition to the permit application reference the establishment of a business offering tobacco paraphernalia at the vacant retail space at 1963 Ocean Avenue.**

There are several schools (Commodore Sloat Elementary School, St. Francis Preschool, Straford Academy, Voice of Pentecost Academy, Aptos Junior HS, and Lick-Wilmerding) nearby. I have serious concerns about the negative social and health impact a tobacco shop will have on the neighborhood.

There are already several cannabis dispensaries along the Ocean Ave. corridor between Junipero Serra and Howth. So far, the city has not seen fit to honor the wishes of our neighbors by failing to discourage the clustering of dispensaries; **if a tobacco shop were to be permitted to open and operate nearby it would be a clear indication that "the City" Planning Department does not support efforts to draw residents and family-friendly businesses to our historic neighborhood.**

For a number of years I maintained a residence in the east bay city of Fremont. The Smoke Shop there was a constant source of problems in the Nilas District. That was in the days before ecigarettes, so it was full of such products as rolling papers, "doobie clips", scales, drug kits, bongos, and other assorted tobacco paraphernalia.

Establishing a similar business on Ocean Avenue can only bring negative outcomes that will far outweigh the generation of any commercial revenue for this city that I love. It would be naive to think the proposed business would offer only ecigarettes, cigarettes, cigars, snuff, chew and loose tobacco; all of which, I believe, are easily procured at a variety of other locations. There is no need for such a business in our neighborhood. Although I am sure it would be popular with college students from City College of San Francisco and San Francisco State University, it would also be a distraction from their educational pursuits and not likely to be popular with their parents.

I hope my work schedule will permit me to attend any community outreach meetings regarding this proposal, but I do wish to go on record now with the Planning Commission as being **opposed** to permitting the proposed business.

From: Gail Dent
To: Boudreaux, Marcelle (CPC)
Subject: proposed "Vape"shop on Ocean Ave
Date: Monday, October 20, 2014 1:01:09 PM

This proposal is of concern to my family and me. I understand smoking an e cigarette is not allowed in a public indoor space in San Francisco and that is why an area in the back of the store is to serve as an outdoor smoking area. Everyday I walk my dog around Urbano and pass the home which abuts the proposed smoking area. Many other people pass this way on their way to other places on Ocean Ave. Does anyone know if the second hand vapor is dangerous? Will this shop be allowed to sell to minors? If not, why are there flavors which would attract children? How much research on e cigarettes will the committee do before they make a decision? Will they look at the actions other cities in California have taken?

I hope our planning commissioners will do their due diligence before voting.

From: Mary Schembri
To: Boudreaux, Marcelle (CPC); Yee, Norman (BOS); Secretary, Commissions (CPC)
Cc: Bob Karis
Subject: RE: <OPPOSED to 1963 Ocean Ave Happy Vape Conditional Use and business!>
Date: Wednesday, October 29, 2014 12:04:48 PM

Dear Planning Commission Members, Supervisor Norman Yee and Ms. Marcelle Boudreaux:

I am a member of the Ingleside Terraces Homeowners Association (ITHA) and have lived in the Terraces all of my life. I strongly OPPOSE the Conditional Use authorization to sell tobacco paraphernalia, e-cigarette sales, and oppose to a Steam Stone Hookah Lounge at any location on Ocean Avenue corridor. Additionally, I strongly OPPOSE to any OUTDOOR ACTIVITY for sampling e-cigarettes.

This type of business is not necessary on Ocean Avenue. E-cigarettes can be purchased at 7-Eleven-2000 Ocean Ave, Homrun Liquors-1551 Ocean, A& N Liquors-1521 Ocean, No Limit Liquor & Food Mart-1015 Ocean. Two Vape shops are within a 1.5 mile distance of 1963 Ocean: Juice box Vapor, 907 Taraval St. Dream Cloud Vapors, 4971 Mission St near Geneva Ave.

This type of business is not desirable in our neighborhood as it concentrates in addicting our neighbors to nicotine, and expose them and people near them to harmful chemicals contained in the e-cigarette vapors.

After many years of vacant store fronts, we finally have some businesses that are making a positive difference, such as Whole Foods, CVS, and coffee shops.

Please support the health of our neighborhood and deny this permit.

Thank you,

Mary Male Schembri
84 De Soto Street
San Francisco, CA 94127
415-420-9448

From: [Linda McGilvray](#)
To: [Boudreaux, Marcelle \(CPC\)](#)
Subject: Re: the Vape Shop at 1963 Ocean. . .
Date: Wednesday, October 22, 2014 5:56:43 PM

Dear Ms. Boudreaux,

The neighbors in Ingleside Terraces are very concerned about this proposed shop. It has been researched and found that these vapors and e cigarettes are not all that harmless to people. The neighbors with adjoining properties are certainly opposed to such activities that would pollute the air right outside the back of their homes. There also are a couple of private schools in the area that might be influenced by the wares. Trying to improve the quality of retail establishments on Ocean Avenue has been the focus, even though a few questionable shops have opened. Please consider the plight of the neighbors in considering licensing this shop.

Thanks for your consideration.

Linda McGilvray
Board member of ITHA
Oct. 22, 2014

From: steve@stevholm.com
To: [Boudreaux, Marcelle \(CPC\)](#); [Yee, Norman \(BOS\)](#); [Secretary, Commissions \(CPC\)](#)
Subject: regarding Conditional Use at 1963 Ocean Avenue - Happy Vape
Date: Monday, October 27, 2014 9:26:36 PM

Hello,
I'm a board member on the Ocean Avenue Association. I'm also a business owner on Ocean Avenue; Yoga Flow SF.

Although our board supported Happy Vape, I did not vote in support. I do believe this store has a demand in this neighborhood, therefore it is necessary and desirable; so, I do support the proposal for Conditional Use authorization to allow establishment of a Tobacco Paraphernalia Establishment retail use (d.b.a. Happy Vape) to include e-cigarette sales at the ground floor.

However, **I do NOT support** The Conditional Use authorization to establish an **outdoor activity area** for e-cigarette sampling within the existing **rear yard**. This yard is adjacent to a detached single family residence, so it does not seem fit for an outdoor smoking area. My business is far enough away, we would not smell this, but the families living adjacent would be negatively affected.

Thank you,
Steven Holm
Yoga Flow SF

From: Rene Casis
To: Yee, Norman (BOS); Boudreaux, Marcelle (CPC); Secretary, Commissions (CPC)
Subject: Regarding proposed vape shop at 1963 Ocean Ave.
Date: Monday, October 27, 2014 2:53:59 PM

To Supervisor Yee, Mr. Boudreaux, and Planning Commission Secretary,

I am writing in **opposition** to the proposed vapor tobacco shop at 1963 Ocean Avenue.

To put it plainly, this business has no positive impact to the community. Tobacco products (including the vapor variety) are currently available in the already established liquor stores/convenience markets. In addition, the close proximity of schools and hence the high concentration of youth traffic in the area is of great concern to me as a parent. I have no problem with the products as an alternative for cigarette smokers but I also do not believe that vapor products are a 100% healthy alternative. The promotion of vapor products via a store front will undoubtedly have a negative impact on highly impressionable children. Our children face enough peer pressure in the world without having a store front openly promoting the "benefits" and "allure" of tobacco vapor products.

Furthermore, I would like to state that I am extremely disappointed with Supervisor Yee and Planning Department's current business expansion efforts this area. First there is the push for additional medical cannabis distribution centers and now the proposal for a tobacco vapor shop. I do not feel like the community is being appropriately represented. The neighborhoods comprising of the community West of Twin Peaks is one of the few remaining areas where San Franciscans can remain in the City while raising families in a positive and safe environment. Interesting that neighborhoods like Glen Par, West Portal, and Miraloma Park do not have MCDs and vapor shops. For me, this really calls into question Supervisor Yee's ability to represent **all** of District 7.

This is a call for you take action and do what is right for everyone, especially the children, in this neighborhood and that is to see to it that there is no tobacco vapor shop at 1963 Ocean Avenue or anywhere else in this neighborhood.

Sincerely,
Rene Casis

From: Pat R
To: [Secretary, Commissions \(CPC\); Boudreaux, Marcelle \(CPC\)](#)
Cc: [Yee, Norman \(BOS\)](#)
Subject: Neighboring Residents OPPOSED to 1963 Ocean Ave Happy Vape Conditional Use and business!
Date: Monday, October 27, 2014 1:53:28 PM

 [DPH_FactSheetFeb2013.pdf](#)

Dear Planning Commission, Mr. Norman Yee and Ms. Marcelle Boudreaux:

I am an adjacent neighborhood to the project and a member of ITHA residential group. I strongly OPPOSE the Conditional Use authorization to sell tobacco paraphernalia, e-cigarette sales, and oppose to a steam stone hookah lounge at basement level. Additionally I strongly OPPOSE to any OUTDOOR ACTIVITY for sampling e-cigarettes PERIOD!

I am opposing this type of business to operate on Ocean Ave corridor. This type of business is not necessary in Ocean Ave. E-cigarettes can be purchased at 7-Eleven-2000 Ocean Ave, Homrun Liquors-1551 Ocean, A& N Liquors-1521 Ocean, No Limit Liquor & Food Mart-1015 Ocean. Two Vape shops are within a 1.5 mile distance of 1963 Ocean: Juice box Vapor, 907 Taraval St. Dream Cloud Vapors, 4971 Mission St near Geneva Ave.

This type of business is not desirable in our neighborhood as it concentrates in addicting our neighbors to nicotine, and expose them and people near them to harmful chemicals contained in the e-cigarette vapors.

I have included Mayor Edwin Lee's *E-cigarettes fact sheet by the Dept. of Public Health: "E-cigarette turn nicotine and other chemicals into a vapor that is inhaled by the user." "The FDA conducted a preliminary analysis of 18 various types of cartridges from 2 leading brands of e-cigs, labeled as flavored, nicotine and no-nicotine. Following were findings of the samples tested.":

- Diethylene glycol, an ingredient used in anti-freeze that is toxic to humans, was found in one sample.
- Certain tobacco-specific nitrosamines that are carcinogens for humans were found in half of the samples.
- Tobacco-specific impurities suspected of being harmful to humans were found in most of the samples. These included anabasine, myosine, and B-nicotyrine.
- Cartridges labeled as "no nicotine" had low levels of nicotine, with the exception of one.
- e-cigarettes available in chocolate, strawberry and mint flavors would appeal to children.
- NOT a SMOKING CESSATION DEVICE. These products have not been tested for safety of efficacy in helping people quit smoking.

* E-Cigarette Fact Sheet, Mayor Edwin Lee, Dept. of Public Health, Population Health and Prevention, February 4, 2013.

In Addition, I oppose to any outdoor activity or sampling. This is a nuisance to adjacent neighbors. The vapors are toxic and a health hazard to the public. The lights, noise, sampling are absolutely not welcome in the backyard of neighbors nor

our neighborhood! This would set a negative precedence.

Let's keep the beautification of Ocean Ave Corridor that the City has invested. Let's continue with stores like Whole Foods, CVS Pharmacy, Fog Lifter Cafe, Elevate Fitness, and Yoga Flow that will attract similar businesses that residents can walk and shop to. I, along with other neighbors, attended and spoke at the most recent Ocean Ave Assoc Board and ITHA board meetings. We experience that those Board Presidents were more focused on supporting the landlord's interest in renting the "empty locations" than hearing neighbor's concerns. This is our opportunity for residents and SF citizens for non-smoking rights to be heard!

Please include my e-mail and document in the Planning Dept. packet for review by the Planing Commission.

Sincerely,
Pat H. Ryan
Ingleside Terraces
ITHA member



City and County of San Francisco
Mayor Edwin Lee

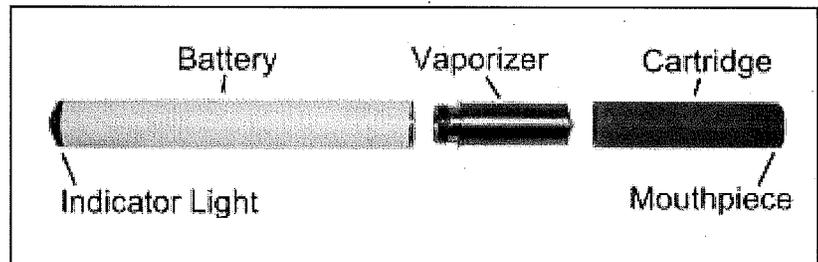
TOBACCO FREE PROJECT
Department of Public Health
Population Health and Prevention
Community Health Education Section
Community Health Promotion & Prevention Branch

E-Cigarette Fact Sheet

February 4, 2013

What Are E-Cigarettes?

E-cigarettes are electronic cigarettes that are battery-operated devices designed to look like and to be used like conventional cigarettes. The devices contain cartridges filled with nicotine, flavor and other chemicals. E-cigarettes turn nicotine and other chemicals into a vapor that is inhaled by the user. No smoke or combustion is involved. Rather the device emits a vapor. E-cigarettes are marketed as less expensive and safer than tobacco cigarettes, as a more socially acceptable way to smoke in smoke-free environments and as providing relief from the social stigma of being a smoker.



E-cigarettes are marketed as less expensive and safer than tobacco cigarettes, as a more socially acceptable way to smoke in smoke-free environments and as providing relief from the social stigma of being a smoker.

Health Risks Identified by the Food and Drug Administration (FDA)

The FDA and many public health experts are concerned about health risks posed by e-cigarettes. The FDA has conducted a preliminary analysis of 18 of the various types of cartridges from 2 leading brands of e-cigarettes, labeled as flavored, nicotine and no-nicotine. Following were findings of the samples tested:

- Diethylene glycol, an ingredient used in antifreeze that is toxic to humans, was found in one sample.
- Certain tobacco-specific nitrosamines that are carcinogens for humans were found in half of the samples.
- Tobacco-specific impurities suspected of being harmful to humans were found in most of the samples. These included anabasine, myosine, and β -nicotyrine.
- Cartridges labeled as "no nicotine" had low levels of nicotine, with the exception of one.
- The amount of nicotine emitted with each puff varied markedly among 3 cartridges that all had the same label.
- One high-nicotine cartridge delivered twice the amount of nicotine compared to an FDA approved nicotine inhalation product that was developed as a smoking cessation aid.

Additional Health Concerns

- The devices include no health warnings.
- E-cigarettes could increase nicotine addiction among young people and encourage them to try other tobacco products such as conventional cigarettes due to introduction to addictive nicotine.
- E-cigarettes available in chocolate, strawberry and mint flavors would appeal to children.

- Consumers have no information about the safety of these products, the types and concentrations of nicotine and other chemicals inhaled when using them.
- Research conducted at the Lawrence Berkeley National Laboratory found that nicotine in third hand smoke, the residue from tobacco smoke that clings to surfaces long after a cigarette has been extinguished, reacts with a common indoor air pollutant called nitrous acid and produces a hazardous carcinogen. This study demonstrates that nicotine, the addictive ingredient in tobacco smoke, is harmful. Research co-author James Pankow has stated that the results of this study should raise concerns about the safety of electronic cigarettes.
<http://www.sciencedaily.com/releases/2010/02/100208154651.htm>

Not a Smoking Cessation Device

- These products have not been tested for safety or efficacy in helping people quit smoking.
- The American Cancer Society, American Heart Association, and American Lung Association have developed statements expressing concern about the increase of e-cigarette marketing and use.

Undermine Progress in Changing Social Norms around Smoking

- A key benefit to smoke-free laws is to change social norms around smoking and to make smoking less socially acceptable. E-cigarette use, particularly in areas that are covered by the second hand smoke ordinance, would undermine the progress made in social norm change.
- Use of e-cigarettes in non-smoking areas would give the public the impression that smoking is permitted as these products closely resemble traditional cigarettes and one could easily assume that the vapor emitted is smoke. In addition, e-cigarette use in areas where smoking is prohibited misleads people into believing that smoking is permitted in these areas without any consequence.

Complicate Enforcement Efforts

- Allowing use of e-cigarettes would likely complicate efforts by the City as well and business owners to enforce Health Code Article 19F. Since enforcement is complaint driven, there will be no way to distinguish whether a complaint is based on e-cigarettes or smoking of traditional cigarettes. Business owners' attempts to comply with the law would also be complicated if use of e-cigarettes is not banned in the same areas.

E Cigarettes Already Regulated by San Francisco Government Entities

- San Francisco General Hospital (SFGH) adopted a smoke free campus policy in 2008. In 2011, the policy was amended to include a ban on e-cigarettes on campus.
- E-cigarette use at SF Airport: In response to concerns regarding use of e-cigarettes at the airport and impact on compliance with smoke-free legislation, the Executive Committee of the San Francisco Airport Commission approved a proposal on September 20, 2010 to adopt a policy to ban the use of e-cigarettes where conventional cigarette smoking is prohibited.
- Department of Transportation prohibits use of e-cigarettes on airline flights:

On June 17, 2010, at a Senate Committee on Commerce, Science and Transportation hearing, the Assistant Secretary for Aviation and International Affairs of the U.S. Department of Transportation stated that smoking of electronic cigarettes was already banned on U.S. air carrier and foreign air carrier flights in scheduled intrastate, interstate and foreign air transportation (49 USC §41706 and 14 CFR Part 252). Additionally, the Department of Transportation planned to issue a notice of proposed rulemaking that would amend the existing general regulatory language in Part 252 to explicitly ban smoking of electronic cigarette aboard aircraft.

FDA Legal Authority

- The FDA could issue regulations of e-cigarettes as a tobacco product under the 2009 the Family Smoking Prevention and Tobacco Control Act. However the FDA cannot regulate where e-cigarettes are used and it cannot prohibit their use in places where smoking traditional cigarettes is already prohibited. The FDA also provides state and local governments with the authority to regulate the sale or use of tobacco products, including e-cigarettes.
- In September 2008, the FDA moved to establish authority over e-cigarettes as drug delivery devices based on the Food, Drug and Cosmetic Act. Specifically, the FDA banned the import of new e-cigarette product shipments.
- E-cigarette manufacturers sued the FDA, claiming that their products should be regulated as tobacco products, not as drugs.
- In January 2010, a Washington DC district court ruled that the FDA could not regulate e-cigarettes as a drug or drug delivery device (because the nicotine was derived from tobacco) but that the FDA could regulate them as tobacco products.

Authority of State or Local Governments to Regulate E-cigarettes

1. Local smoke free laws can include e-cigarettes in their definition of smoking.
2. Local tobacco licensing laws can include a requirement to obtain a local tobacco permit to sell e-cigarettes. In San Francisco, no tobacco permits are allowed in business establishments with pharmacies or on city and county property.
3. New local legislation can be adopted with findings unique to e-cigarettes that apply local smoking restrictions to e-cigarettes.

Limits on E-cigarettes Adopted by State and Local Governments

As of September 2010, California law banned e-cigarette sales to minors, putting the product in the same category as traditional cigarettes. The table below provides a list of e-cigarette legislation adopted by various government entities, including the rationale cited for the policies.

E-cig Law Enacted	Sale of E-cigarettes	Use of E-cigarettes
Canada, Argentina, Singapore, Brazil, Israel, Hong Kong,	No e-cigarette sales, distribution or importation.	

Jordan, Victoria (Australia), Turkey		
Malta		Bans use in public places where smoking is banned.
California	No sales to minors	
Savannah, Georgia		Bans use in public places and workplaces
Madison County, Kentucky		Bans use in public places and workplaces
New Jersey	No sales to minors	Bans use in enclosed indoor places of public access and workplaces
New Hampshire	No sales to minors or free sampling; Includes liquid nicotine	
Utah		Bans use in public places
Boston, Massachusetts	No sales of unregulated nicotine delivery products to minors	Bans use in workplaces
North Adams, Massachusetts	No sales to or use by minors	Bans use in public places and workplaces
Great Barrington, Massachusetts		Bans use where smoking is prohibited
Saugus, Massachusetts	No sales to minors	Bans use in public places.
Paramus, NJ		Bans use in indoor public places and workplaces
Cattaraugus County, NY	No sales to minors	Bans use in public places and workplaces
Suffolk County, NY	No sales to minors	Bans use in public places and workplaces
Bergen County, NJ		Bans use in county parks where children present, inside county buildings, and county vehicles
King County, WA (includes Seattle)	No sales to minors, or sampling, or coupons	Bans use in places where smoking is prohibited by law (workplaces, public places)
Tacoma- Pierce County, Washington	No sales to minors or free sampling.	Bans use in public places where minors are permitted (exempts places of employment that are not public places)

Ordinance Proposed would:

1. Prohibit use of and sale of e-cigarettes on City and County property.
2. Prohibit use of e-cigarettes in places where smoking is prohibited by law.
3. Require a tobacco permit for the sale or furnishing of e-cigarettes.

Rationale:

1. A ban on the use and sale of e-cigarettes on City and County property would be of particular priority, to be consistent with other policies adopted by the City to protect the public health. These include the bans on: tobacco advertising and tobacco sales on City and County property; smoking in City parks, gardens and squares, smoking within 20 feet of entrances to the airport, as well as the smoke-free campus policy adopted by San Francisco General Hospital in 2008. As an example, SFGH has conducted extensive education and training of staff and outreach to patients and visitors to gain compliance with the smoke-free campus policy. SFGH later amended the policy to ban e-cigarettes. Allowing e-cigarettes in locations where cigarette smoking is not allowed would act as a trigger for smokers and former smokers, and would also send a confusing message regarding the smoking policy.
2. Allowing use of e-cigarettes would likely complicate efforts to enforce Health Code Article 19F by the City as well as business owners. Since enforcement is complaint driven, there will be no way to distinguish whether a complaint is based on e-cigarettes or smoking of traditional cigarettes. A key benefit to smoke-free laws is to change social norms around smoking and to make smoking less socially acceptable. E-cigarette use, particularly in areas that are covered by the second hand smoke ordinance, would undermine the progress made in social norm change.
3. Requiring a tobacco permit for the sale or furnishing of e-cigarettes would provide another mechanism to regulate e-cigarettes. Police youth decoy operations conducted to enforce Penal Code 308, the ban on tobacco sales to minors, could be utilized to assure retailers are complying with the California ban on e-cigarette sales to minors. Permitting would additionally result in a ban on the sale of e-cigarettes in pharmacies, consistent with the fact that the FDA has not approved e-cigarettes as medical smoking cessation devices. The permit requirement would ensure establishments selling e-cigarettes be in a permanent location and would not permit temporary e-cigarette booths at shopping malls as have been seen in Westfield and Stonestown shopping centers.

From: creps4@aol.com
To: [Boudreaux, Marcelle \(CPC\)](#)
Subject: vape shop at 1963 Ocean Avenue
Date: Saturday, October 25, 2014 6:10:15 PM

Please come and look at the 1900 block of Ocean and at the surrounding neighborhoods- lovely detached family homes. The 1900 commercial block does not serve our families-cannabis dispensary, billiard parlor, a "massage parlor" that advertises on "adult" websites and tattoo businesses. Many of us have children who walk from Aptos Middle School down Ocean Avenue. As you know vape shops sell devices in flavors such as "bubble gum" and candy flavors to attract middle and high schoolers. On top of everything else the backyard of this shop would be open every night until 8PM for customers to try the merchandise. Are you aware how close people would be exhaling these vapors to the nearest neighbor's back windows? This business is neither necessary nor desirable to our neighborhood. Come and look for yourself. It is unbelievable. Sincerely, Adrienne Sciutto

From: [George Wu](#)
To: [Boudreaux, Marcelle \(CPC\)](#)
Subject: Vape shops
Date: Saturday, October 18, 2014 7:00:15 PM

These Vape shops requesting conditional use permitting are neither necessary nor desirable. Addictive drugs including nicotine and marijuana have no place in family friendly neighborhoods.

What message are we sending to our children?!!!! Are our supervisors THAT desperate to find tax revenues?!!!!

George Wu, MD

Sent from my iPad

From: Wendy Portnuff
To: Boudreaux, Marcelle (CPC); Yee, Norman (BOS)
Subject: Vapor Shop Conditional Use Permit
Date: Friday, October 17, 2014 11:32:22 PM

I am writing to indicate one more time that I am opposed to the presence of a Vape shop on Ocean Avenue adjacent to The Terraces. I understand that to obtain a permit, the shop must demonstrate that it is necessary or desirable. I see no way that either of these is fulfilled in the case of a vape shop. Such a shop is only necessary or desirable to the owner. There are other vape shops close enough that people who see sucking in toxic fumes to be advantageous can purchase electronic cigarettes. However, there is enough significant scientific evidence that these electronic cigarettes are dangerous that the City of San Francisco, which has such good anti-smoking laws, should not be duped into supporting the expanded use of electronic cigarettes.

Wendy Portnuff

The Professional Woman's Guide to Healthy Travel
www.wendyportnuff.com
415-269-4398

WESTWOOD PARK



July 3, 2014

Marcelle Boudreaux, AICP
Planner, Southwest Quadrant
Planning Department, City and County of San Francisco
1650 Mission Street, Suite 400, San Francisco, CA 94103

RE: Letter of Opposition – Vaporizer Lounge and Store located at 1963 Ocean Avenue

Dear Ms. Boudreaux,

I am writing on behalf of the Westwood Park Association Board in opposition to the proposed vaporizer lounge and store at 1963 Ocean Avenue.

Members of our diverse communities surrounding Ocean Avenue have been working for many years to revitalize Ocean Avenue and to attract much needed neighborhood businesses and services to the Ocean Avenue retail corridor. We recently had a number of community meetings on the Ocean Avenue Corridor where residents were asked about what businesses and services they wanted to see on the Ocean Avenue. I can assure you that a vaporizer lounge and store was *not* on the list. By way of reference, the Planning Department representative on this effort is Lily Langlois.

It is our understanding that e-cigarette smoking devices and cartridges as well as nicotine cartridges will be sold, and, there will be a smoking lounge with vaporizing devices for smoking. Food, music and videos/movies will be shown in the lounge area to attract customers.

Currently, we have 4 locations where e-cigarettes and nicotine products are sold – 7-Eleven, Homrun, A&N Liquors, and No Limit – more than adequate for this area. Although the business owners have indicated that smoking nicotine will not be allowed on the premises, enforcement will be difficult.

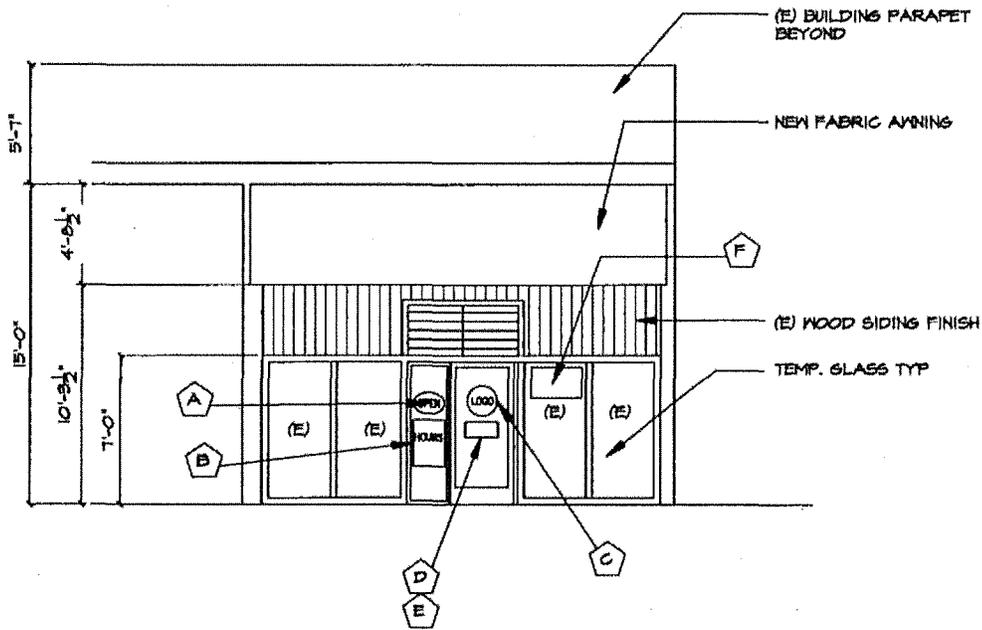
We have precious few store fronts for the size of our neighborhoods. A vaporizer lounge and store does not propel our revitalization efforts forward nor does it provide the much needed and requested businesses and services to benefit our community.

I am joined by the Westwood Park Association Board members Kathy Beitiks, Anne Chen, Greg Clinton, Tim Emert, Caryl Ito and Anita Theoharis in opposing the proposed vaporizer lounge and store at 1963 Ocean Avenue.

Sincerely,

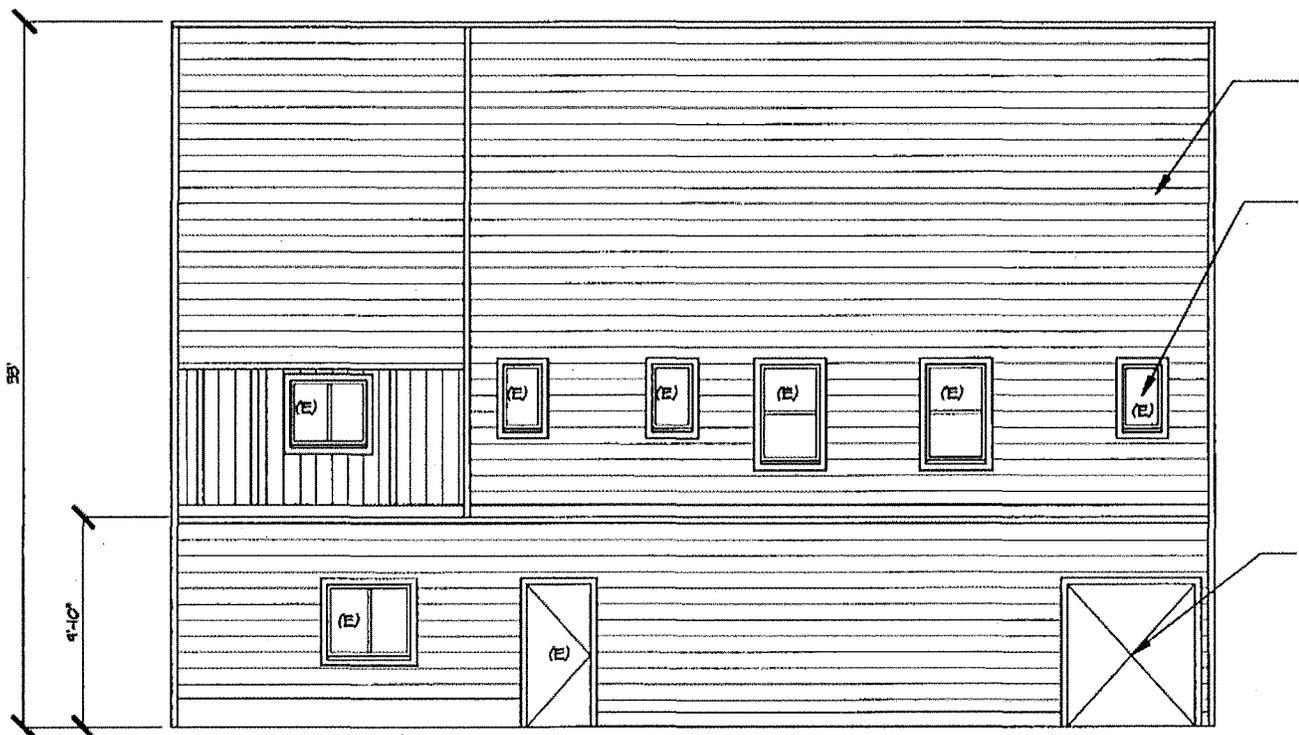
A handwritten signature in black ink, appearing to read "Kate Favetti". The signature is fluid and cursive, written over a white background.

Kate Favetti, President
Westwood Park Association



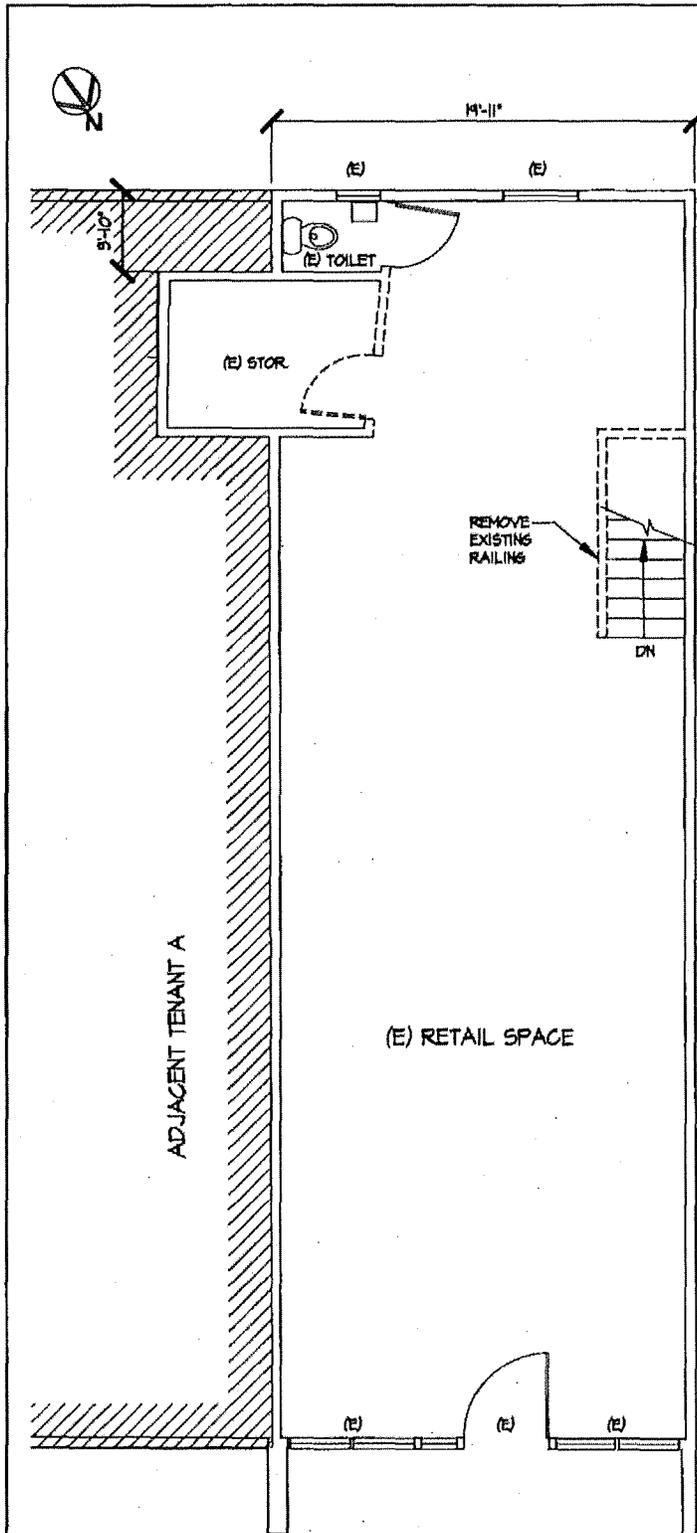
① FRONT ELEVATION

SC: 1/4" = 1'-0"



② REAR ELEVATION

SC: 1/4" = 1'-0"

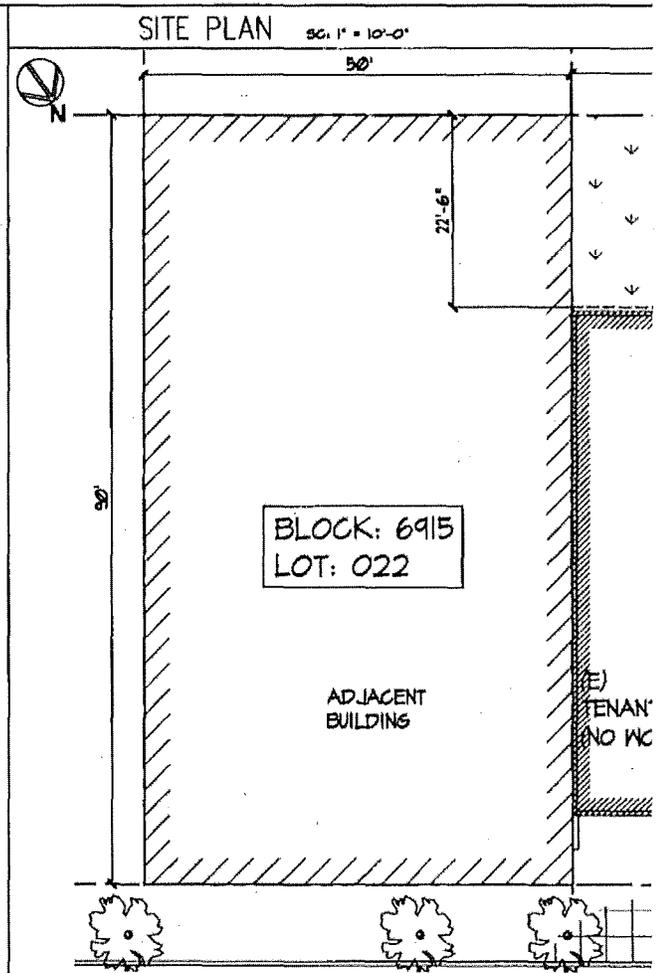


EXISTING 1ST FLOOR PLAN

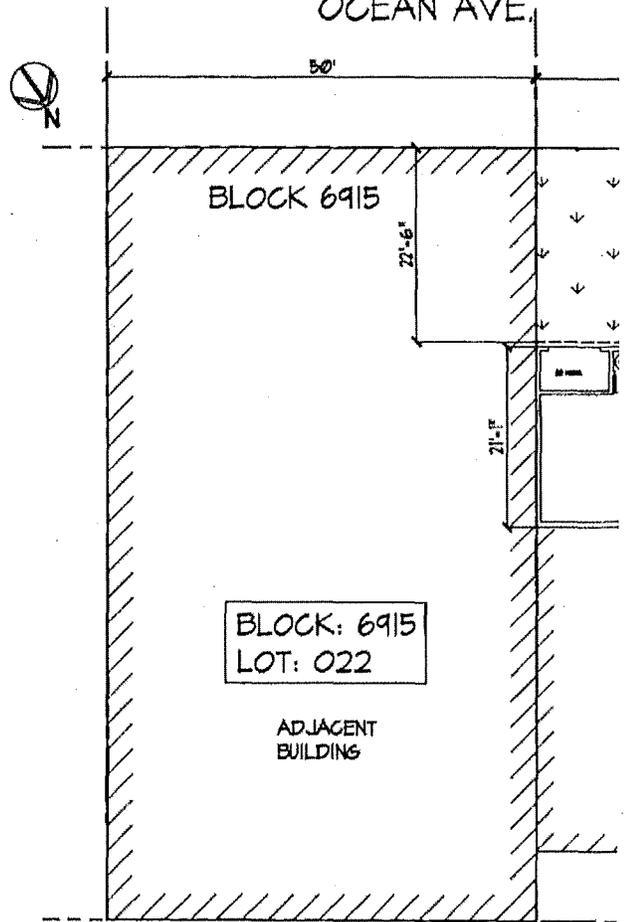
SC: 1/4" = 1'-0"

LEGEND

- > ACCESS DISTANT OF BASEMENT: T3' < T5'
- ==== (E) WALL
- //// (N) WALL
- WALL TO BE DEMOLISHED
- ONE HOUR PARTITION



OCEAN AVE.



OCEAN AVE.

Dear Commissioner,

My wife and I decided to open a small business on 1963 Ocean Ave, the former Aquatic Central, after conducting extensive market research. We found that there was a void in the new vaping industry. Although vaping products are available in various distribution outlets, the experience of vaping is not permitted in the interior premise; however, the health department does not regulate outdoor or backyard areas. By allowing patrons the unique experience of vaping outdoors, the customer is able to sample various flavors. This allows the customer to make a more informed purchase. In addition, with the health department's enforcement of hookah activity in eateries throughout San Francisco, it created a void for people who wanted the hookah experience as well but could no longer get it at a restaurant.

While conducting our community outreach in the Ocean Avenue area over a nine month period, we found many people were happy to see that we would be filling a vacant storefront in an area that the City and County of San Francisco refers to as "dead block." The Ocean Avenue Association Community Benefit District "...supports our proposal to open The Happy Vape on Ocean Avenue. Notably we also have the support of Reverend Gordon of the Ingleside Presbyterian Church and he has stated that "...the project will fill a vacancy with a retail store on the block with 5 vacancies, which will provide more pedestrian traffic to the Ocean Ave corridor..." In addition there are 20 other neighbors who have submitted support letters stating that this project is necessary, desirable and compatible with its surroundings.

Project sponsors also have a "letter of determination" completed by the planning department, which states that vaping enforcement is under the jurisdiction of the health department.

Unfortunately, there are some myths and inaccurate information circulating, which has instilled fear in some of our neighbors. We feel this negative energy to be irresponsible on the part of a few obstructionists. There is no conclusive scientific data that confirms vaping is harmful to the health of the vaper and bystanders. Other concerned neighbors have some valid points and we are willing to compromise with them.

Although there are less than ten letters of opposition, we have respected their opinions and have responded to each one via email. We have also met with many community groups: OMI Cultural Participation Project, Ingleside Terrace Home Association, Street Life Committee, and Ocean Avenue Association, some of which are in support and some of which choose to stay neutral. Citizens of Ocean Avenue feel that this business will improve the quality of life and the safeguards put in place will negate any negative impact. We propose to limit the hours of operation in the outdoor area to 8pm daily. We propose to limit the capacity in the outdoor area to 10 people. Most sampling will only take 5 to 10 minutes. We will also raise the age of entry to 21 years of age. We will provide educational material and notification material so that customers will be more sensitive to the immediate surroundings and respect the neighbors who reside nearby.

Please approve this and let's move upwards and onwards together.

Studies and research links for your information.

Vapor emission studies:

<http://ipet.aspetjournals.org/content/91/1/52.abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-14-18.pdf>

<http://www.clivebates.com/?p=2300#more-2300>

<http://www.ncbi.nlm.nih.gov/pubmed/23033998#>

http://clearstream.flavourart.it/site/wp-content/uploads/2012/09/CSA_ItaEng.pdf

<http://www.healthnz.co.nz/ECigsExhaledSmoke.htm>

<http://pubs.rsc.org/en/content/articlelanding/2014/em/c4em00415a#!divAbstract>

<http://informahealthcare.com/doi/abs/10.3109/08958378.2013.793439>

<http://tobaccocontrol.bmj.com/content/early/2013/03/05/tobaccocontrol-2012-050859.short>

E-cigarette as a gateway to tobacco smoking:

<http://tobaccoanalysis.blogspot.com.au/2013/10/first-study-to-examine-e-cigarette.html>

<http://www.forbes.com/sites/jacobsullum/2014/07/17/survey-shows-adults-who-use-e-cigarettes-to-quit-smoking-prefer-allegedly-juvenile-flavors/>

E-cigarettes Helping people quit and as an effective smoking cessation tool studies:

<http://www.addictionjournal.org/press-releases/e-cigarette-use-for-quitting-smoking-is-associated-with-improved-success-rates->

<http://www.plosone.org/article/info:doi/10.1371/journal.pone.0103462>

<http://link.springer.com/article/10.1007/s11606-014-2889-7>

http://stop-tabac.ch/fra/images/stories/documents/stop_tabac/seigel%20e%20cigs%20am%20j%20prev%20med%202011.pdf

<http://nicotinepolicy.net/commentary/86-g-krol/861-new-research-shows-electronic-cigarettes-better-for-quitting-than-no-aid-over-the-counter-nrt-worse-than-no-aid>

<http://onlinelibrary.wiley.com/enhanced/doi/10.1111/add.12623/http://onlinelibrary.wiley.com/enhanced/doi/10.1111/add.12623/>

E-cigarette studies:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/311887/Ecigarettes_report.pdf

<http://www.ashscotland.org.uk/media/6093/E-cigarettebriefing.pdf>

<http://www.american.com/archive/2013/november/smoking-kills-and-so-might-e-cigarette-regulation>

<http://vaping.com/data/vaping-survey-2014-initial-findings>

<http://www.bbc.com/news/health-28554456>

<http://ecigarettereviewed.com/wp-content/uploads/2013/11/Research-on-Safety-of-Electronic-Cigarettes-Dr.-Konstantinos-Farsalinos-E-Cigarette-Summit.pdf>

<http://www.legaliser.nu/sites/default/files/files/Electronic%20cigarettes%20achieving%20a%20balanced%20perspective.pdf>

Long term studies of e-cigarette use:

<http://www.sciencedirect.com/science/article/pii/S0306460313003304?np=y>

<http://www.ncbi.nlm.nih.gov/pubmed/25301815>

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SAN FRANCISCO PLANNING DEPARTMENT

Letter of Determination

September 26, 2014

Marsha Garland
Garland Public & Community Relations
535 Green Street
San Francisco, CA 94133

Site Address:	1963 Ocean Avenue
Assessor's Block/Lot:	6915/020
Zoning District:	Ocean Avenue Neighborhood Commercial Transit
Staff Contact:	Marcelle Boudreaux, (415) 575-9140 or marcelle.boudreaux@sfgov.org

1650 Mission St
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

Dear Ms. Garland:

This letter is in response to your request for a Letter of Determination regarding the property at 1963 Ocean Avenue, a vacant retail use with proposal to establish a retail use selling e-cigarettes and related materials and steam stone hookah lounge with outdoor activity area (dba "Happy Vape"). This parcel is located in the Ocean Avenue Neighborhood Commercial Transit (NCT) Zoning District and 45-X Height and Bulk District.

CURRENT PROPOSAL

Per Planning Code Section 790.123, Tobacco Paraphernalia Establishment is defined as an establishment with greater than 10 linear feet or 10% of sales area devoted to display and sales of tobacco paraphernalia and (per Section 737.69) requires Conditional Use Authorization. Additionally, per Section 737.24, an outdoor activity area also requires a Conditional Use Authorization.

On February 7, 2014, the Project Sponsor submitted a Conditional Use Authorization application (Case No. 2014.0206C) for the subject property to establish a Tobacco Paraphernalia Establishment on the ground floor, a steam stone hookah lounge on the basement level and an outdoor activity area at the rear to allow sampling of e-cigarettes.

LETTER OF DETERMINATION REQUEST

The request seeks answers to the following: are steam stone hookahs allowed for indoor and outdoor use; is vaping allowed for indoor and outdoor use; are sales of packaged snacks and soft drinks allowed on the premises; and, would the use be considered a "cigar bar."

RESPONSE

In regards to allowed areas for steam stone hookahs, note that while the Planning Department would consider the hookah use as part of the overall Tobacco Paraphernalia Establishment use, the Department of Public Health (DPH) is responsible for regulating hookah establishments.

Marsha Garland
Garland Public & Community Relations
535 Green Street
San Francisco, CA 94133

September 26, 2014
Letter of Determination
1963 Ocean Avenue

In regards to allowed areas for vaping, it is the Planning Department's understanding of recent legislation enacted by DPH that vaping/e-cigarette smoking is now regulated in a similar manner to tobacco smoking. Please review Public Health Code Sections 19(N) and 19(F) and note that DPH is responsible for regulating such activity.

In regards to packaged drinks and snacks (food handling) being sold on the same premises as the Tobacco Paraphernalia Establishment and hookah use, please note that DPH is responsible for regulating such activity.

In regards to whether the proposed hookah use would be considered a "cigar bar"; this use would be considered as part of the Tobacco Paraphernalia Establishment use.

APPEAL: If you believe this determination represents an error in interpretation of the Planning Code or abuse in discretion by the Zoning Administrator, an appeal may be filed with the Board of Appeals within 15 days of the date of this letter. For information regarding the appeals process, please contact the Board of Appeals located at 1650 Mission Street, Room 304, San Francisco, or call (415) 575-6880.

Sincerely,



Scott F. Sanchez
Zoning Administrator

cc: Marcelle Boudreaux, Planner
Business Contacts: *Owner* - Cong Phuong Nguyen (948 Moscow St, San Francisco, CA 94112);
Manager - Blake He (blakehe@gmail.com)
Property Owner: Timoleon and Corinne Zaracotas
Neighborhood Groups

Chris Phung, Business Owner
1910 Ocean Ave (Linda's Ocean Nails)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit
Application

Dear Ms Chris Phung,

I urge you to support the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The project will fill a vacancy with a retail store, which will provide more pedestrian traffic to the Ocean Avenue Corridor;
- 2.) The establishment is an upscale electronic vaporizer retail and steam stone hookah lounge that will be adult only and most of the activities will be in the sub-level and outdoor patio. It eliminate the impact on the people that walks by the establishment.
- 3.) The new social activity of sharing a common experience brings people together and creates an opportunity for people to connect and interact;
- 4.) The project aims to provide alternatives to smoking.
- 4.) The establishment will not be a smokeshop and it will not sell tobacco products or paraphernalia such as rolling papers, doobie clips, scales, drug kits, bongs and other assorted paraphernalia.

A handwritten signature in cursive script, appearing to read "Chris Phung", is located at the bottom left of the page.

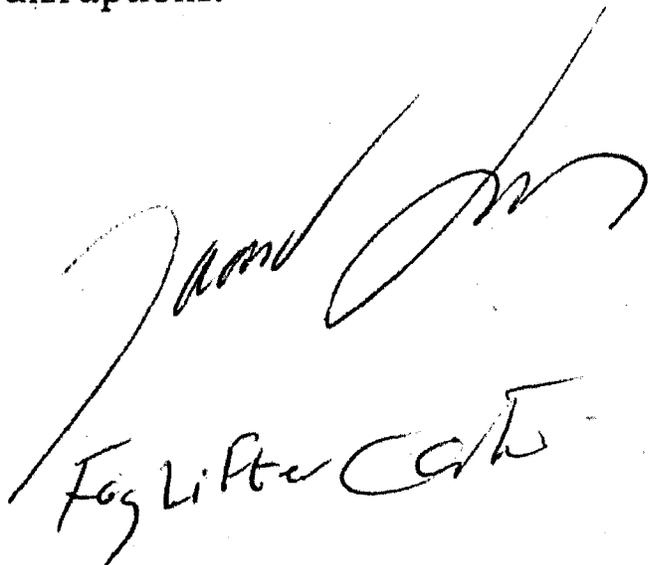
Fog Lifter, Business Owner
1901 Ocean Ave (Fog Lifter Cafe)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit Application

Dear Fog Lifter Owners,

I urge you to support the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The establishment will provide an alternative to smoking;
- 2.) The project will fill a vacancy with a retail store, which will provide more pedestrian traffic to the Ocean Avenue Corridor;
- 3.) The new social activity of sharing a common experience brings people together and creates an opportunity for people to connect and interact;
- 4.) The establishment will not be a smokeshop and it will not sell tobacco products or paraphernalia such as rolling papers, doobie clips, scales, drug kits, bongs and other assorted paraphernalia.
- 5.) The establishment will have carbon coal filter in the Steam Stone Hookah lounge to eliminate odor emissions.
- 6.) The establishment will have a tent over the outdoor patio sample vaping area to reduce disruptions.


James Smith
Fog Lifter Cafe

Gary, Business Owner
393 Ashton Ave (Ingleside Barber shop)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit
Application

Dear Mr. Gary,

I urge you to support the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The project will fill a vacancy with a retail store, which will provide more pedestrian traffic to the Ocean Avenue Corridor;
- 2.) The establishment will not be a smokeshop and it will not sell tobacco products or paraphernalia such as rolling papers, doobie clips, scales, drug kits, bongs and other assorted paraphernalia;
- 3.) The establishment is an upscale electronic vaporizer retail and steam stone hookah lounge that will be adult only;
- 4.) The establishment will have carbon coal filter in the lounge to eliminate odor emissions.

Mary J. Linn

Helen He, Business Owner

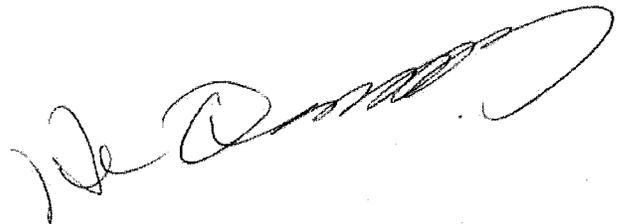
1930 Ocean Ave (Helen Beauty Skin Care)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit Application

Dear Ms He,

I urge you to support the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The establishment will provide an alternative to smoking;
- 2.) The project will fill a vacancy with a retail store, which will provide more pedestrian traffic to the Ocean Avenue Corridor;
- 3.) The establishment will not be a smokeshop.
- 4.) The business can in theory help reduce cigarette butts in the neighborhood.
- 5.) The establishment is an upscale electronic vaporizer retail and steam stone hookah lounge.
- 6.) Everything that will be vaped or smoked in the establishment are tobacco free and nicotine free, it will not have carcinogens.

A handwritten signature in black ink, appearing to be "W. D. ...", located at the bottom right of the page.

JJ, Business Owner
1907 Ocean Ave (Cut to Contrast Barbershop)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit
Application

Dear Mr. JJ,

I urge you to support the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The establishment will provide an alternative to smoking;
- 2.) The project will fill a vacancy with a retail store, which will provide more pedestrian traffic to the Ocean Avenue Corridor;
- 3.) With the on site "vaping" component in the outdoor patio area, it will allow patrons to taste and sample various flavors in order to make an informed product purchase;
- 4.) The new social activity of sharing a common experience brings people together and creates an opportunity for people to connect and interact;
- 5.) The establishment will not be a smokeshop and it will not sell tobacco products or paraphernalia such as rolling papers, doobie clips, scales, drug kits, bongs and other assorted paraphernalia;
- 6.) The establishment is an upscale electronic vaporizer retail and steam stone hookah lounge that will be adult only and most of the activities will be in the sub-level and outdoor patio. It eliminate the impact on the people that walks by the establishment.


JERRY TURAK

JULY 29, 2014

Joey Cassina, Business Owner
Ocean Avenue Tattoo
1907 Ocean Ave

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit
Application

Dear Mr. Cassina:

I urge you to support the conditional use permit application for 1963 Ocean Avenue
for the following reasons:

- 1.) The establishment will provide a healthy alternative to smoking;
- 2.) The project will fill a vacancy with a retail store, which will provide more
pedestrian traffic to the Ocean Avenue Corridor;
- 3.) The new social activity of sharing a common experience brings people together
and creates an opportunity for people to connect and interact.


JOEY
CASSINA
OCEAN
AVENUE
TATTOO
7/24/14

Johnston Yau
Legend Billiards
1948 Ocean Ave
San Francisco, CA 94127
(415) 335-9228
yaujs@hotmail.com

August 5th 2014

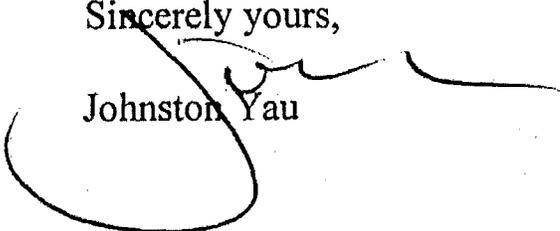
Blake He
Happy Vape
1963 Ocean Ave
San Francisco, CA 94127
(415) 513-2620

Dear Mr. Blake He,

Thank you for contacting me with your business proposal to open an electronic vaporizer retail store and steaming stone hookah lounge. After watching your presentation at the meeting of the Ingleside Association, I am convinced that your business will do well at the desired location. Rest assured that you have our full support.

Good Luck!

Sincerely yours,


Johnston Yau

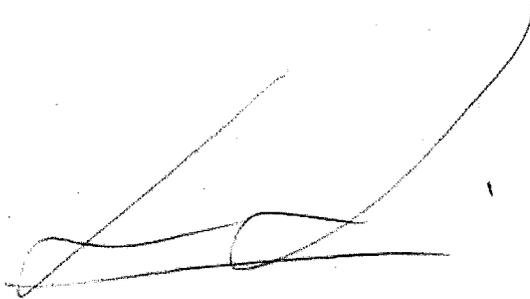
Mr. Larry & Mr. Rory, Business Owner
Bay Area Gold & Silver (Neighbor to the right)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit
Application

Dear Mr. Larry & Mr. Rory:

I urge you to support the conditional use permit application for 1963 Ocean Avenue
for the following reasons:

- 1.) We will have security cameras surveillance and we will be the extra sets of eyes
and ears for the neighborhood. Increase security.
- 2.) Bring a new culture to the ocean ave corridor .



LARRY LI

7/8/14

Li Zhi Song, Business Owner
Ocean Acupuncture and Health Center (neighbor to doors to the left)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit
Application

Dear Ms. Li Zhi Song

I urge you to support the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The establishment will provide a healthy alternative to smoking;
- 2.) The project will fill a vacancy with a retail store, which will provide more pedestrian traffic to the Ocean Avenue Corridor;
- 3.) The new social activity of sharing a common experience brings people together and creates an opportunity for people to connect and interact.

Li Zhi Song

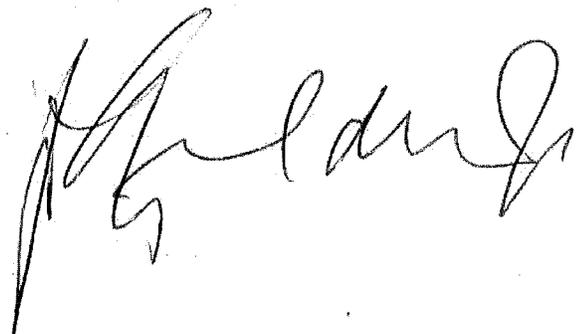
Manual De Vera, Business Owner
1735 Ocean Ave (Allstate)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit Application

Dear Mr. De Vera,

Please support the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The establishment will provide a healthy alternative to smoking;
- 2.) The establishment will not be a smokeshop and it will not sell tobacco products or paraphernalia such as rolling papers, doobie clips, scales, drug kits, bongs and other assorted paraphernalia;
- 3.) The project will fill a vacancy with a retail store on the street that has 5 vacancies and 2 storefronts that are used as storage, which will bring more traffic and new economic interest into the neighborhood;
- 4.) The business will create 3-4 jobs;
- 5.) Everything that will be vaped or smoked in the establishment are tobacco free and nicotine free, it will not have carcinogens.

A handwritten signature in black ink, appearing to read "Manual De Vera", is located in the lower right quadrant of the page.



October 23, 2014

Marcelle Boudreaux

Re: Happy Vap/Blake He

Dear Marcelle,

I was approached by Blake He to write a letter stating that I had spoken to my Board of Directors regarding support for his potential business, Happy Vap. My board voted and we've decided to stay neutral at this time. We respect Blake's entrepreneurial spirit and his desire to occupy a space on Ocean Avenue, but we feel as an Arts and Culture non-profit, we would not be able to contribute or collaborate effectively with a business of this nature. Our mission statement is to collaborate with other organizations that promote the arts in the OMI.

We wish him luck with his endeavors and look forward to supporting possible projects or business in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maria Fe Picar'.

Maria Fe Picar
The OMI Cultural Participation Project
Executive Director

Ray, Kevin, Kelvin, Business Owners

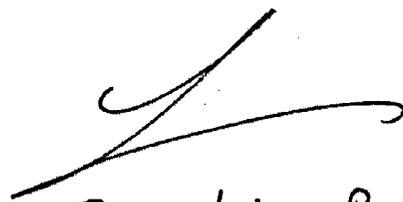
1725 Ocean Ave (Midas Collection)

Re: Approval for 1963 Ocean Avenue "Happy Vape" Conditional Use Permit Application

Dear Commissioners:

Please approve the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The establishment will provide an alternative to smoking.
- 2.) The project will fill a vacancy with a retail store on the street that has 7 vacancies, which will bring more traffic and new economic interest into the neighborhood
- 3.) The business will create 4 new jobs.
- 4.) With the on site "vaping" component in the outdoor patio area, it will allow patrons to taste and sample various flavors in order to make an informed product purchase.
- 5.) The establishment will have an awning over the outdoor patio sample vaping area to reduce disruptions.



Ben Li Business owner

Mr. Ye, Business Owner

~~1900 Ocean Ave (Pho Ha Tien)~~

395 Ashton Ave. (E-C Mart) Y.F.

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit Application

Dear Mr. Ye,

我願意支持1963 Ocean Avenue conditional use permit的申請, 而原因有幾個:

- 1.) 該商店將會提供非香煙的產品選擇
- 2.) 該計畫將會採用一個Ocean Avenue上空了很久的商業埔位, 而且還會有助增加稍費者到這段的Ocean Avenue
- 3.) 這計畫是一個高尚的電子煙店及steam stone lounge的概念, 而針對的客戶群全都是已成年的人, 並不會批准或容許未滿18歲的青年在店內
- 4.) 這商店已計畫使用靜炭過濾器來確保店裡排出的空氣不會帶有味道而影響論居

Yi Feng Ye



Ocean Avenue Association
1728 Ocean Ave PMB 154
San Francisco, CA 94112

October 20, 2014

Marcelle Boudreaux
San Francisco Department of City Planning
marcelle.boudreaux@sfgov.org
415..575.9140

Dear Marcelle,

The Ocean Avenue Association supports Mr. Blake He's proposal to open the Happy Vape on Ocean Avenue.

The OAA's decision to support the Happy Vape conditional use application should not be construed as an endorsement of the applicant's chosen business nor its compatibility with the surrounding neighborhood. The Board has no position on the matters of public policy raised by members of the community with regard to the nature of the applicant's business. We do not doubt the sincerity of those views. The OAA's purview, however, does not extend to making choices among lawful business that otherwise comply with the City's licensing and regulatory process.

OAA's support is based on the board's view that Happy Vape's operations are consistent with the objectives of the OAA to promote vibrant business along the Ocean Avenue commercial corridor. The management team has shown a commitment to supporting the Ocean Avenue retail district and improving the cleanliness and safety of the commercial area. The OAA board also believes that Mr. He is receptive to the concerns and input of neighbors.

Please contact me if you have questions about this recommendation.

Daniel Weaver
Executive Director

Randy Tagle, Renowned Barber
Cut To Contrast Barbershop
1907 Ocean Ave (b/t Ashton Ave & Keystone Way)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit
Application

Dear Mr. Tagle:

I urge you to support the conditional use permit application for 1963 Ocean Avenue
for the following reasons:

- 1.) The establishment will provide a healthy alternative to smoking;
- 2.) The project will fill a vacancy with a retail store, which will provide more
pedestrian traffic to the Ocean Avenue Corridor;
- 3.) The new social activity of sharing a common experience brings people together
and creates an opportunity for people to connect and interact.

 7/24/14

Reverend Roland Gordon, Pastor & OAA Board Member
1345 Ocean Ave (Ingleside Presbyterian Church)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit Application

Dear Reverend Gordon,

Please support the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The establishment will provide a healthy alternative to smoking;
- 2.) The project will fill a vacancy with a retail store on the block with five vacancies, which will provide more pedestrian traffic to the Ocean Avenue Corridor;
- 3.) The business will create two - three more jobs;
- 4.) With the on site "vaping" component in the outdoor patio area, it will allow patrons to taste and sample various flavors in order to make an informed product purchase;
- 5.) The establishment will not be a smokeshop and it will not sell tobacco products or paraphernalia such as rolling papers, doobie clips, scales, drug kits, bong and other assorted paraphernalia;
- 6.) The establishment is an upscale electronic vaporizer retail and steam stone hookah lounge that will be adult only and most of the activities will be in the sub-level and outdoor patio. It eliminate the impact on the people that walks by the establishment;
- 7.) The establishment will have a tent over the outdoor patio sample vaping area to reduce disruptions;
- 8.) Everything that will be vaped or smoked in the establishment are tobacco free and nicotine free, it will not have carcinogens.

Sincerely,
Blake He

Blake,
you have MY support. Blessings!

"Roll G"

Sherri Stratton, Business Owner
Serge-A-Lot
1949 Ocean Ave

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit
Application

Dear Ms. Stratton:

I urge you to support the conditional use permit application for 1963 Ocean Avenue
for the following reasons:

- 1.) The establishment will provide a healthy alternative to smoking;
- 2.) The project will fill a vacancy with a retail store, which will provide more
pedestrian traffic to the Ocean Avenue Corridor;
- 3.) The business will create two - three more jobs;
- 4.) With the on site "vaping" component in the outdoor patio area, it will allow
patrons to taste and sample various flavors in order to make an informed product
purchase;
- 5.) The new social activity of sharing a common experience brings people together
and creates an opportunity for people to connect and interact.



7-24-14

Tim Zaracotas, Business Owner
Aster Travel (Neighbor to the left)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit
Application

Dear Mr. Zaracotas:

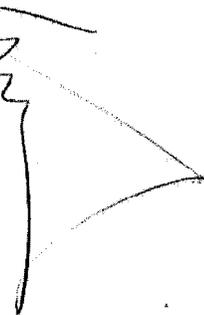
I urge you to support the conditional use permit application for 1963 Ocean Avenue
for the following reasons:

- 1.) The establishment will provide a healthy alternative to smoking;
- 2.) The project will fill a vacancy with a retail store, which will provide more
pedestrian traffic to the Ocean Avenue Corridor.

This is to confirm that I do
support the opening of the
Happy Vape, my next door to my
business of Aster Travel Inc. -

S.F. 7-8-14

Tim C. Zaracotas



Tito Nuila, Business Owner
1719 Ocean Ave (Daytona Auto Body Shop)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit Application

Dear Mr. Nuila,

Please support the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The establishment will provide a healthy alternative to smoking;
- 2.) The project will fill a vacancy with a retail store, which will provide more pedestrian traffic to the Ocean Avenue Corridor;
- 3.) With the on site "vaping" component in the outdoor patio area, it will allow patrons to taste and sample various flavors in order to make an informed product purchase;
- 4.) The establishment will not be a smokeshop and it will not sell tobacco products or paraphernalia such as rolling papers, doobie clips, scales, drug kits, bongs and other assorted paraphernalia;
- 5.) The establishment is an upscale electronic vaporizer retail and steam stone hookah lounge that will be adult only and most of the activities will be in the sub-level and outdoor patio. It eliminates the impact on the people that walk by the establishment;
- 6.) Everything that will be vaped or smoked in the establishment are tobacco free and nicotine free, it will not have carcinogens.

TITO NUILA

Tom Phan, Business Owner
1947 Ocean Avenue

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit
Application

Dear Mr. Phan:

I urge you to support the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The establishment will provide a healthy alternative to smoking;
- 2.) With the on site "vaping" component in the outdoor patio area, it will allow patrons to taste and sample various flavors in order to make an informed product purchase;
- 3.) The project will fill a vacancy with a retail store, which will provide more pedestrian traffic to the Ocean Avenue Corridor;
- 4.) The new social activity of sharing a common experience brings people together and creates an opportunity for people to connect and interact.

Tom Phan

7-24-14

Walee Gon, Business Owner & OAA Board Member
545 Faxon Ave (Faxon Garage)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit Application

Dear Mr. Gon,

Please support the conditional use permit application for 1963 Ocean Avenue for the following reasons:

- 1.) The establishment will provide a healthy alternative to smoking;
- 2.) The project will fill a vacancy with a retail store on the street that has 5 vacancies and 2 storefronts that are used as storage, which will bring more traffic and new economic interest into the neighborhood;
- 3.) The business will create 3-4 jobs;
- 4.) With the on site "vaping" component in the outdoor patio area, it will allow patrons to taste and sample various flavors in order to make an informed product purchase;
- 5.) The establishment will not be a smokeshop and it will not sell tobacco products or paraphernalia such as rolling papers, doobie clips, scales, drug kits, bongs and other assorted paraphernalia;
- 6.) The establishment will have carbon coal filter in the lounge to eliminate odor emissions;
- 7.) The establishment will have a tent over the outdoor patio sample vaping area to reduce disruptions;
- 8.) Everything that will be vaped or smoked in the establishment are tobacco free and nicotine free, it will not have carcinogens.


Walee Gon 7/29/19

Mr. Louie and Ms. Louie, Business Owner
Dri-Clean Express (Neighbor 2 doors to the right)

Re: Support for Happy Vape, 1963 Ocean Avenue, Conditional Use Permit
Application

Dear Mr. Louie & Ms. Louie:

I urge you to support the conditional use permit application for 1963 Ocean Avenue
for the following reasons:

- 1.) The project will fill a vacancy with a retail store, which will provide more
pedestrian traffic to the Ocean Avenue Corridor;
- 2.) The new social activity of sharing a common experience brings people together
and creates an opportunity for people to connect and interact.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

We were asked that “With four other stores selling electronic cigarettes, why should you be here?”

- We offer a unique experience and services to the neighbors and the people of San Francisco that no other stores are offering.
- We are not only providing products for sale, but a unique experience for our patrons whether it be shopping, relaxing in the lounge or trying flavors in the outdoor sampling area, bringing people together to create greater economic interest to the area.
- We are the only store in the area dedicated to only e-cigarettes.
- Any and all persons under 18 will be removed from the premise.
- Our mission is to provide products that will help cigarette smokers reduce their nicotine intake levels gradually, that is an appealing replacement for traditional cigarettes.
- We carry a much wider selection and better quality products than the liquor stores in the area.
- We are not just selling e-cigarettes just as another item, each and every item is tested personally by the staff to deem whether it is qualified to be on the shelf or not.
- We are planning for incentive programs to encourage customers trying to quit cigarettes stay on track.
- We provide our patrons with information and demonstrations on safe handling and upkeep of various products to ensure their safety.
- The Steam Stone Hookah lounge is also an integral part of our business plan and is one of few in existence in the city.
- The other stores are 3 liquor store and a 7-Eleven, electronic cigarettes are accessory sales for these stores. Anyone could go into these stores including kids and they get exposed to cigarettes along with electronic cigarettes because the stores put them in the same area. Kids associate the electronic cigarettes with traditional cigarettes and that could really confuse kids.

Liquor Stores and Vape Stores In the area:

Homrun Liquors

1551 Ocean Ave, San Francisco, CA 94112 (0.3 mile away)

Wiley's Liquor

1015 Ocean Ave, San Francisco, CA 94112 (0.6 mile away)

A & N Liquor

1521 Ocean Ave, San Francisco, CA 94112 (0.3 mile away)

7-Eleven

2000 Ocean Ave, San Francisco, CA 94127

Juicebox Vapor

Parkside

907 Taraval St, San Francisco, CA 94116

1.7 miles away from 1963 Ocean Ave.

Dream Cloud Vapors

Excelsior

4971 Mission St, San Francisco, CA 94112

1.6 miles away from 1963 Ocean Ave.

Boudreaux, Marcelle (CPC)

From: Donna Howe <donna.howe@comcast.net>
Sent: Thursday, May 15, 2014 2:24 AM
To: Boudreaux, Marcelle (CPC)
Subject: Opposition to proposed permit for 1963 Ocean Ave

Follow Up Flag: Flag for follow up
Flag Status: Flagged

To: Marcelle Boudreaux
From: Donna Howe, 85 Entrada Court

Message:

I am a long time resident of the Ingleside Terraces. I am the third generation of our family to have lived at Entrada Court, and my son and his family are the fourth and fifth generations and currently reside nearby on Urbano Drive. That being said, **I wish to voice my strong opposition to the permit application reference the establishment of a business offering tobacco paraphernalia at the vacant retail space at 1963 Ocean Avenue.**

There are several schools (Commodore Sloat Elementary School, St. Francis Preschool, Stratford Academy, Voice of Pentecost Academy, Aptos Junior HS, and Lick-Wilmerding) nearby. I have serious concerns about the negative social and health impact a tobacco shop will have on the neighborhood.

There are already several cannabis dispensaries along the Ocean Ave. corridor between Junipero Serra and Howth. So far, the city has not seen fit to honor the wishes of our neighbors by failing to discourage the clustering of dispensaries; if a tobacco shop were to be permitted to open and operate nearby it would be a clear indication that "the City" Planning Department does not support efforts to draw residents and family-friendly businesses to our historic neighborhood.

For a number of years I maintained a residence in the east bay city of Fremont. The Smoke Shop there was a constant source of problems in the Niles District. That was in the days before e-cigarettes, so it was full of such products as rolling papers, "deobic clips", scales, drug kits, bong, and other assorted tobacco paraphernalia.

Establishing a similar business on Ocean Avenue can only bring negative outcomes that will far outweigh the generation of any commercial revenue for this city that I love. It would be naive to think the proposed business would offer only e-cigarettes, cigarettes, cigars, snuff, chew and loose tobacco, all of which, I believe, are easily procured at a variety of other locations. There is no need for such a business in our neighborhood. Although I am sure it would be popular with college students from City College of San Francisco and San Francisco State University, it would also be a distraction from their educational pursuits and not likely to be popular with their parents.

I hope my work schedule will permit me to attend any community outreach meetings regarding this proposal, but **I do wish to go on record now with the Planning Commission as being opposed to permitting the proposed business.**



Blake He <blakehe@gmail.com>

1963 Ocean Ave

Blake He <blakehe@gmail.com>

Thu, Jul 31, 2014 at 11:24 PM

To: donna.howe@comcast.net

Dear Ms. Howe:

Your correspondence of May 15, 2014 to Planner Marcelle Boudreaux regarding my project at 1963 Ocean Avenue has just been forwarded to me. I appreciate your input and would like to mitigate your concerns.

I, too, have a vested interest in the Ocean Avenue community. I live in the area, went to school in the area and actually immigrated directly to the area with my family as a child. Now I am raising my own child in the neighborhood.

Many people misunderstand vape shops and think they are also "head" shops, marijuana dispensaries and/or tobacconists, which is not the case especially in my situation.

I was once a heavy smoker and e-cigarettes have helped me reduce my smoking enormously. As the father of a toddler they have further benefitted me and my family by providing a smoke free environment for my son to grow up in. I am very conscious of a healthy environment, have been a swimming coach, and curse the day I started smoking. Now I am grateful for vaping and know many others who feel the same way. Vaping is leading them and me to a healthier life style, one that eventually will be totally free of tobacco.

Rest assured the products that will be available in my store, as well as the sample vaping in the outdoor area, will not contain nicotine nor carcinogens. It is because of my own concern for healthy living that I want to start this business.

We will not be selling to children and there will be signs posted throughout our space saying that no one under 18 will be allowed in. We will also have a well-trained staff.

Happy Vape, which is to be the name of my business, is in the business of *harm reduction*. We have no intention of selling snuff, rolling papers, doobie clips, scales, drug kits, bongs and other tobacco and drug paraphernalia.

We do not want to create problems; we want to help solve problems and I do not understand how my business would be a distraction from educational pursuits for students from SF State and City College.

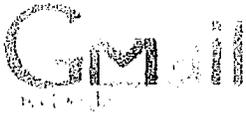
There are many vacancies along Ocean Avenue and my goal is to fill one of them. I will be happy to share my business plan with you if that would be helpful and can forward that via e-mail.

I am available to meet with you any time that is convenient and, as I said, am happy to forward my business plan should you deem that necessary.

Blake He

Happy Vape

Electronic vaporizer retail &
Steaming stone hookah lounge
(415)513-2620
1963 Ocean Ave.
San Francisco, CA 94127



Blake He <blakehe@gmail.com>

1963 Ocean Ave

Donna Howe <donna.howe@comcast.net>

Fri, Aug 1, 2014 at 3:06 PM

To: Blake He <blakehe@gmail.com>

Thanks for your reply and the clarification. I have forwarded it to the participants in the Ingleside Terrace googlegroup. I do not need to see your business plan but appreciate your transparency.

Donna Howe

[Quoted text hidden]



Blake He <blakehe@gmail.com>

1963 Ocean Ave

Blake He <blakehe@gmail.com>

Thu, Jul 31, 2014 at 11:15 PM

To: sfwendy@gmail.com

Dear Wendy:

Your e-mail of May 10, 2014 to Planner Marcelle Boudreaux regarding my project as 1963 Ocean Avenue was forwarded to me.

First of all thank you for taking the time to express your concerns.

Rest assured the products that will be available, as well as the sample vaping in the outdoor area, will not contain nicotine nor carcinogens. It is because of my own concern for healthy living that I want to start this business.

We will not be selling to children and there will be signs posted throughout saying that no one under 18 will be allowed in. We will also have a well-trained staff.

With regard to the marijuana dispensaries and tattoo parlors, it is a matter of choice as to whether or not to patronize those businesses just as it is to patronize a vaping store.

I was once a heavy smoker and this product has helped me reduce my smoking enormously. As the father of a toddler it has further benefitted me and my family by providing a smoke free environment for my son to grow up in. I am very conscious of a healthy environment, have been a swimming coach, and curse the day I started smoking. Now I am grateful for vaping and know many others who feel the same way. Vaping is leading them and me to a healthier life style, one that eventually will be totally free of tobacco.

I commend you for a healthy lifestyle. I simply want to provide an alternative to smoking. Many people have said it has helped and we don't want to ignore those people who find vaping works.

If you would like additional information, we could meet or discuss this further through e-mails.

Thank you.

Blake He

Happy Vape

Electronic vaporizer retail &
Steam stone hookah lounge
(415)513-2620
1963 Ocean Ave.
San Francisco, CA 94127

Boudreaux, Marcelle (CPC)

From: Wendy Portnuff <sfwendy@gmail.com>
Sent: Saturday, May 10, 2014 3:44 PM
To: Boudreaux, Marcelle (CPC)
Subject: Conditional Use Permit for Tobacco Paraphanalia at 1963 Ocean Avenue

Dear Ms. Boudreaux,

I live in Ingleside Terraces, which is adjacent to the location above on Ocean Avenue. Furthermore, I walk past the location almost daily. I object strongly to the introduction of Tobacco Products to this part of our neighborhood. These electronic cigarettes are highly suspect for health reasons. They contain known carcinogens. I do not wish to be exposed to them, and I do not want them to be readily available to neighborhood youth in this part of the city. It's bad enough that there are marijuana stores and tatoo parlors here. Please do not approve yet another storefront that challenges our ability to remain healthy and to be role models for our children.

Wendy Portnuff

The Professional Woman's Guide to Healthy Travel

www.wendypornuff.com

415-269-4398



Blake He <blakehe@gmail.com>

1963 Ocean Ave

Blake He <blakehe@gmail.com>
To: board@westwoodpark.com

Thu, Jul 31, 2014 at 11:19 PM

Dear Ms. Favetti:

Your July 3 letter on behalf of the Westwood Park Association regarding my project at 1963 Ocean Avenue has just been forwarded to me by planner Marcelle Boudreaux.

Like you and your members I, too, have a vested interest in the Ocean Avenue community. I live in the area, went to school in the area and actually immigrated directly to the area with my family as a child. Now I am raising my own child in the neighborhood.

There are many vacancies along Ocean Avenue and my goal is to fill one of them. I will be happy to share my business plan with you if that would be helpful and can forward that via e-mail. Ideally, I would like an opportunity to present to your association at one of your meetings.

Many people misunderstand vape shops and think they are also "head" shops and/or tobacconists, which is not always the case.

I was once a heavy smoker and e-cigarettes have helped me reduce my smoking enormously. As the father of a toddler they have further benefitted me and my family by providing a smoke free environment for my son to grow up in. I am very conscious of a healthy environment, have been a swimming coach, and curse the day I started smoking. Now I am grateful for vaping and know many others who feel the same way. Vaping is leading them and me to a healthier life style, one that eventually will be totally free of tobacco.

Rest assured the products that will be available in my store, as well as the sample vaping in the outdoor area, will not contain nicotine nor carcinogens. It is because of my own concern for healthy living that I want to start this business.

We will not be selling to children and there will be signs posted throughout our space saying that no one under 18 will be allowed in. We will also have a well-trained staff.

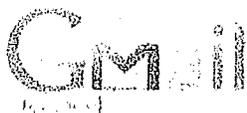
Happy Vape, which is to be the name of my business, is in the business of harm reduction. Based on this perhaps we can start a fresh dialog that will allow me to present directly to your association.

I look forward to hearing from you.

Blake He

Happy Vape

Electronic vaporizer retail &
Steam stone hookah lounge
(415)513-2620
1963 Ocean Ave.
San Francisco, CA 94127



Blake He <blakehe@gmail.com>

1963 Ocean Ave

r and k favetti <woloso1@yahoo.com>

Thu, Aug 7, 2014 at 7:49 PM

To: Blake He <blakehe@gmail.com>

Cc: Marcelle.Boudreaux@sfgov.org, Dan Weaver <info.oacbd@gmail.com>

Dear Mr. He,

The Westwood Park Board has thoroughly reviewed your email dated July 31, 2014 and has not changed its position. I have attached our letter for reference.

Sincerely,
Kate Favetti, President
Westwood Park Association

On Thu, 7/31/14, Blake He <blakehe@gmail.com> wrote:

Subject: 1963 Ocean Ave
To: board@westwoodpark.com
Date: Thursday, July 31, 2014, 11:19 PM

Dear Ms.
Favetti:
Your July 3 letter on behalf of the
Westwood Park Association regarding my project at 1963
Ocean Avenue has
just been forwarded to me by planner Marcelle Boudreaux.

Like
you and your members I, too, have a vested interest in the
Ocean Avenue
community. I live in the area, went to school in the area
and actually
immigrated directly to the area with my family as a child.
Now I am
raising my own child in the neighborhood.
There
are many vacancies along Ocean Avenue and my goal is to
fill one of
them. I will be happy to share my business plan with you
if that would
be helpful and can forward that via e-mail. Ideally, I
would like an
opportunity to present to your association at one of your
meetings.
Many people misunderstand vape shops and think
they are also "head" shops and/or tobacconists,
which is not always the case.

I
was once a heavy smoker and e-cigarettes have helped me

WESTWOOD PARK



July 3, 2014

Marcelle Boudreaux, AICP
Planner, Southwest Quadrant
Planning Department, City and County of San Francisco
1650 Mission Street, Suite 400, San Francisco, CA 94103

RE: Letter of Opposition – Vaporizer Lounge and Store located at 1963 Ocean Avenue

Dear Ms. Boudreaux,

I am writing on behalf of the Westwood Park Association Board in opposition to the proposed vaporizer lounge and store at 1963 Ocean Avenue.

Members of our diverse communities surrounding Ocean Avenue have been working for many years to revitalize Ocean Avenue and to attract much needed neighborhood businesses and services to the Ocean Avenue retail corridor. We recently had a number of community meetings on the Ocean Avenue Corridor where residents were asked about what businesses and services they wanted to see on the Ocean Avenue. I can assure you that a vaporizer lounge and store was *not* on the list. By way of reference, the Planning Department representative on this effort is Lily Langlois.

It is our understanding that e-cigarette smoking devices and cartridges as well as nicotine cartridges will be sold, and, there will be a smoking lounge with vaporizing devices for smoking. Food, music and videos/movies will be shown in the lounge area to attract customers.

Currently, we have 4 locations where e-cigarettes and nicotine products are sold – 7-Eleven, Homrun, A&N Liquors, and No Limit – more than adequate for this area. Although the business owners have indicated that smoking nicotine will not be allowed on the premises, enforcement will be difficult.

We have precious few store fronts for the size of our neighborhoods. A vaporizer lounge and store does not propel our revitalization efforts forward nor does it provide the much needed and requested businesses and services to benefit our community.

I am joined by the Westwood Park Association Board members Kathy Beltiks, Anne Chen, Greg Clinton, Tim Emert, Caryl Ito and Anita Theoharis in opposing the proposed vaporizer lounge and store at 1963 Ocean Avenue.

Sincerely,

A handwritten signature in black ink, appearing to read "Kate Favetti", written over a light-colored background.

Kate Favetti, President
Westwood Park Association



Blake He <blakehe@gmail.com>

1963 Ocean Ave(Happy Vape)

Blake He <blakehe@gmail.com>
To: staceyinteractive@gmail.com

Wed, Oct 22, 2014 at 7:09 PM

Dear Mr. Stacey,

I am send you a fact sheet regarding our project. Our business plan is well thought out and has been shared with the community over a nine month period. Our benefits far outweigh any possible negative impacts. Please contact me so I may share with you our vision for providing synergy to this desolate area the city refers to as a "Dead Block". Thank you very much.

Blake He

Happy Vape

Electronic vaporizer retail &
Steam stone hookah lounge
(415)513-2620
1963 Ocean Ave.
San Francisco, CA 94127

2 attachments

 **Fact Sheet.pdf**
709K

 **Happy Vape Business Plan.docx**
41K

From: John Stacey
To: Boudreaux, Marcelle (CPC); Yee, Norman (BOS); Secretary, Commissions (CPC)
Subject: 1963 Ocean Avenue Vape Shop
Date: Monday, October 20, 2014 8:47:39 AM

I am writing to let you know of my opposition to the proposed Vape Shop, requesting to be located at 1963 Ocean Ave in San Francisco.

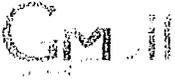
My reasons are fairly straight-forward:

- Ocean Avenue merchants appear to be moving in without much interest from the city on what the street is *becoming*. There are two relatively new tattoo parlors, about six nail shops, at least three massage parlors, two marijuana distributors, a bong shop, and (wait for it...) soon to be a VAPE shop!
- The neighbors deserve better. The (few) upstanding merchants on the street deserve better. Our community deserves better than having our main street turn into San Francisco's location for cheap sex, legal drugs, and various inhaled stimulants
- I realize I probably sound like a staunchy old republican, but I'm not: I am a 47 year old democrat - and own a home just off of Ocean. We have two teen-aged children that walk and drive through the "circus" daily. My wife and I call Ocean "Bangkok."
- In the 15 years that we've lived in our house, we've seen crime rise (including a shooting about 100 yards from this proposed shop). We've seen fast food litter pile up. We've seen drunken and disorderly behavior. We hear the sub-woofers. We listen to the sounds of inebriates fighting on the sidewalks.
- It should stop. The city of San Francisco owes it to the local residents to do it's job... and have a commercial zoning plan for Ocean that is more calculated than "we'll rent to anyone the law allows."
- We pay substantial property taxes, and we vote.
- Please carefully consider my plea, as well as those from the neighbors in the community.

I live at 25 Cerritos, and I oppose the permitting of the Vape Shop.

Thank you for your time.

John Stacey
mobile 415-218-3431



Blake He <blakehe@gmail.com>

1963 Ocean Ave(Happy Vape)

Blake He <blakehe@gmail.com>
To: dellabear88@gmail.com

Wed, Oct 22, 2014 at 7:05 PM

Dear Ms. Go,

Thank you for your interest in our project. However you may have some misinformation, I will send you a fact sheet with pertinent information regarding our project. We do not offer tobacco products. Our diversity of products and services will stimulate pedestrian traffic. The Vaping will be designated to our outdoor backyard area enclosed by a tent. Thus there is no need to cross the street because of any adverse impact caused by our establishment. If you have additional concerns please share them with me. Thank you very much.

Blake He

Happy Vape

Electronic vaporizer retail &
Steam stone hookah lounge
(415)913-2620
1963 Ocean Ave.
San Francisco, CA 94127

2 attachments

 **Fact Sheet.pdf**
709K

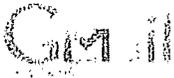
 **Happy Vape Business Plan.docx**
41K

From: deltaboat
To: [Boydreaux, Marcelle \(CPC\)](mailto:Boydreaux, Marcelle (CPC))
Subject: 1963 Ocean Ave - Conditional Use Permit Application -- Tobacco Paraphernalia
Date: Monday, October 20, 2014 10:21:06 AM

Thank you for the notice of public hearing for this project.

I reside at 50 Urbano Dr. I am opposed to this project. There are already plenty of shops on Ocean Ave offering tobacco, e-cigarettes, hookah, and medical marijuana. It is creating an atmosphere on Ocean Ave that is not conducive to pedestrian traffic or business. The smells make me cross the street. My children are uncomfortable walking along these blocks of Ocean Avenue.

Adrienne Go



Blake He <blakehe@gmail.com>

1963 Ocean Ave(Happy Vape)

Blake He <blakehe@gmail.com>
To: Robert Karis <rckaris2@gmail.com>

Wed, Oct 22, 2014 at 7:35 PM

Dear Mr. Karis,

E-cigarette does not lead young people (20 something) to be addicted to nicotine or cigarette. "First Study to Examine E-Cigarette Gateway Hypothesis Can Find Only One Nonsmoker Who Initiated with E-Cigs and Went on to Smoke" is a study that directly counters the article you included from the CDC.

<http://tobaccoanalysis.blogspot.com.au/2013/10/first-study-to-examine-e-cigarette.html>

I am also curious and concerned about the vapors from e-cigarettes, so I did some research. The result of the research is that the vapors from e-cigarettes are far below the standard what scientists are consider as toxic. I have also included a research article that explored the long term effects of the vapors.

<http://www.healthnz.co.nz/ECigsExhaledSmoke.htm>

http://clearstream.flavourart.it/site/wp-content/uploads/2012/09/CSA_ItaEng.pdf

<http://www.ncbi.nlm.nih.gov/pubmed/23033086#>

<http://tobaccocontrol.bmj.com/content/early/2013/03/05/tobaccocontrol-2012-050859.short>

<http://pubs.rsc.org/ov/content/articlelanding/2014/em/c4em00415a#div/Abstract>

<http://jpet.aspetjournals.org/content/91/1/52.abstract>

<http://www.biomedcentral.com/content/pdf/1471-2458-14-18.pdf>

<http://ntr.oxfordjournals.org/content/early/2013/12/10/ntr.ntt203.short?rs=1>

<http://www.ecigarette-research.com/web/index.php/2013-04-07-09-50-07/2014/167-no-aolgs>

We are in the business of harm reduction. Many surveys and researches shows that E-Cigarette is a great way for people to fight their cigarette addiction. Some researchers are saying that e-cigarettes are the most effective way of helping people quit smoking cigarettes.

<http://www.sciencedirect.com/science/article/pii/S0306460313003304>

<http://vaping.com/data/vaping-survey-2014-initial-findings>

<http://www.plosone.org/article/info:doi/10.1371/journal.pone.0103462>

<http://www.addictionjournal.org/press-releases/e-cigarette-use-for-quitting-smoking-is-associated-with-improved-success-rates->

<http://nicotinepolicy.net/documents/letters/MargaretChan.pdf>

<http://link.springer.com/article/10.1007/s11606-014-2889-7>

Sincerely,

Blake He

Happy Vape

Electronic vaporizer retail &
Steam stone hookah lounge
(415)513-2620
1963 Ocean Ave.
San Francisco, CA 94127

2 attachments

Fact Sheet.pdf
709K

Happy Vape Business Plan.docx
41K

From: Robert Karls
To: Boudreaux, Marcelle (CPC); Secretary, Commissions (CPC)
Cc: Yee, Norman (BOS); Low, Jan (BOS)
Subject: 1963 Ocean Avenue, Case No.: 2014.0206C
Date: Monday, September 22, 2014 10:43:56 AM

Dear Ms. Boudreaux,

The proposed Happy Vape store at 1963 is a Conditional Use, which means it has to demonstrate that it is necessary or desirable. This business is neither necessary or desirable.

I am opposed to the vape store for several reasons:

1) They are part of an effort by tobacco companies and others to addict young people, 20 somethings, to nicotine, which is a harmful substance
http://www.cdc.gov/media/releases/2014/p0825-e-cigarettes.html?s_cid=cdc_homepage_whatsnew_002 E-cigarette ads are targeted towards young people, as is easily demonstrated by googling images of e-cigarette ads.

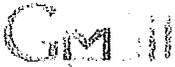
2) The vapors from e-cigarettes can be harmful, even when they don't contain nicotine http://www.nytimes.com/2014/05/04/business/some-e-cigarettes-deliver-a-puff-of-carcinogens.html?_r=1

E-liquids use propylene glycol as a solvent. In ordinary usage, propylene glycol is safe. But when it is heated, as it is in e-cigarettes, propylene glycol is oxidized and gives rise to a variety of toxic substances, particularly formaldehyde in unsafe amounts. Some earlier studies reported only low doses of formaldehyde, but they may not have used a high enough voltage, 4.8 volts in this study. 4.8 volts is easily and frequently obtained with the devices sold in vape shops, as the higher voltage also results in more nicotine and more effect from the e-cigarette. It is not surprising that heating propylene glycol (P.G.) $C_3H_8O_2$ yields formaldehyde CH_2O , or, to show the chain structure of P.G.,: $CH_2OH-CHOH-CH_3 + 2O_2 > 2CH_2O + 2H_2O + CO_2$. In addition, e-cigarettes contain toxic metals and nanoparticles which result in disease causing inflammation.

3) E-cigarettes may be useful in a few cases as part of a comprehensive stop smoking program <http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/> but the purpose of a stand alone vape shop is to to increase, not decrease, nicotine usage.

As the Planning Department and Commission have a duty to benefit our neighborhoods, I trust they will agree that a vape shop on Ocean Avenue is not necessary or desirable.

Yours truly,
Robert Karls
Ingleside Terraces



Blake He <blakehe@gmail.com>

1963 Ocean Ave(Happy Vape)

Blake He <blakehe@gmail.com>
To: drgeorgewumd@aol.com

Wed, Oct 22, 2014 at 7:07 PM

Dear Mr. Wu,

We are not vaping any nicotine on our premises. We have no affiliation with medical marijuana. Enclosed is a fact sheet of what we actually offer. Please feel free to contact us if you have any additional concerns. Thank you very much.

Blake He

Happy Vape

Electronic vaporizer retail &
Steam stone hookah lounge
(415)513-2620
1963 Ocean Ave.
San Francisco, CA 94127

2 attachments

 **Fact Sheet.pdf**
709K

 **Happy Vape Business Plan.docx**
41K

From: George Wu
To: Boudreaux, Marcelle (CPC)
Subject: Vape shops
Date: Saturday, October 18, 2014 7:00:15 PM

These Vape shops requesting conditional use permitting are neither necessary nor desirable. Addictive drugs including nicotine and marijuana have no place in family friendly neighborhoods.

What message are we sending to our children?!!!! Are our supervisors THAT desperate to find tax revenues?!!!!

George Wu, MD

Sent from my iPad

From: SMGraz2001@aol.com
To: [Boudreaux, Marcelle \(CPC\)](#); [Yee, Norman \(BOS\)](#); [Secretary, Commissions \(CPC\)](#)
Cc: smgraz2001@aol.com; calbearsph@gmail.com; rcaris@gmail.com; board@balboaterrace.org
Subject: 1963 Ocean Ave. Proposed Vape Shop
Date: Wednesday, October 22, 2014 12:45:54 PM

Hello SF Planning Commission, Mr. Norman Yee and Ms. Marcelle Boudreaux,

I would like to state my OPPOSITION to the proposed new Vape Shop at 1963 Ocean Ave. I realize that the Vape Shop is applying for a conditional use. At this point, I do not think that this type of business is necessary or desirable on Ocean Ave. corridor. E-Cigarettes can be purchased on Taraval and 19th Ave, which is quite close. On the health issue, E-Cigarettes contain nicotine and the vaporized byproducts include unhealthy chemicals, heavy metals and nanoparticles that accumulate in the lungs. Nicotine is addictive and habit forming. Ingestion of the non-vaporized concentrated ingredients in the cartridges can be poisonous.

There is a garden area in the back that the business wants to use for smokers. Homes are directly located on the other side of the fence. Is this fair to the neighbors?

Lastly, this proposed location is across from a school with children. So, I would appreciate your consideration in not approving this Vape Shop.

Sincerely, Susan Grazioli
Balboa Terrace Director



Blake He <blakehe@gmail.com>

1963 Ocean Ave (Happy Vape)

1 message

Blake He <blakehe@gmail.com>
To: linda.mcgilvray@gmail.com

Fri, Oct 24, 2014 at 3:53 AM

Dear Linda,

First and foremost we would like to thank you for the opportunity to present our business model to your organization. Current research indicates that e-cigarettes being harmful is inconclusive. The vaping component will be conducted in an enclosed tent in the outdoor activity area and therefore there is no adverse impact to worry about. Minors are not allowed on premise and we will not be doing external advertising, please be assured that many of your worries will not happen. Regarding the cluster of businesses needed to synergize that Ocean street corridor, we feel that we are part of the solution and not the problem. Our business model is sustainable, where many business have tried to open and have closed shortly after opening because of the lack of pedestrian traffic.

Please feel free to contact me in the future if you desire to do so.

Sincerely,

Blake He

Happy Vape

Electronic vaporizer retail &
Steam stone hookah lounge
(415)513-2620
1963 Ocean Ave.
San Francisco, CA 94127

2 attachments

 **Fact Sheet.pdf**
709K

 **Happy Vape Business Plan.docx**
41K

From: Linda McGilvray
To: Boudreaux, Marcelle (CPC)
Subject: Re: the Vape Shop at 1963 Ocean. . .
Date: Wednesday, October 22, 2014 5:56:43 PM

Dear Ms. Boudreaux,

The neighbors in Ingleside Terraces are very concerned about this proposed shop. It has been researched and found that these vapors and e cigarettes are not all that harmless to people. The neighbors with adjoining properties are certainly opposed to such activities that would pollute the air right outside the back of their homes. There also are a couple of private schools in the area that might be influenced by the wares. Trying to improve the quality of retail establishments on Ocean Avenue has been the focus, even though a few questionable shops have opened. Please consider the plight of the neighbors in considering licensing this shop.

Thanks for your consideration.

Linda McGilvray
Board member of ITHA
Oct. 22, 2014



Blake He <blakehe@gmail.com>

1963 Ocean Ave (Happy Vape)

1 message

Blake He <blakehe@gmail.com>
To: Robert Karis <rckaris2@gmail.com>

Fri, Oct 24, 2014 at 3:57 AM

Dear Robert,

Thank you for your interest in our project. Research suggests that non-tobacco flavored e-liquids help adults quit tobacco products, because the taste and smell does not remind them of traditional tobacco products.

We are aware of the negative effects presented in the document which is caused by mishandling and misusing of these products. Which is why educating our patrons on proper handling and usage of these products is a part of our mission. We agree with you that manufacturers need to implement child proof caps in their packaging for their e-liquids. We are in the business of harm reduction and serve only adults 18 years old and over.

Our project's primary mission is to provide the products to help ween customers off of nicotine products. Current studies and research are inconclusive on the subject of whether e-cigarettes is a gateway to tobacco products.

Studies and research also shows that the toxicity level from the emission of e-cigarettes are comparable to the air in big cities. Also no products used on the premise will contain nicotine.

This project is unique not only to the Ocean Avenue corridor, but to the entire San Francisco currently, because of the proposed outdoor product sampling area and the steam stone hookah lounge.

According to "Invest in San Francisco neighborhoods Ocean Ave Profile", Ocean Ave "...residents complain about the lack of diverse offerings; many don't patronize shops and instead shop at West Portal, Stonestown..." Ocean Avenue also suffers from "...high retail leakage..." The project is compatible with the city's intent to revitalize the neighborhood on this "...dead block..." We are a unique business in line with the alternative lifestyle and small business culture that is on the rise in the Ocean Avenue corridor.

Sincerely,

Blake He

Happy Vape

Electronic vaporizer retail &
Steam stone hookah lounge
(415)513-2820
1963 Ocean Ave.
San Francisco, CA 94127

From: [Robert Karls](#)
To: [Boudreaux, Marcelle \(CPC\)](#)
Cc: [Yee, Norman \(ROS\)](#); [Secretary, Commissions \(CPC\)](#)
Subject: 1963 Ocean Avenue, Case No.: 2014.0206C, letter of opposition
Date: Thursday, October 23, 2014 12:18:55 PM
Attachments: [FDA-Deeming-Comments-San Francisco_DPH.pdf](#)

Dear Ms. Boudreaux:

The attached document demonstrates why the San Francisco Planning Commission should deny the Conditional Use application for a vape shop at 1963 Ocean Avenue.

The document by Barbara A. Garcia, MPA, Director of Health, San Francisco Department of Public Health, is dated August 5, 2014. This letter was written on behalf of the SFDPH in response to regulations proposed by the United States Food and Drug Administration. Please include the document "FDA-Deeming-Comments-San Francisco-DPH.pdf" and my email in the case report for project 2014.0206C. Comments in the document pertaining to e-cigarettes, which I have highlighted, include the following:

Section 3, p.2:

FDA and other independent scientists have found numerous potentially dangerous chemicals and carcinogens as well as varying levels of nicotine that are inconsistent with the amount indicated on the labels of e-cigarette solutions....there is a lack of credible information on the full range of chemicals being produced by the large number of different e-cigarettes currently on the market.

Section 3, p.3:

CDC reported that e-cigarette use more than doubled among U.S. middle and high school students between 2011-2012. There is evidence that e-cigarettes help youth to initiate smoking habits – only 20% of middle school e-cigarette users reported never having smoked conventional cigarettes. Youth are also impressionable and can succumb to marketing ploys such as the numerous fruity and candy flavored e-cigarettes and to youth-oriented company advertising.

We recognized that these products pose a threat to the public health and are clearly serving as starter products for young people in our community....Surveys of local youth and adults show that the industry has created a great deal of confusion about these products and the general public repeats back the unsubstantiated claims made by e-cigarette marketers- eerily similar to claims made by the tobacco industry a generation earlier.

Current e-cigarette advertisements target youth with marketing strategies such as celebrity endorsements, and messaging that promote freedom, rebelliousness, and glamour with e-cigarette use.

Section 5, p.3:

Currently, e-cigarette liquid refill containers are not required to be sold in child-resistant packaging and that may encourage children to ingest the product's

poisonous content. Some e-cigarette refill product packaging features cartoons, colorful labeling, or illustrates edible ingredients representing particular flavors, such as cherry, chocolate, or bubble gum. The contents themselves can have the aroma of the edible ingredient pictured on the label. Any of these factors can prompt a child to investigate and the contents can be extremely dangerous, if not lethal.

CDC analyzed calls to U.S. Poison Centers from 2010 to 2014 related to e-cigarette exposures. The results showed that e-cigarettes accounted for an increasing proportion of the calls, 0.3% in September 2010 to 41.7% in February 2014. Half of the calls made regarding exposure were for incidents involving children ages 0-5. The prevalence of poisonings and the potential danger to children promoted the American Association of Poison Control Centers and its member centers to issue a statement warning e-cigarette users to keep the devices and liquids away from children. One teaspoon (5 ml) of a 1.8% nicotine solution can be lethal for a person weighing 200 pounds. Most nicotine solutions range between 1.8% and 2.4%, and the refill bottles contain 10-30 ml of solution.

It is obvious from reading this document why a vape store, whose purpose is to increase the use of e-cigarettes, vaporizing devices, and e-liquids, and to addict our relatives and neighbors to nicotine and to expose them and people near them to the harmful chemicals contained in the e-cigarette vapors (actually fumes), is not desirable in our neighborhood. The letter from the SFPD focuses on youth, but college students and older residents of our neighborhood are also adversely affected by the advertising, availability, and unhealthy effects of these products. E-cigarettes result in previous non-smokers using e-cigarettes and possibly cigarettes.

E-cigarettes are reported to be about as effective as nicotine patches for smoking cessation. However, e-cigarettes contain a coil heated to 600 degrees Fahrenheit (which, of course, is not true of nicotine gum or patches), resulting in the emission of harmful fumes that have been found to contain formaldehyde, heavy metal nanoparticles, and other breakdown products which are deposited in the lungs. Vape shops sell devices with larger batteries than e-cigarettes. This allows higher voltages than found in e-cigarettes, which results in higher temperatures, more nicotine delivered to the user, more production of harmful breakdown products from the propylene glycol solvent, and very likely more metallic nanoparticles from the coil.

Due to insightful legislation passed by the San Francisco Board of Supervisors in recent years, with input from the DPH, tobacco paraphernalia establishments, including e-cigarettes and e-liquids, require Conditional Use Authorization. This allows neighborhoods in San Francisco to limit the number of these stores. Ocean Avenue has four stores nearby that sell e-cigarettes; the three liquor stores and the 7-Eleven. There are two vape stores within a 1.5 mile radius of 1963 Ocean Ave.

I ask that the Planning Commission agree that the health of our neighbors is infinitely more important than the interests of a new business, and vote to deny this Conditional Use Application. A vape shop on Ocean Avenue is not necessary or desirable.

Yours truly,
Robert Karis
Ingleside Terraces

Addendum:

The four stores on Ocean Avenue that sell e-cigarettes are:

No Limit Liquor & Food Mart, 1015 Ocean Ave.

A & N Liquors, 1521 Ocean Ave.

Homrun Liquors, 1551 Ocean Ave.

7-Eleven, 2000 Ocean Ave.

The two vape shops within a 1.5 mile radius of 1963 Ocean Ave. are:

Juicebox Vapor, 907 Taraval St. at 19th Ave.

Dream Cloud Vapors, 4971 Mission St., near Geneva Ave.



Happy Vape
1963 Ocean Avenue
San Francisco, CA 94127
415/513/2620

Owner: Blake He, Cong Phuong Nguyen

Hours of Operation: Monday - Sunday 11 am - 12 am
(Proposed)

Location: 1963 Ocean Avenue, San Francisco, CA 94127

General Information: Happy Vape is a yet to open electronic vaporizer retailer and steam stone hookah lounge. Our goal is to provide a healthier alternative to tobacco products, share information about the safe handling of our products, and to provide a positive engaging experience for our customers.

Happy Vape plans to achieve both the retail and lounge idea through the use of its 2 story building. We are proposing that the ground level of Happy Vape will be used as the retail floor for electronic vaporizers and e-liquids and bottom floor be used as the steam stone hookah lounge.

After much research and speaking with the city health and planning department, in order to sale electronic vaporizers and e-liquids and contain the steam stone hookah lounge, Happy Vape has applied for the required

conditional use permit for tobacco paraphernalia. The owners found that their plans was permissible, that *the property at 1963 Ocean Ave. is zoned Ocean Ave NCT. As per planning code section 790.123, tobacco paraphernalia establishment is permitted use within this zoning district, subject to section 227 procedure.*

Happy Vape has also checked with Janine Young, senior inspector of the Health department and Lieutenant Mary Tse from fire department and was told that the steam stone hookah complies with city requirements in the space suggested.

The steam stone hookah lounge is where we hope people can come together and share an experience. Whether that be enjoying the range of flavors available while listening to music, watching sports, chatting with friends, or just a place to kill time in between classes for college students.

Happy Vape is happy to comply with the current regulations not allowing indoor vaping, signs stating "No Vaping Indoors" will be posted throughout the store. But in order to provide our customers a chance to sample the products before purchasing, Happy Vape is proposing the use of its outdoor patio area as the e-liquid sampling area, hopefully providing a better experience for our customers.

Happy Vape has no interests in selling to minors nor allowing minors to be on the premise. In order to do this, signs for "18 and over" will be posted throughout the store.

Happy Vape will have ADA compliant counters and bathroom for patrons with special needs.

Happy Vape has four support letters from our commercial neighbors, two from the left and two from the right of our store. Happy Vape has tried to engage the neighbors in the back on two occasions. The neighbor has yet to respond, but we will continue to reach out to them.

Goal:

To obtain Conditional use permit.

Please send support letters and/or e-mails to:

Cc: blakehe@gmail.com

Cc: marshagarland@att.net

Consultants:

Garland Public & Community Relations
535 Green Street
San Francisco, CA 94133

Questions: Marsha Garland 415/531/2911
Stefano Cassolato 415/875/0818

Happy Vape
1963 Ocean Avenue, San Francisco, CA 94127

Business Plan
Executive Summary

Description of the Company:

Happy Vape will be a destination space, both a retail and a lounge, for people who have made a commitment to quit smoking and/or to significantly reduce their consumption of tobacco. Collaterally Happy Vape will help non-smokers live in a cleaner and better smelling environment. Happy Vape will sell e-cigarettes and vaping liquids, also known as juices.

Uniquely, the business will feature a relaxing lounge area where people can socialize and discuss their progress at curtailing and overcoming their tobacco addiction.

Associated with the lounge area Happy Vape plans to serve healthy packaged all natural or organic snacks and healthy packaged drinks. Also Happy Vape wants to sell instant coffee fused with ganoderma extract. (See below for information on ganoderma, a mushroom extract.)

There will be no alcohol sales and no food prepared on the premises.

Periodically Happy Vape will sponsor seminars on quitting smoking and addictive behavior.

Happy Vape is in the business of harm reduction.

Products and Services:

Our goal is to sell the best available vaporizers, e-juices, e-cigarettes and batteries.

Happy Vape plans to carry a wide variety of e-juice flavors, re-buildable atomizers and drip tips.

We are also planning to sell t-shirts with graphic designs to inspire and motivate people to do things outside their norm.

Hookah Steam Stones & Hookah Lounge

Hookah Steam Stones are a new concept in the hookah world. Instead of smoking, Steam Stones allow you to inhale vapor. Hookah Steam Stones are available in a variety of flavors. Steam stones are a great way to smoke without the nicotine.

Happy Vape will have a hookah lounge on the lower level of the premises. There will be an attendant at all times. There will be couches along the walls and all genres of music playing in the background. There will be televisions mounted on the walls, with baseball, basketball and football games and occasional movie nights.

The lounge will be a place where patrons will socialize and practice an ancient culture in a modern way with the steam stones. The steam stones as pointed out above have no tobacco and no carcinogens.

We have no plans to sell cigarettes, snuff, rolling papers, doobie clips, scales, drug kits, bongos and other tobacco and drug paraphernalia.

Testimonials:

Gavin Wagner: "Very easy to use, convenient, effective and the different flavor choices are great."

Yuan Ning: "I was on the e-cigarette with the black cherry flavor for about 3-4 months and now I am not smoking or vaping."

Albert Lau: "I got off cigarettes and used e-cigs for about 7 months, now I vape on and off."

Jame Ching: "I use e-cigarettes to help me quit smoking, I mix using e-cigarettes and cigarettes throughout my days and it has help me go from a pack a day to half a pack a day."

Justin Cheuck: "E-cigarettes drastically cut down my consumption of cigarettes. I use e-cigarettes only in the day time and I have 2-3 cigarettes in the evening time."

Hyoweon Yang: "It was so much easier than cold turkey, so easy to quit anyone can do it."

Lisa Dungan: "I've struggled with my nicotine addiction for 45 years. ecigs have enabled me to completely stop smoking for over 3 years. NO more coughing or any ill effects that cigarettes had caused. So thankful to have rid myself of the habit!"

Marketing and Sales Techniques:

In store sales and online through our website. We will offer same day delivery. Sell through E-Bay and Google and have regular shipping.

The Competition:

Dream Cloud Vapors, 4971 Mission Street, San Francisco, CA 94112, 1.6 miles away

Juicebox Vapor, 907 Taraval Street, San Francisco, CA 94116, 1.7 miles away

7-Eleven, 2000 Ocean Avenue (E-Cigarettes only), one block away

Target Market:

All ages except no one under 18. Smokers.

Operations:

Open Daily, 11 am - 12 midnight.

Outdoor Activity Area 11 am – 8 pm.

Handicapped Access

Brands:

Joyetech, KangerTech, iTaste, Vision, Aspire. The E-juice/ e-liquid we will carry is Virgin Vapor, one of the few companies that supplies organic e-juices. We are looking into carrying other brands also.

Owners' Bios:

Blake He was born in Canton China. His family moved to the United States on May 14, 1998. Blake attended Aptos Middle School at 105 Aptos Avenue just off Ocean Avenue. Blake grew up in the Ocean Avenue area because the cousin who sponsored his family lived there. Blake has seen a lot of positive changes in the neighborhood and wants to contribute. He truly feels Ocean Avenue has a lot of potential because it's right off the freeway and there's a lot of foot and car traffic, especially with colleges on both ends. It creates wide range of race and economic diversity.

After middle school Blake started working for the Mayor's Youth Employment and Education Program (MYEEP) teaching kids how to swim. He continued working for MYEEP throughout his time at the Philip & Sala Burton High School teaching kids how to swim in the summer and tutoring kids after school. Blake attended San Francisco City College Phelan Campus after high school.

Blake He is married and has a small child. He and his family live in the Ocean Avenue neighborhood. His previous employment was working for D & J Engineering and Air Conditioning. There he obtained his Universal HVAC Permit and Fire Director Certificate, joined the Local 39 Union and worked at Charles Schwab as an Utility Engineer.

Cong Phuong T Nguyen, co-owner of Happy Vape, is the wife of Blake He. She was an international student from Hanoi, Vietnam. She attended San Francisco State University where she majored in International Business. After college and various part-time jobs she started her career in the banking industry where she worked with both Wells Fargo and Chase.

Cong is now a stay at home mother to the He's baby boy Jayce. They decided to open a business hoping that she can remain a stay at home mother and dedicate herself to raising their son the way they envision.

Health Benefits of Ganoderma:

Ganoderma curbs high blood pressure, tames inflammation, builds stamina, and supports the immune system.

Ganoderma shows promise in reducing cholesterol levels and easing allergy-related inflammation of the airways, according to preliminary evidence from animal-based studies. Here's a look at more of the science behind ganoderma's health-enhancing effects.

1) Cancer and the Immune System

Often used as an immune stimulant by people with cancer, ganoderma has been shown to strengthen immunity as well as combat cancer-cell proliferation. In a 2003 study of 34 people with advanced-stage cancer, for instance, taking ganoderma in supplement form three times daily for 12 weeks led to a significant increase in T-cells (known to play a central role in immune defense).

2) Antioxidant Benefits

Several small studies have suggested that regular use of ganoderma supplements may increase your levels of antioxidants, compounds thought to protect against disease and aging.

3) Relief of Urinary Tract Symptoms

In a 2008 study of 88 men with urinary tract symptoms, researchers found that ganoderma was significantly superior to a placebo in providing symptom relief.

Other Common Uses

Acne, Allergies, Adrenal Fatigue, Arthritis, Candida, Common Cold, Herpes, HIV, Hair Loss, Lyme Disease, Ulcerative Colitis, Uterine Fibroids, Vitiligo, Weight Loss

BBC World News July 30, 2014 Report:

30 July 2014 Last updated at 19:34 ET

E-cigarettes 'less harmful' than cigarettes

Researchers say national policies need to be made once all evidence is reviewed

E-cigarettes are likely to be much less harmful than conventional cigarettes, an analysis of current scientific research suggests.

Scientists argue replacing conventional cigarettes with electronic ones could reduce smoking-related deaths even though long-term effects are unknown.

In the journal *Addiction*, researchers suggest e-cigarettes should face less stringent regulations than tobacco.

But experts warn encouraging their use without robust evidence is "reckless". Instead of inhaling tobacco smoke, e-cigarette users breathe in vaporised liquid nicotine.

About two million people use electronic cigarettes in the UK, and their popularity is growing worldwide.

'Fewer toxins'

The World Health Organization and national authorities are considering policies to restrict their sales, advertising and use.

An international team examined 81 studies, looking at:

- safety concerns
- chemicals in the liquids and vapours
- use among smokers and non-smokers

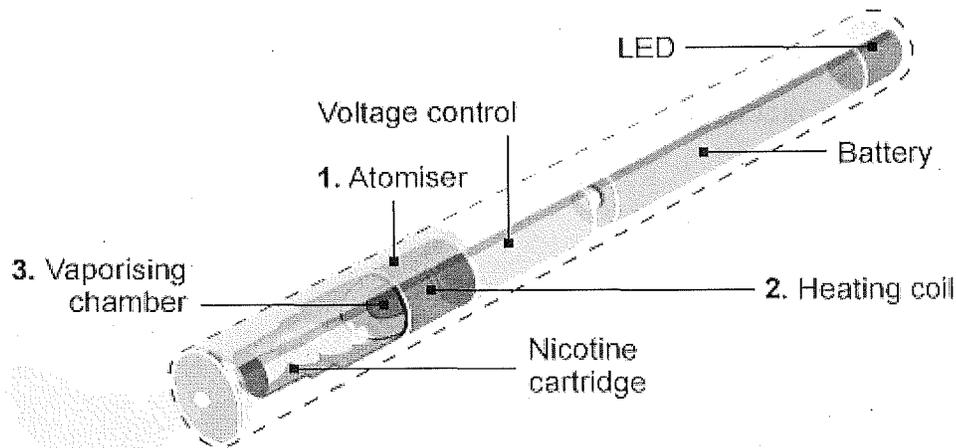
Scientists say risks to users and passive bystanders are far less than those posed by cigarette smoke, but caution that the effects on people with respiratory conditions are not fully understood

And they say electronic cigarettes contain a few of the toxins seen in tobacco smoke, but at much lower levels.

They report there is no current evidence that children move from experimenting with e-cigarettes to regular use, and conclude the products do not encourage young people to go on to conventional smoking habits.

And their analysis suggests switching to e-cigarettes can help tobacco smokers quit or reduce cigarette consumption.

What's inside an e-cigarette?



Prof Peter Hajek, of Queen Mary University in London, an author on the paper, told the BBC: "This is not the final list of risks, others may emerge.

"But regulators need to be mindful of crippling the e-cigarette market and by doing so failing to give smokers access to these safer products that could save their lives.

"If harsh regulations are put in place now, we will damage public health on a big scale." Researchers conclude there should be more long-term studies comparing the health of smokers with e-cigarette users.

'Proportionate regulations'

Prof Martin McKee, of the London School of Hygiene and Tropical Medicine, who was not involved in this analysis, told the BBC: "Health professionals are deeply divided on e-cigarettes.

"Those who treat smokers with severe nicotine addiction see them as offering a safer alternative to cigarettes.

"In marked contrast, many others, such as the 129 health experts who recently wrote to the World Health Organization, are extremely worried given the serious concerns that remain about their safety, the absence of evidence that they help smokers quit, and the way they are being exploited by the tobacco industry to target children.

"This report concedes there are huge gaps in our knowledge - yet, incredibly, encourages use of these products. This seems little short of reckless."

Martin Dockrell, at Public Health England, said: "Increasing numbers of smokers are turning to these devices as an aid to quitting and there is emerging evidence that they are effective for this purpose.

"In order to maximise the benefits to public health while managing the risks, regulation of e-cigarettes needs to be proportionate and designed to ensure the availability of safe and effective products, and to prevent the marketing of e-cigarettes to young people and non-smokers."

Neighborhood Outreach

We had 2 pre-application meetings at the project site. We invited all the neighbors within 300 feet radius of the project site, all the neighborhood groups in the Ocean View area and the West of Twin Peaks area.

We presented to the OAA board members on July 16, 2014 and we attended on Aug 20, 2014 and Oct 15, 2014 to participate and answer questions.

We presented our proposed project at the Ocean Avenue Street Life Committee on July 8, 2014 and August 13, 2014.

We attended the Ingleside Terraces Homes Association board meeting on Oct 16, 2014 to participate and answer questions.

We met with Kate Favetti and Caryl Ito from Westwood Park Association on Oct 27, 2014.

During our outreach, we reached out to all the schools and churches around the area in August (24th-29th).

List of schools:

Lick Wilmerding High School

Aptos Middle School

Commodore Sloat Elementary School

St. Francis Preschool

Straford Academy

Voice of the Pentecost Academy

Why should Ocean Avenue be deprived of a retail vape store, when there are 21 vape stores in the city serving other districts.

List of all the Vape Stores in San Francisco (21 Vape Stores):

Vapor Smoke Shop

Union Square

435 Stockton St, San Francisco, CA 94108

7.5 miles away from 1963 Ocean Ave.

It Is Vapor 13

1347 Polk St, San Francisco, CA 94109

7.7 miles away from 1963 Ocean Ave.

Vape Tech

Russian Hill

1042 Columbus Ave, San Francisco, CA 94133

9 miles away from 1963 Ocean Ave.

Frisco Vapor - Electronic Cigarette Store

Marina/Cow Hollow

1881 Lombard St, San Francisco, CA 94123

7.5 miles away from 1963 Ocean Ave.

Juicebox Vapor

Parkside

907 Taraval St, San Francisco, CA 94116

1.7 miles away from 1963 Ocean Ave.

Gone With The Smoke Vapor

Tenderloin

569 Geary St, San Francisco, CA 94102

6.6 miles away from 1963 Ocean Ave.

Viper Vapor

Lower Haight

260 Divisadero St, San Francisco, CA 94117

4.8 miles away from 1963 Ocean Ave.

Vapor Den

Mission

16 Guerrero St, San Francisco, CA 94103

4.9 miles away from 1963 Ocean Ave.

Dream Cloud Vapors

Excelsior

4971 Mission St, San Francisco, CA 94112

1.6 miles away from 1963 Ocean Ave.

Vapeguyz

Union Square, SoMa

865 Market St, San Francisco, CA 94103

7.3 miles away from 1963 Ocean Ave.

Cloud City Vapors

Corona Heights

376 Castro St, San Francisco, CA 94114

4.3 miles away from 1963 Ocean Ave.

Vape Supreme

Japantown, Lower Pacific Heights

1630 Post St, San Francisco, CA 94115

6.1 miles away from 1963 Ocean Ave.

Vapory Shop

Mission

2707 Folsom St, San Francisco, CA 94110

4.1 miles away from 1963 Ocean Ave.

SF Vapor

Mission Terrace, Outer Mission

4994 Mission St, San Francisco, CA 94112

1.7 miles away from 1963 Ocean Ave.

Big Bam Vapes

North Beach/Telegraph Hill, Russian Hill

752 Vallejo St, San Francisco, CA 94133

8.8 miles away from 1963 Ocean Ave.

Vapor Smoke Shop

Union Square

435 Stockton St, San Francisco, CA 94108

7.9 miles away from 1963 Ocean Ave.

Tower Vapor

SoMa

1601 Mission St, San Francisco, CA 94102

5.2 miles away from 1963 Ocean Ave.

It Is Vapor San Francisco

Nob Hill

1347 Polk St, San Francisco, CA 94109

7.7 miles away from 1963 Ocean Ave.

SOS Vapes

Inner Richmond

3829 Geary Blvd, San Francisco, CA 94118

5.2 miles away from 1963 Ocean Ave.

DTSF VAPORS

Chinatown

515 Grant Ave, San Francisco, CA 94108

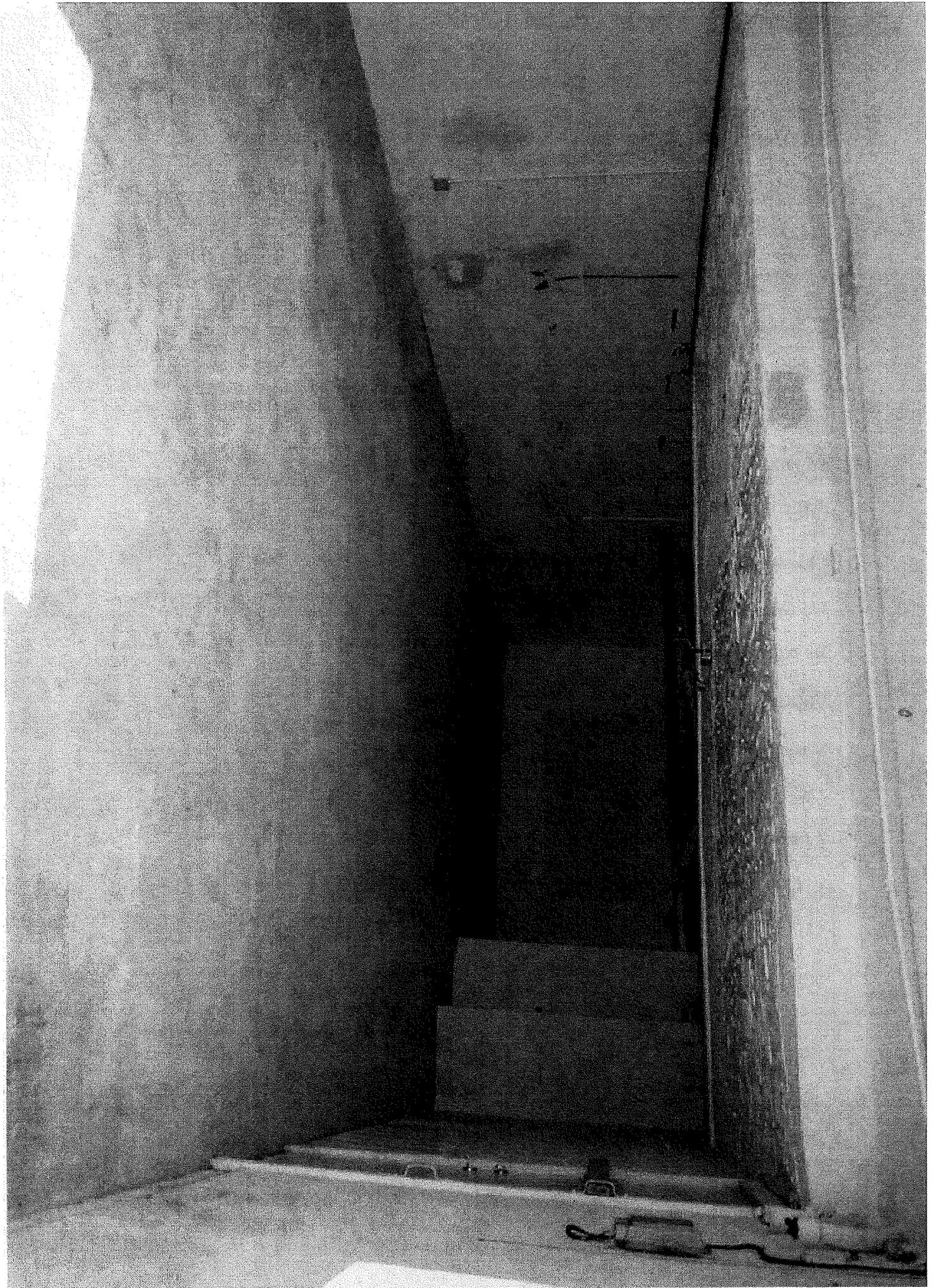
7.4 miles away from 1963 Ocean Ave.

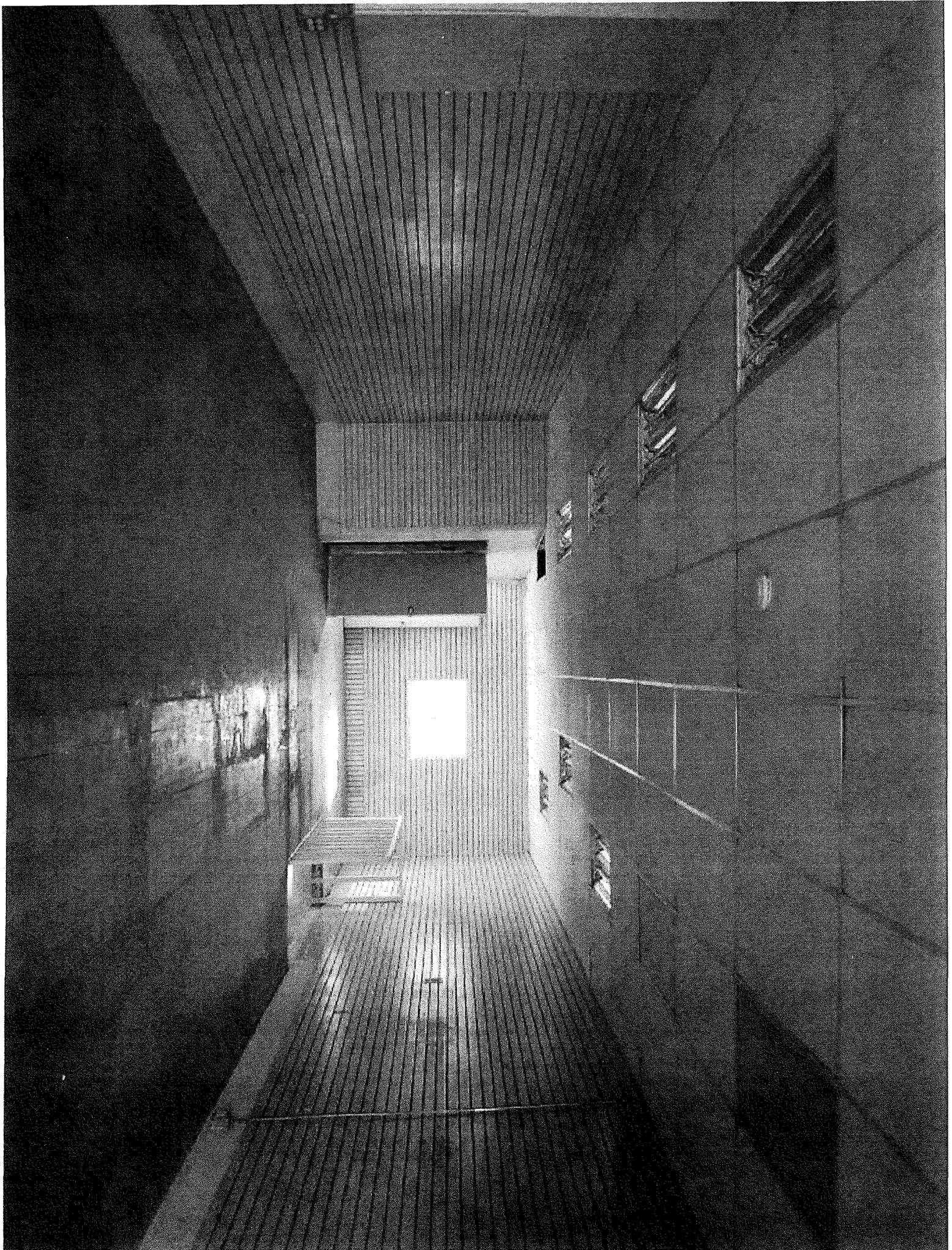
Vapor Den Cow Hollow

Marina/Cow Hollow

2764 Octavia, San Francisco, CA 94123

7.1 miles away from 1963 Ocean Ave.







Neighborhood Vacancy Problem

There are a total of 34 commercial storefronts on the 1900 block of Ocean Ave. 5 of them are vacant and 2 are use as storage. That's 20.6% vacancy on the 1900 block of Ocean Ave.

-According to Invest In Neighborhoods San Francisco, Ocean Avenue Profile:

- Ocean Ave from Ashton to Manor are mostly "dead blocks"; few businesses bring foot traffic. (That is 1900 block and 2000 block of Ocean Avenue)
- High Retail Leakage.
- Lack of public space to congregate.
- Residents complain about lack of diverse offerings; many don't patronize shops and instead shop at West Portal, Stonestown.

-Supervisor Katy Tang introduced a legislation that if a storefront is vacant for more than 270 days must now pay a \$765 annual fee to The City.

-According to Katy Tang's legislation:

- "Empty storefronts are sinister. In addition to being eyesores these vacant commercial storefronts have a detrimental impact on the economic viability of the commercial corridors in which they are located."
- "Vacant storefronts often attract illegal activity, such as squatting, vandalism, and dumping."
- "Such activity not only repels would-be customers and patrons from commercial corridors, but also places an undue burden on city agencies."



FRANCIS CAN HOBBLE

明月髮廊
Tel: 507.9900

明月髮廊



1931

Kimura
Gallery

88

88



1933

Handy
Home
Furniture

Handy Home
Furniture

Handy Home
Furniture







86-701

BEAN
VERIA

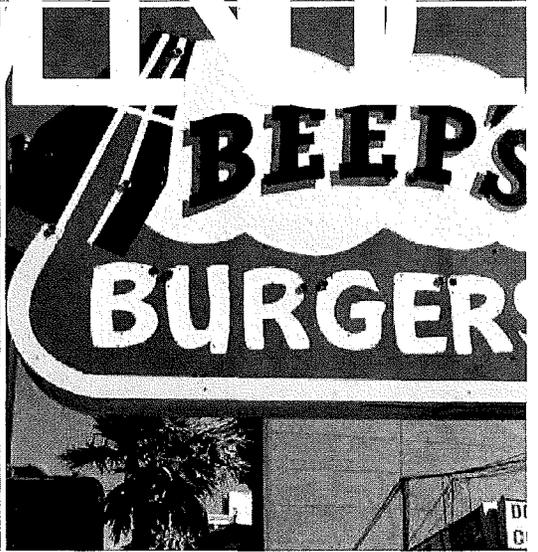
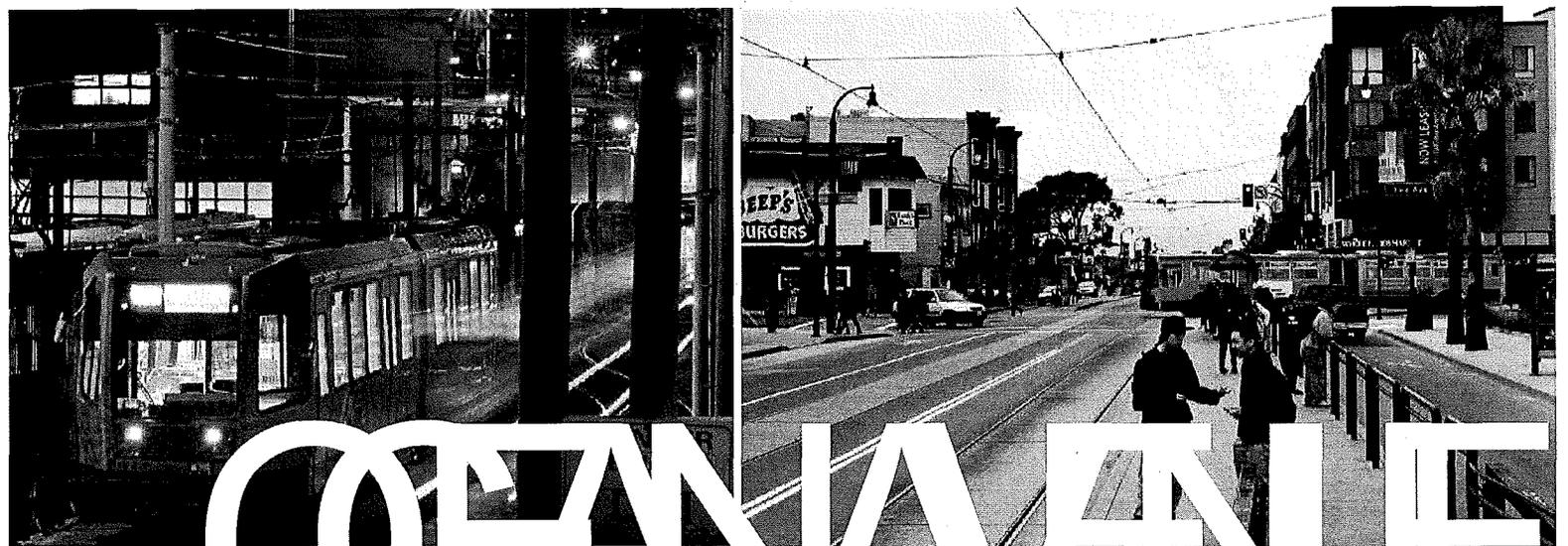
OPEN DAILY 10-10

SPARKS

1943

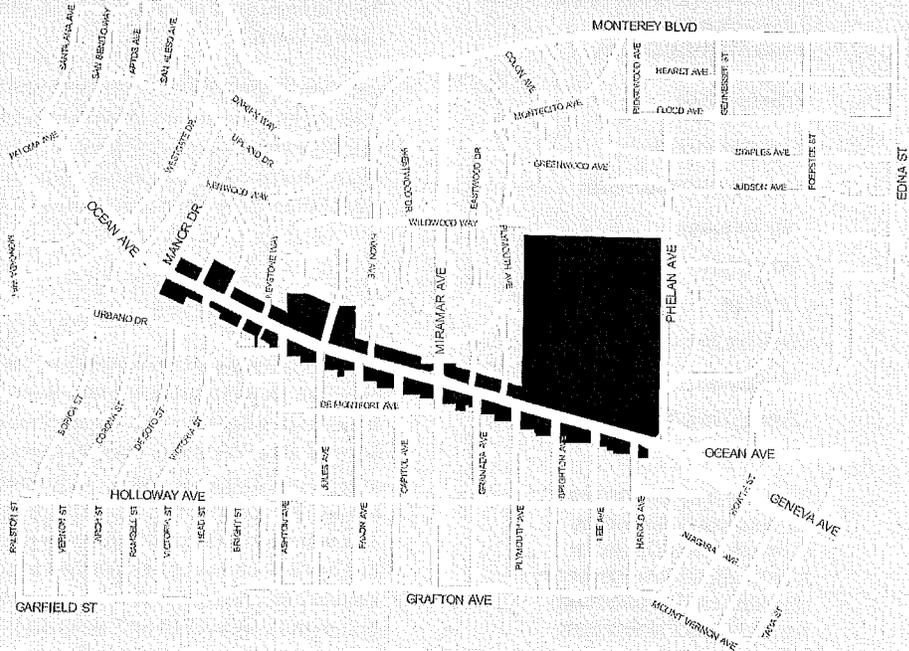
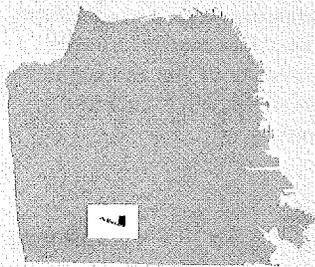
OPEN

1947X OCEAN AV



**INVEST
IN
NEIGHBORHOODS**
SAN FRANCISCO

**NEIGHBORHOOD
PROFILE**



**OCEAN AVENUE
FROM PHELAN
AVENUE TO
MANOR DRIVE**



Neighborhood Features

SEE MORE ON PAGE 3

The OMI (Oceanview, Merced Heights and Ingleside neighborhoods) is located between City College of San Francisco and San Francisco State University in the southwestern part of San Francisco. It is a middle-class district of single-family, owner-occupied homes. Approximately 75% percent of the land area in the OMI is residential. While the population has been mostly African-American, in recent years the neighborhood has witnessed an influx of Asian-American and other ethnic groups, making it one of San Francisco's most diverse neighborhoods. The neighborhood is served by the Balboa Station BART, Interstate-280, three Muni Metro lines and several bus lines.

Ocean Avenue, the main street of the OMI, has over 160 storefronts and was recently transformed by Avalon Bay's 173 unit market rate housing with a new Whole Foods market on the ground floor. Pending development projects include the Municipal Transit Agency's redevelopment of the Phelan Bus Loop and City College's new Performing Arts Center. The district is beginning to attract new tenants while continuing to offer a range of affordable shopping and dining options.

In 2010, Ocean Avenue Association became a Community Benefit District (CBD) with a management focusing on cleaning and maintenance, safety, marketing, and streetscape improvements. The CBD also serves as an advocate for the 11-block district. Other nonprofit organizations in the area provide an array of programs supporting youth development, the arts and culture, education and advocacy for residents in the community.



Invest in Neighborhoods is a City initiative to provide focused, customized assistance to meet the specific needs of San Francisco's neighborhood commercial corridors.

This assessment is a snapshot of existing conditions in Ocean Avenue as of February 2013. It will help to inform the City's investments in the neighborhood, and provide a resource for neighborhood stakeholders.

Contents include:

- Neighborhood Features
- Commercial District Health
- Key Takeaways
- Demographics
- Land Use
- Business Mix
- Transportation
- Existing Plans & Interventions

Note: This document includes some subjective descriptions of the neighborhood based on findings gathered through direct observation and interviews with key neighborhood stakeholders.

Commercial District Health

SEE MORE ON PAGE 4

Ocean Avenue has a relatively low commercial vacancy rate. Sales tax captured in the district has grown 32% since 2006, compared with 17% growth citywide. The corridor's growth opportunities include lawn and garden supplies, home furnishings, general merchandise, clothing, shoes, and jewelry, luggage and leather goods.

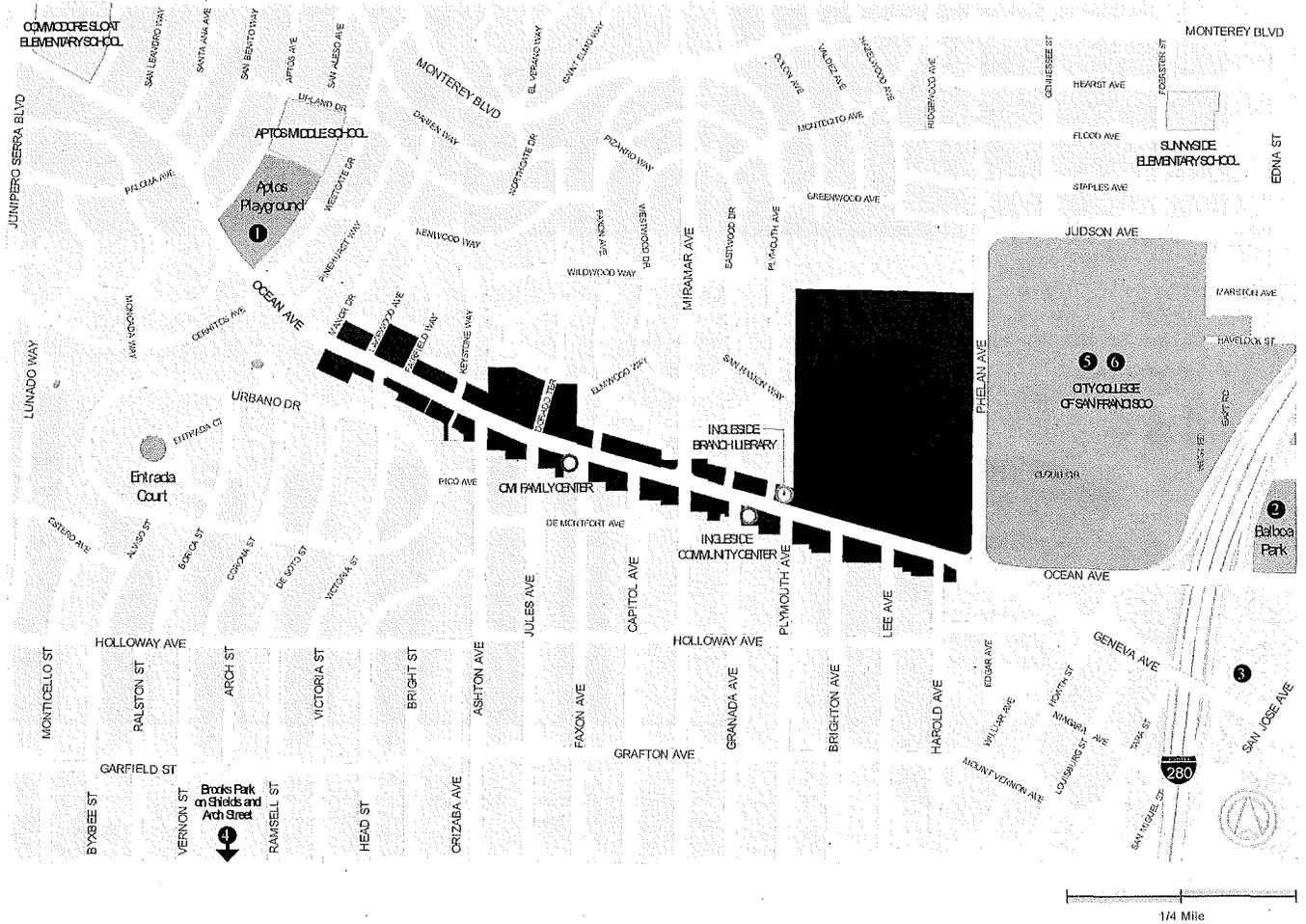
Between 2009 and 2012 vehicle theft/theft from vehicles increased by 66% while robbery and assault incidents showed slight increases. Hot spots of criminal activity existed on Ocean Avenue at the intersections at Jules Ave and at Phelan Ave. (Source: SFPD incidents data, November 2009-October 2012) Community stakeholders report that prostitution is a major issue.

Demographics

SEE MORE ON PAGE 7

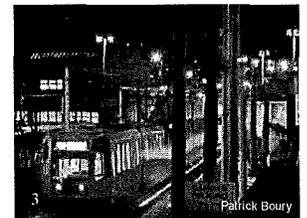
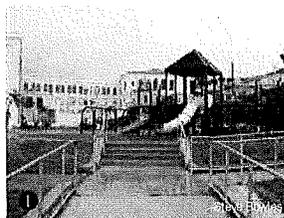
Over 15,180 people live within a one-quarter mile radius of the Ocean Avenue corridor. Its population is older than San Francisco's but similarly diverse. It has both a higher proportion of residents young residents under 18 years old and older residents over 60 years old. The Ocean Avenue corridor has a majority of Asian residents. Its proportion of white residents is lower and its proportion of Latino residents is the same as found in San Francisco overall. The majority of Ocean Avenue corridor's 5,060 residential structures are single-family. Homeowning households predominate and most households are family households. Households income in the Ocean Avenue corridor are higher than that of the City overall and most households own cars.

READ NEIGHBORHOOD FEATURES SUMMARY ON PAGE 2



Notable Places

- ① Aptos Park
- ② Balboa Park
- ③ BART and Muni Stations at Balboa Park
- ④ Brooks Park
- ⑤ City College of San Francisco
- ⑥ Diego Rivera Theatre at City College



Pipeline Projects

- Ⓐ 50 Phelan Way 71 units
- Ⓑ 1415 Ocean Avenue 6 units
- Ⓒ 1446 Ocean Avenue 13 units

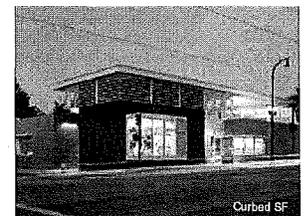
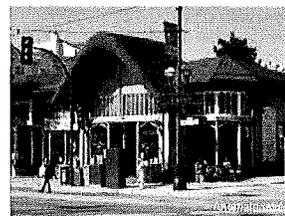


Cultural Events

Annual CM-NA Family Festival

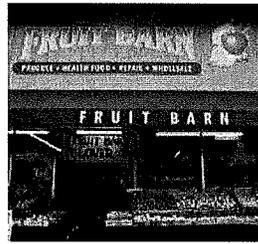
Merchant & Resident Groups

- Ocean Avenue Association
- CM-NA Neighbors in Action
- Vestwood Park Neighbors Association



COMMERCIAL DISTRICT HEALTH

READ COMMERCIAL DISTRICT HEALTH SUMMARY ON PAGE 2



Glenn Hoag

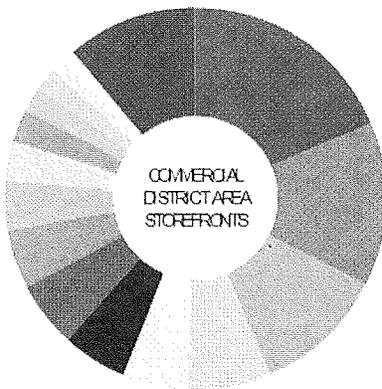
Ocean Avenue Storefronts

TOTAL STOREFRONTS

% VACANT

144

11%



Eating and Drinking Places	27
Personal Services	20
Other Retail	16
Medical Services	10
Business or Professional Services	8
Other Non-Retail Services	8
Trade Shops (with Retail Component)	8
Churches	7
Dry Cleaners, Laundry	6
Grocery Stores / Small Markets	5
Fitness / Gyms	4
Auto Repair	3
Gas Station / Service Station	3
Liquor Store	3
Vacant Storefronts	16

Source: November 2012 parcel inventory within Commercial District Area (see boundary map on page 6) conducted by Planning Department / CEWD.

Sales Tax

OCEAN AVENUE TRACED AREA

\$500,000

\$400,000

\$300,000

\$200,000

\$100,000

\$0

2006

2007

2008

2009

2010

2011

2012

\$342,638

\$361,375

\$355,983

\$340,417

\$330,939

\$326,616

\$450,665

CITYWIDE

OCEAN AVENUE

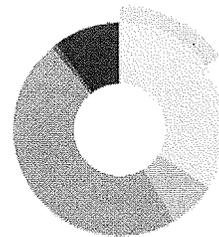
Sales Tax Change
2006-2012

▲ 17%

▲ 32%

Demographics

OCEAN AVENUE 1/4 MILE DEMOGRAPHIC AREA



White	34%
Black	7%
Asian	47%
Native American / Hawaiian or Pacific Islander	1%
Other / Two or More	10%
% Latino	15%

District Population

No. of Households

Median Household Income

15,180

5,060

\$86,304

Observations About Physical Conditions

Storefronts look rundown.

Fast pace of car traffic; drivers do not slow down.

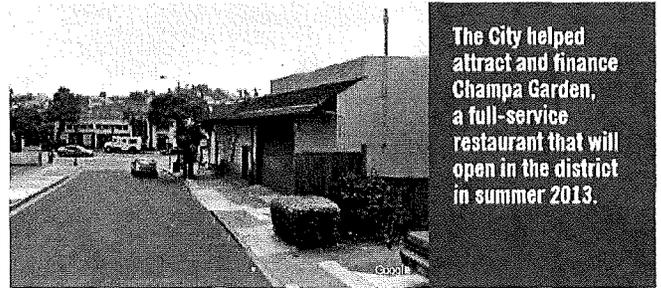
Lack of public space to congregate.

Lack of street level parking.

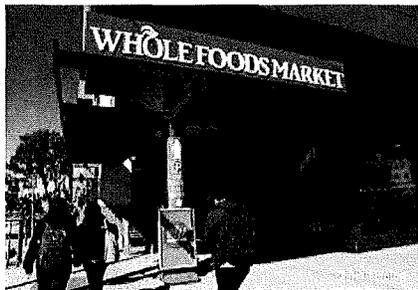
Recent Accomplishments



Launch of Ocean Avenue Association in 2011 provides organizational structure and a voice for the neighborhood.



The City helped attract and finance Champa Garden, a full-service restaurant that will open in the district in summer 2013.



New national retailers serve longstanding community needs (Chase Bank, Whole Foods).

“Long term we want more attractive streets to bring out more street life. We want to help improve store facades, plant more trees and sidewalk landscaping and improve the quality of our public spaces... as well as providing more children-friendly places.”

Neighborhood Advocate

STRENGTHS

- Economically diverse; low, middle and high income families and professionals.
- High rates of homeownership and many multi-generational households.
- One of the most ethnically diverse communities in the city.
- Active residents; long time neighborhood associations and organizations.
- Creation of Ocean Avenue CBD has given businesses and property owners a voice.
- Library is an anchor that attracts foot traffic.
- Over \$350 million in public/private investment in new development projects.
- Low commercial vacancy rate.
- Regional and national retailers and banks are interested in the area.
- Over 35,000 students attending nearby campuses of City College and SFSU.
- Wide sidewalks and bike lanes for most of the district.
- Excellent access to public transportation (BART, KIMuni, Buses) and Interstate 280.

OPPORTUNITIES

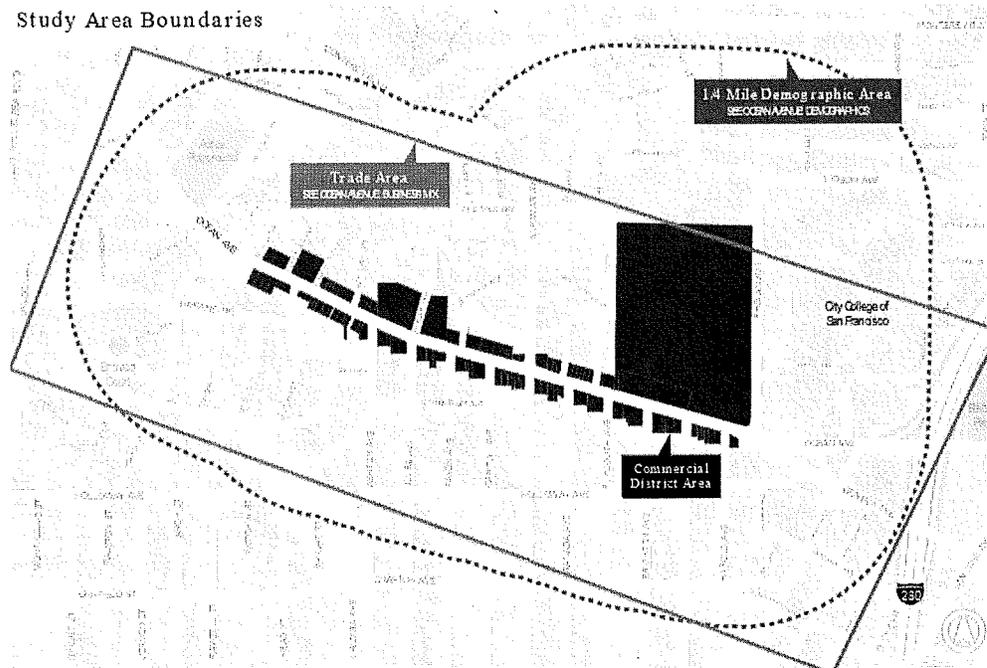
- Opportunity to capture more local purchasing power by attracting businesses that meet local needs.
- Façade improvements could improve the pedestrian and shopping environment.
- Create public spaces for people to gather; triangles at Geneva (dog park).
- A number of opportunity sites for additional development.
- Attract stores and services that focus on large student population.

CHALLENGES

- Ocean Ave from Ashton to Manor are mostly “dead blocks”; few businesses bring foot traffic.
- High retail leakage.
- Storefronts look run down.
- Residents complain about lack of diverse offerings; many don't patronize shops and instead shop at West Portal, Stonestown.
- Nonprofit service providers occupy valuable ground floor retail.
- Fast pace of car traffic negatively affects the pedestrian environment.
- Lack of public space to congregate.
- Lack of street level parking.

OCEAN AVENUE

Study Area Boundaries



NOTE:

.....
Demographic data presented on page 7 represents the area within 1/4 mile of the Ocean Avenue commercial district.

—————
Business mix data presented on page 9 corresponds with the Trade Area indicated on the map.

■
Ocean Avenue storefronts data presented on page 4 corresponds with the Commercial District Area indicated on the map.

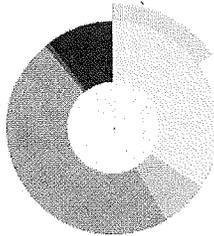
OCEAN AVENUE DEMOGRAPHICS

READ DEMOGRAPHICS SUMMARY ON PAGE 2

Population

15,180

vs. 805,240 Citywide



Population Density

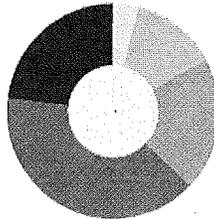
26 per acre

vs. 27 Citywide

Median Age

46.1

vs. 38.5 Citywide



No. of Households

5,060

vs. 345,810 Citywide

% of Households Without a Car

6%

vs. 29% Citywide

Median Household Income

\$86,304

vs. \$71,420 Citywide

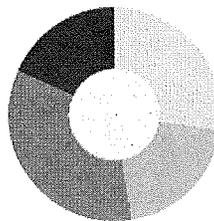
Unemployment

7.8%

vs. 7% Citywide

Education

A higher percentage of college graduates or more.



No. of Housing Units

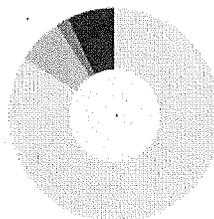
5,300

vs. 376,940 Citywide

Residential Density

8 units per acre

vs. 12 Citywide



Race / Background

	CITYWIDE	OCEAN AVENUE
White	48%	34%
Black	6%	7%
Asian	33%	47%
Native American / Hawaiian or Pacific Islander	1%	1%
Other / Two or More	11%	10%
% Latino	15%	15%
Male / Female Ratio	51/49%	51/49%
Foreign Born	36%	35%
Linguistic Isolated Households	14%	19%

Age

	CITYWIDE	OCEAN AVENUE
Under 5	4%	4%
5 to 17	9%	13%
18 to 34	30%	20%
35 to 59	37%	40%
60 and over	19%	23%

Households

	CITYWIDE	OCEAN AVENUE
Family Households	44%	66%
Single-Person Households	39%	17%
Non-Family Households	17%	17%
Average Household Size	2.3	3.3
Average Family Household Size	3.1	3.5

Income

	CITYWIDE	OCEAN AVENUE
Median Family Household Income	\$86,670	\$102,300
Per Capita Income	\$45,478	\$35,461
% Poverty	12%	6%
Unemployment	7.0%	7.8%

Education

	CITYWIDE	OCEAN AVENUE
High School or Less	29%	27%
Some College / AA Degree	20%	20%
College Degree	31%	34%
Post Graduate	20%	18%

Housing

	CITYWIDE	OCEAN AVENUE
Renting Households	62%	27%
Rental Vacancy Rate	3.4%	4.2%
Median Rent	\$1,260	\$1,936

Housing Type

	CITYWIDE	OCEAN AVENUE
Single Family Housing	33%	84%
2-4 Units	21%	7%
5-9 Units	10%	2%
10 units or more	35%	7%

OCEAN AVENUE LAND USE

Neighborhood Zoning

NC-T OCEAN AVENUE NEIGHBORHOOD COMMERCIAL TRANSIT DISTRICT

Zoning

ZONING COLOR KEY

- Commercial
- Public
- Residential



Vacancy & Opportunity Sites

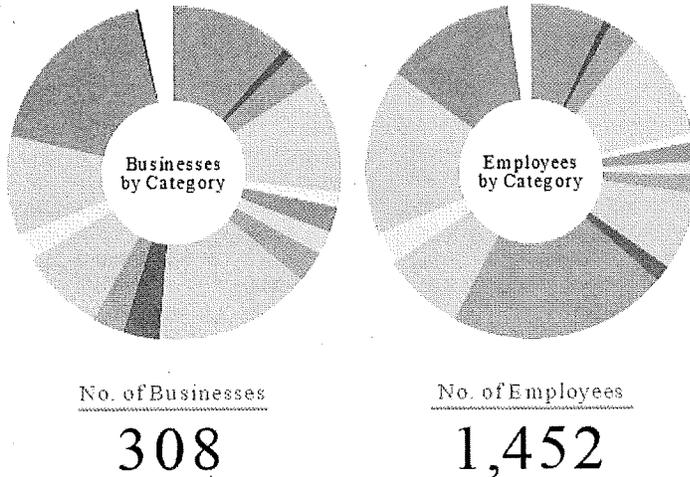
- Vacant Lots & Surface Parking Lots
- Vacant Storefronts

Spaces indicated as "Vacant Storefronts" include all ground floor commercial spaces that were unoccupied as of February 2013.

OCEAN AVENUE BUSINESS MIX

Summary of Business by Categories, 2011

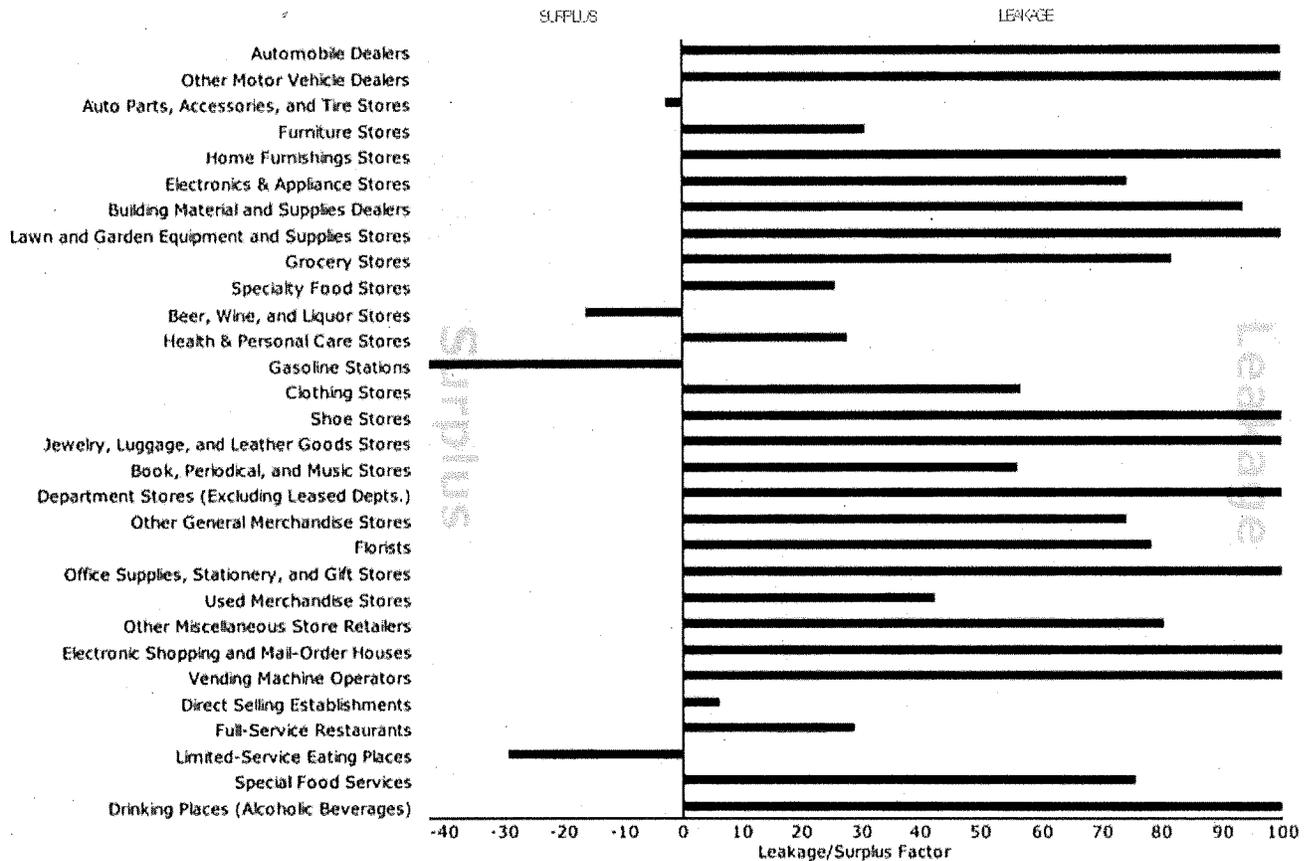
Source: Business data provided by Infogroup, Omaha NE Copyright 2012, all rights reserved. ESRI forecasts for 2011.



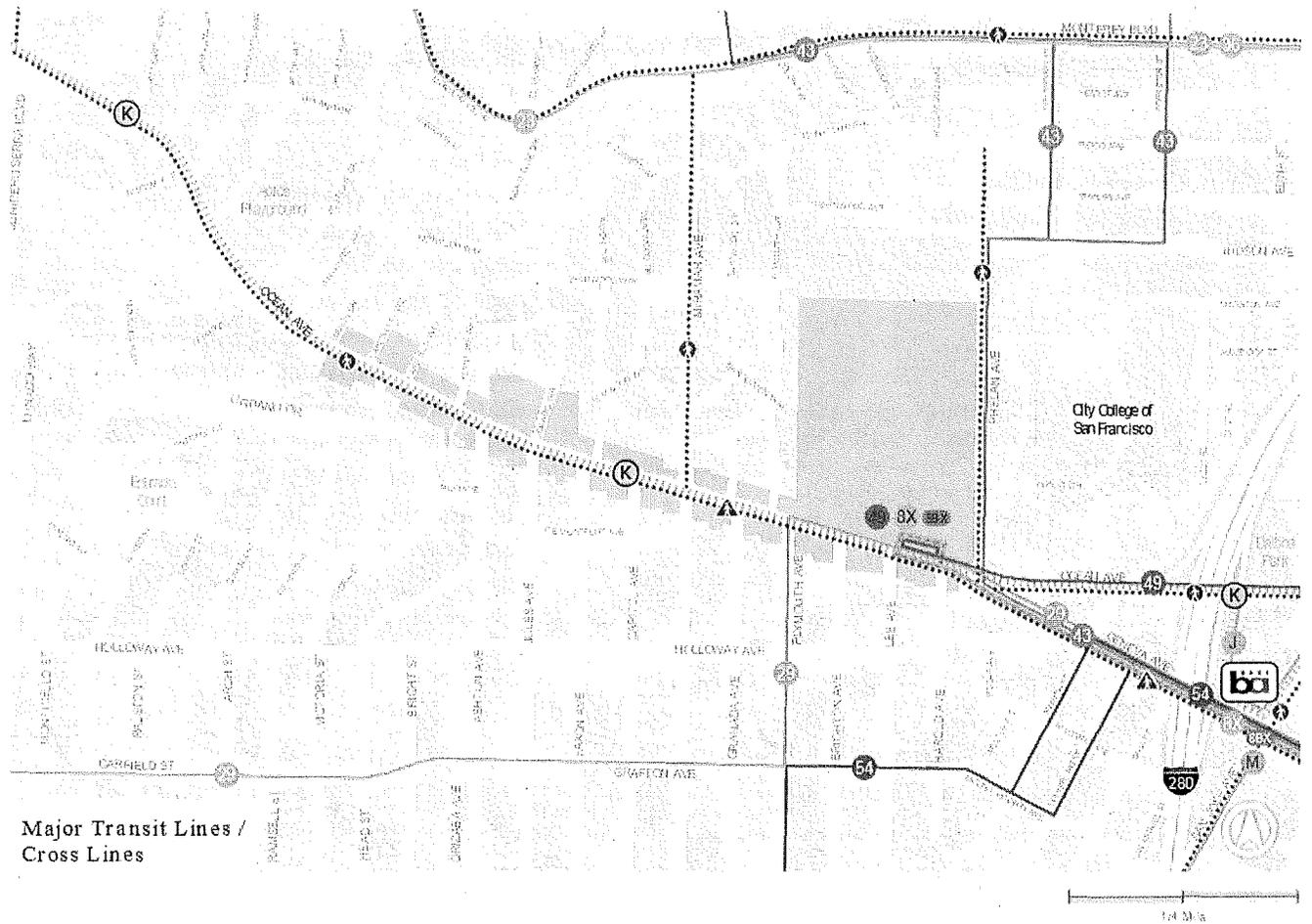
NACOS BUSINESS CATEGORY	BUSINESSES	EMPLOYEES
Construction	36	107
Manufacturing	4	13
Wholesale Trade	9	38
Retail Trade	34	154
Transportation & Warehousing	4	13
Information	8	28
Finance & Insurance	7	17
Real Estate, Rental & Leasing	9	27
Professional, Scientific & Tech Services	47	111
Admin. Support, Waste Mgmt. & Remediation Services	11	24
Educational Services	10	308
Health Care & Social Assistance	25	118
Arts, Entertainment & Recreation	8	43
Accommodation & Food Services	30	238
Other Services (except Public Administration)	54	183
Public Administration	1	2
Unclassified Establishments	10	29

Leakage / Surplus Factor by Industry Group, Ocean Avenue

The Leakage / Surplus Factor summarizes the relationship between supply (retail sales by businesses in the commercial district) and demand (consumer spending by households within a quarter-mile radius of the commercial district). As the Leakage / Surplus Factor trends toward +100, the market is experiencing leakage, meaning there is less retail activity relative to local demand. As the factor trends toward -100, this means that the market is in surplus and retail activity is in excess of local demand.



OCEAN AVENUE TRANSPORTATION



Major Transit Line

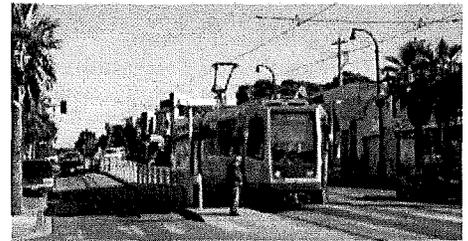
K Ingleside

Cross Lines 	
8, 8EX, 49	on Ocean and Frelan Avenue
43	on Frelan Avenue
29	on Plymouth Street

Walking 	
 Key Walking Streets	(see map)
 High Priority Segments	(see map)

Parking 	
Metered Spaces	120
Unmetered Spaces	43

Bicycling 	
Bicycle Racks	15



OCEAN AVENUE EXISTING PLANS & INTERVENTIONS

Ocean Avenue Community Benefit District Management District Plan

DATE 2010 SOURCE Office of Economic and Workforce Development

SUMMARY This document lists and describes information for the Ocean Avenue Community Benefit District.

Property owners establish community benefit districts or business improvement districts to provide a constant funding source for various improvements, services and activities that benefit properties within a defined geographical area. The improvements, services and activities include providing enhanced cleaning and maintenance services, improving security, providing for economic development to promote and revitalize the area and other programs found to benefit the area. The ongoing revenue stream for the improvements, services and activities comes from the annual assessments that are levied upon properties within the area.

URL: <http://www.oewd.org/media/docs/CBD/20docs/Ocean%20Avenue/OceanAvenueManagementPlan.pdf>



City and County of San Francisco
Ocean Avenue
Community Benefit District
Management District Plan
Revised September 2010

Prepared by
NIBS

On behalf of the Ocean Avenue Re-tailization Collaborative and community stakeholders of the Ocean Avenue area of San Francisco

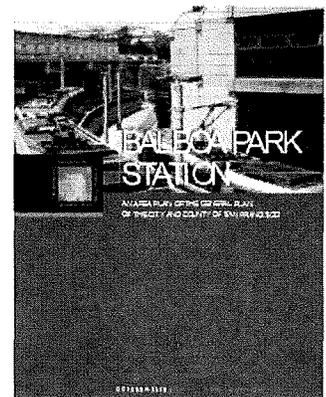
Balboa Park Station Area Plan

DATE 2000 SOURCE SF Planning

SUMMARY This document sets forth objectives and policies informed by three key principles:

1. Improve the area's public realm
2. Make the transit experience safer and more enjoyable; and
3. Improve the economic vitality of the Ocean Avenue Neighborhood Commercial District.

URL: http://www.sf-planning.org/ftp/general_plan/Balboa_Park_Station.htm





Mayor
Edwin M. Lee



District Supervisor
Norman Yee
District 7, Ocean Avenue



Board of Supervisors

- David Chiu, President
- John Avalos
- London Breed
- David Campos
- Malia Cohen
- Mark Farrell
- Jane Kim
- Eric Mar
- Katy Tang
- Scott Wiener
- Norman Yee



To learn more about Invest in Neighborhoods please visit our website at <http://oewd.org/IIN.aspx>, or contact the Office of Economic and Workforce Development at (415) 554-6969 or moewd@sfgov.org and ask to speak with a member of the Invest in Neighborhoods team.

The Invest in Neighborhoods Commercial District Profiles have been brought to you by:



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Nicotine Tob Res. 2014 Oct 9. pii: ntu200. [Epub ahead of print]

ADVANCE ACCESS
OXFORD JOURNALS

A Longitudinal Study of Electronic Cigarette Use in a Population-based Sample of Adult Smokers: Association with Smoking Cessation and Motivation to Quit.

Biener L¹, Hargraves JL².

Author information

Abstract

Aims: Increasingly popular electronic cigarettes (e-cigarettes) may be the most promising development yet to end cigarette smoking. However, there is sparse evidence that their use promotes cessation. We investigated whether e-cigarette use increases smoking cessation and/or has a deleterious effect on quitting smoking and motivation to quit. **Methods:** Representative samples of adults in two U.S. metropolitan areas were surveyed in 2011/2012 about their use of novel tobacco products. In 2014, follow-up interviews were conducted with 695 of the 1374 baseline cigarette smokers who had agreed to be re-contacted (retention rate: 51%). The follow-up interview assessed their smoking status and history of electronic cigarette usage. Respondents were categorized as intensive users (used e-cigarettes daily for at least one month), intermittent users (used regularly, but not daily for more than one month), and non-users/tryers (used e-cigarettes at most once or twice). **Results:** At follow-up, 23% were intensive users, 29% intermittent users, 18% had used once or twice, and 30% hadn't tried e-cigarettes. Logistic regression controlling for demographics and tobacco dependence indicated that intensive users of e-cigarettes were 6 times as likely as non-users/tryers to report that they quit smoking (O.R. 6.07, 95% C.I. 1.11, 33.2). No such relationship was seen for intermittent users. There was a negative association between intermittent e-cigarette use and one of two indicators of motivation to quit at follow-up. **Conclusions:** Daily use of electronic cigarettes for at least one month is strongly associated with quitting smoking at follow up. Further investigation of the underlying reasons for intensive versus intermittent use will help shed light on the mechanisms underlying the associations between e-cigarette use, motivation to quit and smoking cessation.

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Volume 39, Issue 2, February 2014, Pages 491–494



Short Communication

A longitudinal study of electronic cigarette users

Jean-François Etter^a, Chris Bullen^b

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Highlights

- Little is known about change in the behaviour of users of electronic cigarettes over time.
- We followed 477 users of electronic cigarettes during one month and 367 users over one year.
- We found that electronic cigarette use had no deleterious effects on smoking behaviour.

Abstract

Objective

To assess behavior change over 12 months in users of e-cigarettes ("vapers").

Methods

Longitudinal Internet survey, 2011 to 2013. Participants were enrolled on websites dedicated to e-cigarettes and smoking cessation. We assessed use of e-cigarettes and tobacco among the same cohort at baseline, after one month (n = 477) and one year (n = 367).

Results

Most participants (72%) were former smokers, and 76% were using e-cigarettes daily. At baseline, current users had been using e-cigarettes for 3 months, took 150 puffs/day on their e-cigarette and used refill liquids containing 16 mg/ml of nicotine, on average. Almost all the daily vapers at baseline were still vaping daily after one month (98%) and one year (89%). Of those who had been vaping daily for less than one month at baseline, 93% were still vaping daily after one month, and 81% after one year. In daily vapers, the number of puffs/day on e-cigarettes remained unchanged between baseline and one year. Among former smokers who were vaping daily at baseline, 6% had relapsed to smoking after one month and also 6% after one year. Among dual users (smokers who were vaping daily at baseline), 22% had stopped smoking after one month and 46% after one year. In dual users who were still smoking at follow-up, cigarette consumption decreased by 5.3 cig/day after one month (from 11.3 to 6.0 cig./day, p = 0.006), but remained unchanged between baseline and 1-year follow-up.

Conclusions

E-cigarettes may contribute to relapse prevention in former smokers and smoking cessation in current smokers.

Keywords

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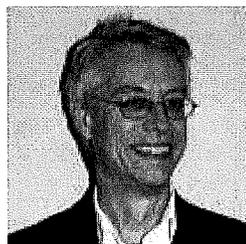
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A message from Robert West, Editor-in-Chief

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E-cigarette use for quitting smoking is associated with improved success rates

People attempting to quit smoking without professional help are approximately 60% more likely to report succeeding if they use e-cigarettes than if they use willpower alone or over-the-counter nicotine replacement therapies such as patches or gum, finds a large UCL survey of smokers in England [1].

The results were adjusted for a wide range of factors that might influence success at quitting, including age, nicotine dependence, previous quit attempts, and whether quitting was gradual or abrupt.

The study, published in *Addiction*, surveyed 5,863 smokers between 2009 and 2014 who had attempted to quit smoking without the aid of prescription medication or professional support. 20% of people trying to quit with the aid of e-cigarettes reported having stopped smoking conventional cigarettes at the time of the survey.

The research, chiefly funded by Cancer Research UK, suggests that e-cigarettes could play a positive role in reducing smoking rates. "E-cigarettes could substantially improve public health because of their widespread appeal and the huge health gains associated with stopping smoking," says Professor Robert West of UCL's Department of Epidemiology & Public Health, senior author of the study. "However, we should also recognise that the strongest evidence remains for use of the NHS stop-smoking services. These almost triple a smoker's odds of successfully quitting compared with going it alone or relying on over-the-counter products." [2].

Another survey by the same team found that most e-cigarette

use involves first generation 'cigalike' products rather than second generation ones that use refillable cartridges and a wider choice of nicotine concentrations and flavours [3]. Dr Jamie Brown of UCL's Department of Clinical, Educational and Health Psychology, lead author of both reports, says: "We will continue to monitor success rates in people using e-cigarettes to stop smoking to see whether there are improvements as the devices become more advanced."

Some e-cigarette users may want to continue using them indefinitely. "It is not clear whether long-term use of e-cigarettes carries health risks but from what is known about the contents of the vapour these will be much less than from smoking," says Professor West.

"Some public health experts have expressed concern that widespread use of e-cigarettes could 're-normalise' smoking. However, we are tracking this very closely and see no evidence of it. Smoking rates in England are declining, quitting rates are increasing and regular e-cigarette use among never smokers is negligible." [4]

-Ends-

Notes to Editors

Paper reference: Brown J, Beard E, Kotz D, Michie S, and West R (2014) Real-world effectiveness of e-cigarettes when used to aid smoking cessation: A cross-sectional population study. *Addiction* 109: [doi: 10.1111/add.12623](https://doi.org/10.1111/add.12623).

For a copy of the paper, or to speak to Dr Brown or Professor West, contact Harry Dayantis in the UCL press office, T: +44(0)20 3108 3844, M: +44(0)7747 565056, E: h.dayantis@ucl.ac.uk

Information about the free services provided by the NHS to help people stop smoking can be found at the following URL: <http://www.nhs.uk/smokefree>

Professor West is author of a new guide to stopping smoking called *The SmokeFree Formula* (Orion Books). See www.smokefreeformula.com for more information.

References

1 Brown, Beard, Kotz, Michie & West, 'Real-world effectiveness of e-cigarettes when used to aid smoking

cessation: a cross-sectional population study', will be published in *Addiction* on Wednesday 21 May at 00:01 London time / Tuesday 20 May at 19:01 US Eastern time.

2 The previous study investigating the effectiveness of NHS services is as follows: Kotz, Brown & West, 'Real-world effectiveness of smoking cessation treatments: a population study', published in *Addiction* on 20 December 2013: <http://dx.doi.org/10.1111/add.12429>, which was in line with meta-analysis of a large number of randomised controlled trials: Stead LF, Lancaster T. 'Combined pharmacotherapy and behavioural interventions for smoking cessation.' *Cochrane Database of Systematic Reviews*. 2012;10:CD008286: <http://dx.doi.org/10.1002/14651858.CD008286.pub2>

3 The 2012 survey on e-cigarette usage is: Brown, West, Beard, Michie, Shahab & McNeill, 'Prevalence and characteristics of e-cigarette users in Great Britain: Findings from a general population survey of smokers', published in *Addictive Behaviours* on 11 March 2014: <http://dx.doi.org/10.1016/j.addbeh.2014.03.009>

4 The data for the study come from The Smoking Toolkit Study which tracks smoking habits in adults over the age of 16 every month and publishes the results online at <http://www.smokinginengland.info/latest-statistics/> Each month a new sample of approximately 1800 adults are selected using a form of random location sampling and complete a face-to-face computer-assisted survey with a trained interviewer. The method has been shown to result in a sample that is nationally representative in its socio-demographic composition and proportion of smokers.

Funding

The Smoking Toolkit Study is currently funded by Cancer Research UK. Since its inception it has also been co-funded at various times by The Department of Health, Pfizer, Glaxo-SmithKline and J&J (who manufacture stop-smoking medicines and nicotine replacement therapy but not e-cigarettes). Jamie Brown's salary is funded by The Society for the Study of Addiction. Robert West's salary is funded by Cancer Research UK. The study team has not received, and has a policy of not accepting, funding from any e-cigarette manufacturers.

About UCL (University College London)

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big survey 2014 - initial findings general

17 Jul 2014 —By Neil McLaren ([/author/2](#))

As many of you will know, ECF conducted its annual big survey recently, and had a huge amount of responses, over 10,000 in just 2 weeks! What's more we had a completion rate of 97%, which is no mean feat when you consider there were 75 questions. We thank each and everyone of you for taking part and doing your bit to help the community, this data is extremely useful and helps paint a true picture of what vaping is like in 2014.

We are currently working on a research paper to give this data the weight it deserves, but it is our opinion that it needs to be released into the public domain immediately, and especially before the end of the FDA deeming regulation commenting period.

The picture it paints is contrary to many popularly held beliefs across the media and government, that we as vapers face on a daily basis, and many people won't want to hear it.

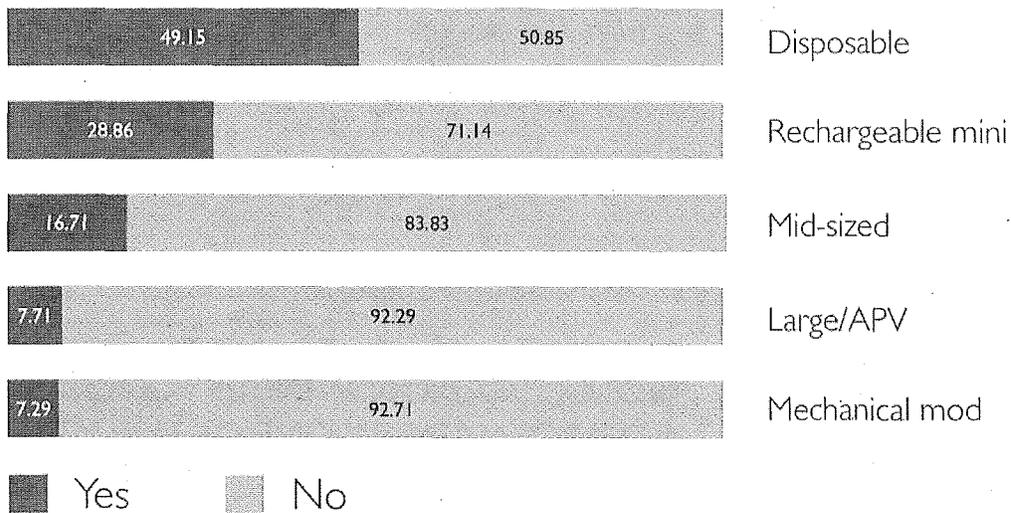
We encourage you to share and use this data wherever you can, especially the next time somebody says adults don't like flavours.

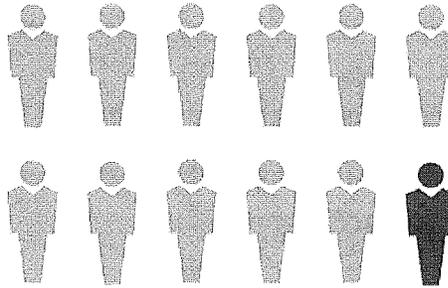
What you see here is some broad initial findings and points that stood out, some we suspected to be true, but didn't know for sure, others more surprising.

We will be updating [vaping.com/data](http://www.vaping.com/data) (<http://www.vaping.com/data>) over the coming days as we go deeper into the results. If there is anything you would like us to look more closely at for you please contact us on info@vaping.com

There are separate initial findings posts for E-liquids (<http://vaping.com/data/big-survey-2014-initial-findings-eliquid>) and Hardware. (<http://vaping.com/data/big-survey-2014-initial-findings-hardware>)

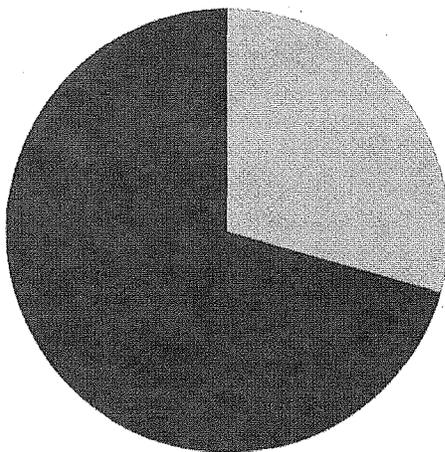
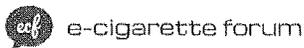
DO YOU CURRENTLY SMOKE CIGARETTES (IN ADDITION TO VAPING)?





92%

of vapers are worried that government regulations will remove products they use from the market

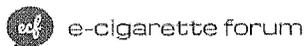


WOULD YOU KNOWINGLY PURCHASE A DEVICE MADE BY ONE OF THE MAJOR TOBACCO COMPANIES?

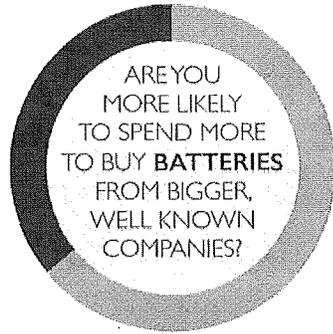
- 29.45% Yes
- 70.55% No

Current smokers vs quitters.

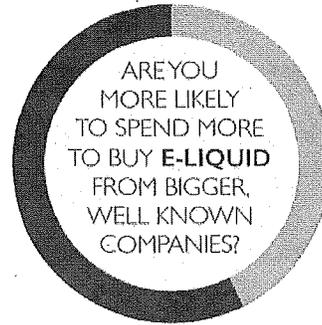
The dual user group are 53.85% unlikely to knowingly purchase a product from a tobacco company. Suggesting the successful act of quitting pushes a vaper further away in almost every respect from their former smoker behaviour.



VAPERS FEARS



65% YES



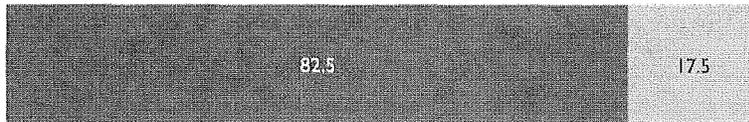
57.4% NO



VAPERS FEARS

Do negative vaping stories in the media concern you?

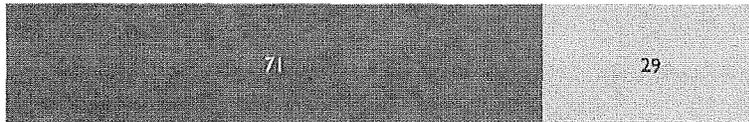
DUAL USERS



Both sets of vapers are concerned about the perception of vaping in the media.

However, it is the dual users who are most worried,

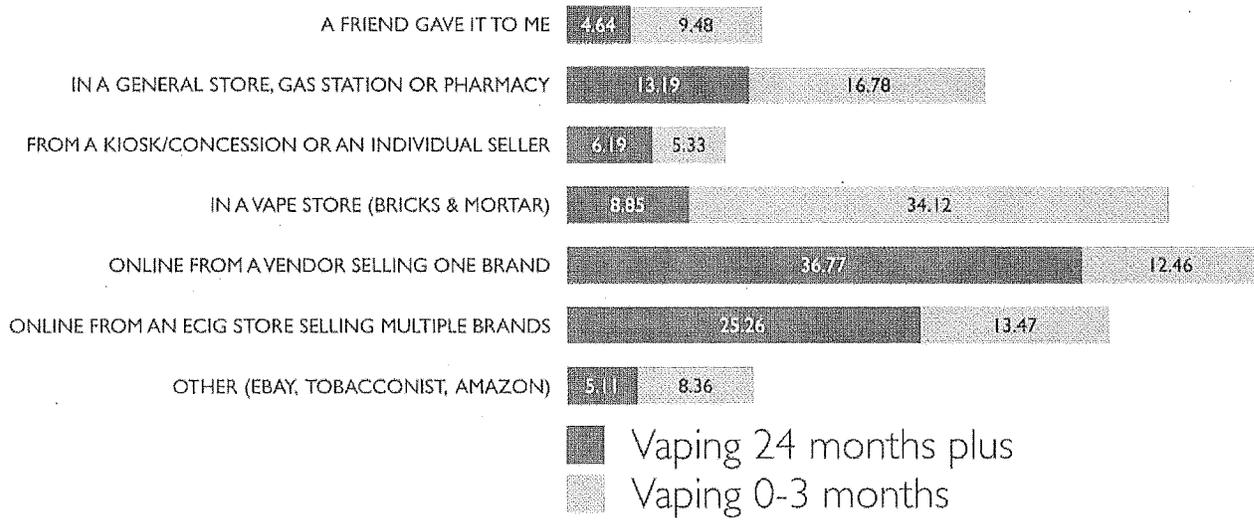
QUITTERS



■ Yes ■ No

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Briefing on e-cigarettes for policy makers



I am occasionally asked for a briefing on e-cigarettes and related policy issues – so here's one I produced recently, that I hope some readers of this blog might find useful – for example in talking to Directors of Public Health, NHS officials etc. This is the longer one... I also did a [shorter one with more recommendations](#).

E-cigarettes briefing – a disruptive public health technology threatened by excessive regulation

What are they? E-cigarettes generally consist of a battery, a heating coil and a liquid containing nicotine. A switch triggered by hand or by sucking pressure activates the battery to heat the coil, which vaporises the liquid. This is then inhaled and the nicotine absorbed into the blood via mouth, throat and lungs. The liquids contain nicotine, water, a 'diluent' such as propylene glycol or glycerol, and a flavouring, such as tobacco, mint, vanilla or fruit. There are now hundreds of flavours and these are an intrinsic part of the appeal. The devices and the liquids can be sold as integrated units or separately. Some look like cigarettes (1st generation 'cig-a-likes' in the jargon), some look like pens (2nd generation 'Ego' type), and the larger ones with tanks can look very distinctively different (3rd generation 'tanks' or 'mods'). The products have emerged only recently due to advances in batteries, which can now provide sufficient power and battery life in a small unit.

Public health case. There are 10 million smokers in the UK (~20% adults), about 110 million in the EU and around 1.3 billion worldwide – the current annual premature death toll attributed to smoking is 100,000, 700,000 and 6 million respectively. WHO estimates one billion premature deaths from smoking in the 21st Century on current trends. The public health proposition is that: e-cigarettes can substitute for cigarette use through market-based competition; provide a satisfactory alternative to smoking; and, in doing so, dramatically reduce risks to health, perhaps by 97-100% among those who switch. The alternative public health approach is to quit smoking and nicotine altogether – this is much slower and harder to achieve, and may leave ex-smokers with cravings and withdrawal and a sense of loss. Global tobacco sales are variously estimated at \$700-800 billion (Bloomberg), mainly cigarettes, whereas sales of vapour products are likely to be \$5 billion in 2014 (Euromonitor) – there is scope for a major structural change in the market for recreational nicotine.

The benefits to the smoker. From the smoker's perspective, e-cigarettes create a new value proposition: they offer many of the experiences of smoking (a nicotine hit, something to hold and gesture with, sensory experience etc) with few of the harms (long term risk much lower, less social disapproval, minimal odour nuisance) and at a lower cost. Prior to the emergence of e-cigarettes, the alternatives were broadly cast as 'quit or die' – this new value proposition fits between the two.

Harm arising from vaping. No-one claims vaping is entirely benign. Nor does it need to be to make very large inroads into the risks of disease if people switch. Studies of liquids and vapour chemistry reveal traces of contaminants and thermal breakdown products that are potentially harmful, but at levels generally two orders of magnitude lower than in cigarette smoke and unlikely to pose a material threat. The most comprehensive literature review so far concluded:

Current state of knowledge about chemistry of liquids and aerosols associated with electronic cigarettes indicates that there is no evidence that vaping produces inhalable exposures to contaminants of the aerosol that would warrant health concerns by the standards that are used to ensure safety of workplaces. ... Exposures of bystanders are likely to be orders of magnitude less, and thus pose no apparent concern.

[\(Burstyn I, 2013\) Peering through the mist: systematic review of what the chemistry of contaminants in electronic cigarettes tells us about health risks.](#)

Legitimate regulatory agenda. Burstyn rightly recommends continued surveillance and measures to reduce exposures to residual harmful substances

in vapour and e-liquids, and this would make a worthwhile regulatory agenda. There is no basis for believing that bystanders are at any material risk: in public places the issue is one of norm-setting and etiquette and should be a matter for owners and operators, not the law

Current use in the UK. A recent [GB survey by ASH](#) showed that 2.1 million people are using e-cigarettes and about one third are now ex-smokers – this represents a very substantial health gain. The Department of Health estimates a value of £74,000 per successful quit attempt (£60,000 health value per life-year and 1.24 life-years gained), so 700,000 switchers gives approximately £52 billion welfare benefit – with possibly a small deduction (1-3%) for detriments arising from extra vaping. More information of use of e-cigarettes is given at Appendix 1.

What is the potential? [One Wall Street analyst projects that vapour use will surpass smoking \(in the US\) within a decade](#) (by which she means 2023). Much will depend on whether regulation encourages or suppresses innovation – and her forecast is contingent on an effective pro-innovation regulatory framework. Other analysts are less bullish, but all see great potential. If half of smokers convert to vaping, it would be one of the most remarkable public health phenomena ever: in UK, 5 million smokers switching would create a health benefit of ~£370 billion, on the basis given above.

What are critics concerned about? Most opponents of e-cigarettes are slowly giving up the argument that 'we don't know what's in them' or concerns about the safety of the products themselves. They are instead concentrating on 'population' arguments. This is the idea that though vaping is very much less hazardous than smoking, at population level it could be more dangerous because it causes changes in the way people smoke, for example:

- It could be a 'gateway' to smoking for adolescents;
- It might divert people from quitting smoking because they don't feel under so much social pressure if they can avoid smoking restrictions by vaping;
- By visible displays of smoking-like behaviour it might 'renormalise' smoking.

There is no basis to believe any of these effects are real rather than contrived tactical campaign arguments. The UK's foremost expert in smoking cessation, Professor Robert West, puts it thus:

Evidence conflicts with the view that electronic cigarettes are undermining tobacco control or 'renormalizing' smoking, and they may be contributing to a reduction in smoking prevalence through increased success at quitting smoking ([Electronic cigarettes in England – latest trends 6 July 2014](#))

Fear of the tobacco industry. A further source of critics' concern is the possible negative role of the tobacco industry. In practice it is hard to see what this could be: they are threatened by e-cigarettes, and will need to produce high quality attractive alternatives or risk losing share in the recreational nicotine market to other tobacco companies or non-tobacco e-cigarette companies. It is more likely that they will become important drivers of a wholesale switch from smoking to vaping.

The case of snus – a cautionary tale. Many of the same 'population' arguments were made on a precautionary basis in the case to ban 'oral tobacco' in 1992 throughout the EU, even though it is 95-98% less hazardous than smoking. On accession, Sweden was granted an exemption from the ban. In fact, this product – 'snus' or oral snuff – has become popular in Sweden and is the reason why Sweden has by far the lowest rate of smoking in the EU: 13% Swedish adults vs 28% EU average ([Eurobarometer, 2012](#)). Snus has three main effects in Sweden and Norway: it is used to quit smoking; it is used to substitute for smoking; it diverts young people from onset of smoking. Despite overwhelming evidence to justify lifting the EU ban on snus, the ban was re-affirmed in 2014.

To summarise: a market based public health phenomenon. The electronic cigarette has emerged through the interplay between consumers and innovative suppliers, with no public sector involvement or endorsement, no call on the taxpayer or NHS resources, and minimal regulation. Yet this product is already providing very substantial health benefits as a relatively benign alternative to smoking. It has empowered smokers to take control of their risks and has greatly enhanced the welfare of hundreds of thousands of UK citizens. It has challenged the tobacco industry, but also interests in the public sector and civil society who have played no role – or a hostile role – in its rise.

Regulatory issues

The primary risk to these otherwise highly positive developments is poor and excessive regulation. At the heart of the regulatory challenge there is a 'double negative': being tough on e-cigarettes is being tough on the competitive alternative to cigarettes. There is a danger that loss-averse regulators and officials will place excessive focus on the residual risks associated with vapour products, but in doing so render them less effective and appealing as alternatives to smoking and thereby potentially increase total health risks through the unintended consequence of continuing smoking. All the regulatory proposals advanced so far suffer from this weakness.

- The UK's favoured approach has been to regulate these vapour products as medicines. This onerous regime applies costs, burdens and restrictions that would dramatically contract the range of products and number of suppliers, whilst acting as a barrier to innovation. It creates very high barriers to entry and is unsuitable for an evolving disruptive fast moving consumer goods industry. It is likely that only the largest companies could make and pass these requirements – so far only one, the subsidiary of British American Tobacco, has attempted it. The regime is wholly unnecessary: the products are not medicines in law or common sense, the vendors are not healthcare providers and users do not regard themselves as in treatment.
- The EU's favoured approach is to regulate using measures designed for tobacco products. After the European Parliament rejected the

Council's proposal to regulate e-cigarettes as medicines (for many of the reasons given above), a closed trilogue process created 5,000 words of new regulation in three months – with no consultation or impact assessment and inadequate justification – with scientists pointing out numerous errors of fact and interpretation. The resulting directive (2012/40/EC – Article 20) has numerous flaws of arbitrary and unscientific policy and poor policy-making process, and is likely to be found in breach of key treaty principles if challenged in the European Court of Justice. The UK will now offer both the medical route and the approach negotiated under this directive as alternatives. The directive has entered into force and its provisions apply from 2016/17.

- The US favoured approach is to treat e-cigarettes as tobacco products on the basis that the pure nicotine used is originally extracted from tobacco. In April, the FDA announced its intention to apply tobacco legislation to e-cigarettes – that was designed with the primary purpose of slowing innovation and creating burdens for the cigarette manufacturers.
- The WHO's favoured approach is to classify these products as tobacco and to apply the restrictive measure of the [WHO's tobacco treaty \(the Framework Convention on Tobacco Control\)](#). The WHO would also include these products in UN targets to reduce tobacco consumption by 30% by 2025. In practice the only hope of coming close to meeting this target is to use vapour products to meet the targets, not to reduce them. 53 of the world's top experts in the field recently wrote to WHO to implore them to take a more positive approach. Their letter is appended at Appendix 2.

The best outcome would be an amendment or legal challenge to the EU directive to remove its most egregious features. The EU directive offers the best promise for a decent regulatory regime, but contains some absurd and unjustified measures, notably:

- A ban on most advertising sponsorship and promotion. The anti-competitive ban protects the incumbents from a disruptive challenger and is unjustified in a directive with a single market legal base, and disproportionate relative to tobacco. Most tobacco advertising is banned in the EU, but tobacco kills 700,000 per year. In contrast, vaping is likely to reduce premature deaths.
- Limiting the strength of nicotine liquids to 20mg/ml. Approximately 25-30% of consumers use liquids stronger than this. They may be more important for more heavily dependent smokers and those just switching. The threshold is arbitrary and pointless.
- Limiting liquid container sizes. We manage hazardous liquids (like bleach) by having packaging and labelling standards not by limiting the containers to tiny inconvenient sizes.
- Requiring large warnings. The directive requires cigarette-like warnings that contain misleading and off-putting information covering 30% of the pack. The warnings are not proportionate.
- Numerous technical measures that would fail a reasonable risk-benefit assessment.
- A continuing ban on snus – despite it being the reason, beyond doubt, for the best tobacco-related health outcomes in Europe in Sweden, it will remain banned throughout the rest of the EU. It is unscientific, unethical and probably unlawful to ban this product.

Conclusion: too big and too bossy. The tobacco products directive, at least as it applies to reduced risk alternative to smoking, is poor policy made in a poor process. The directive, and the way it was created, fits [the Prime Minister's characterisation of the EU being 'too big and too bossy'](#). It is also a useful case study in the challenges for 'open policy-making'. It is not strictly an EU problem: UK officials have been closely involved in forming this policy and there are many lessons to be learned from the experience.

Appendices

1. [Data briefing by Professor Robert West and colleagues \(2 pages\)](#)
2. [Letter by 53 scientists and experts to WHO \(3-page letter + signatures\)](#)



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July 31st, 2014 | Category: [Uncategorized](#)

4 comments to Briefing on e-cigarettes for policymakers



[John Chamley](#)

[August 2, 2014 at 1:30 pm](#) - [Reply](#)

Considering that most e liquids are no longer 'toxic' according to EU CLP, the proposed EU regulations are even more disproportionate.

The press release below links to the BIBRA study on classification.

<http://www.ecita.org.uk/blog/index.php/how-toxic-is-e-liquid/>



John Chamley

[August 2, 2014 at 1:34 pm · Reply](#)

I should have added:

[Safety evaluation and risk assessment of electronic cigarettes as tobacco cigarette substitutes: a systematic review](#)

Konstantinos E. Farsalinos (corresponding author) and Riccardo Polosa.

Read the full text, now available.

This is the most comprehensive report I have read and will reinforce the tidal turn.

Chapeau to Konstantinos and Riccardo!



David Bareham

[August 6, 2014 at 9:37 am · Reply](#)

John: Response re: A6 from Correspondence contact for Kosmider paper; reads:

"There are data in our paper on ingredients in fluid A6. Please see Table 1. It contained PEG. There is also a note under the Table 2, showing that this sample was different, since it contained PEG. Unfortunately, I don't think we have any sample left as we used it for the study."

Dave.



Roger Hall

[August 10, 2014 at 10:56 am · Reply](#)

Taking just two of your stated egregious features it's highly pertinent to add that the Commission on Human Medicines Working Group on NCPs when drawing up their recommendations concluded that "The commission noted that the use of (nicotine threshold) levels was not evidence based, unscientific, difficult to enforce and likely to be confusing" and "would likely be detrimental to public health" and were also against the use of warning labels for similar reasons citing the fact that "the requirement to state that nicotine can damage your health is unlikely to be true".

<http://www.mhra.gov.uk/home/groups/comms-ic/documents/websiteresources/con286849.pdf>

The same arguments equally apply with the TPD in relation to ecigs surely?

Carbonyl Compounds in Electronic Cigarette Vapors—Effects of Nicotine Solvent and Battery Output Voltage

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□ Received November 4, 2013.

□ Accepted April 7, 2014.

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Abstract

Introduction: Glycerin (VG) and propylene glycol (PG) are the most common nicotine solvents used in e-cigarettes (ECs). It has been shown that at high temperatures both VG and PG undergo decomposition to low molecular carbonyl compounds, including the carcinogens: formaldehyde and acetaldehyde. The aim of the study was to evaluate how various product characteristics, including nicotine solvent and battery output voltage, affect the levels of carbonyls in EC vapor.

Methods: Twelve carbonyl compounds were measured in vapors from 10 commercially available nicotine solutions and from three control solutions composed of pure glycerin, pure propylene glycol, or a mixture of both solvents (50:50). EC battery output voltage was gradually modified from 3.2 to 4.8V. Carbonyl compounds were determined using HPLC/DAD method.

Results: Formaldehyde and acetaldehyde were found in 8 of 13 samples. The amounts of formaldehyde and acetaldehyde in vapors from lower voltage EC were on average 13- and 807-fold lower than in tobacco smoke, respectively. The highest levels of carbonyls were observed in vapors generated from PG-based solutions. Increasing voltage from 3.2 to 4.8V resulted in 4 to over 200 times increase in formaldehyde, acetaldehyde, and acetone levels. The levels of formaldehyde in vapors from high-voltage device were in the range of levels reported in tobacco smoke.

Conclusions: Vapors from EC contain toxic and carcinogenic carbonyl compounds. Both solvent and battery output voltage significantly affect levels of carbonyl compounds in EC vapors. High-voltage EC may expose users to high levels of carbonyl compounds.

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INTRODUCTION

Electronic cigarettes (e-cigarettes; ECs) have been gaining increasing popularity as nicotine delivery tools. It has been shown that number of EC users is growing rapidly ([Ayers, Ribisl, & Brownstein, 2011](#); [Kosmider, Knysak, Goniewicz, & Sobczak, 2012](#)). Scientific evidence is urgently needed to develop the best regulatory approach to ECs. The U.S. Food and Drug Administration (FDA) has authority to regulate ECs as tobacco or medicinal products, and such regulation is expected to be announced soon ([Benowitz & Goniewicz, 2013](#)). Recently, the European Parliament has voted that ECs will be regulated as tobacco products, but the U.K. Medicines and Healthcare products Regulatory Agency (MHRA) has announced that EC will be regulated as medicinal devices in the United Kingdom by 2016 ([Hajek, Foulds, Le Houezec, Swenor, & Yach, 2013](#)). Studies are urgently needed to evaluate the presence of potentially toxic and hazardous compounds in vapors generated by ECs and which are inhaled by product users. Vapors are generated from solutions, commonly known as e-liquids or e-juices, which contain solvents (so-called e-liquid base), various concentrations of nicotine, water, additives, and flavorings. The most popular solvents used in e-liquids are glycerin (most commonly of vegetable origin, VG), propylene glycol (PG), or their mixture in various ratios. The “base” usually constitutes 70% to 80% of all components in the e-liquid.

When an EC user takes a puff, it activates heating element that vaporizes the e-liquid. This vaporization process occurs at various temperature ranges. It has been estimated that theoretical vaporization temperature of the heating element may reach up to 350°C (Balhas et al., 2014; Schripp, Markewitz, Uhde, & Salthammer, 2013). This temperature is sufficiently high to induce physical changes of e-liquids and chemical reactions between the constituents of e-liquids. At this temperature, solvents may undergo thermal decomposition leading to formation of potentially toxic compounds. Both VG and PG have been shown to decompose at high temperatures generating low molecular weight carbonyl compounds with established toxic properties (e.g., formaldehyde, acetaldehyde, acrolein, and acetone) (Paschke, Scherer, & Heller, 2002). Moreover, carbonyls such as formaldehyde and acetaldehyde may be present in the e-liquid (Farsalinos, Spyrou, Tsimopoulou, Romagna, & Voudris, 2014). Formaldehyde is classified by the International Agency for Research of Cancer (IARC) as a human carcinogen (Group 1), and acetaldehyde is classified as possibly carcinogenic to humans (Group 2B) (IARC, 2012). Acrolein causes irritation of the nasal cavity, damages the lining of the lung (U.S. EPA, 2003), and has been shown to contribute to cardiovascular disease (Park & Taniguchi, 2008). Acetone is a mucous membrane irritant that has been shown to induce damage on olfactory neuroepithelium in mice after inhalation (Buron, Hacquemand, Pourié, & Brand, 2009). It has been hypothesized that exposure to carbonyls may cause mouth and throat irritation, one of the most commonly reported side-effects of ECs (Bullen et al., 2010).

We previously evaluated 12 various brands of ECs and found that the generated vapors contained various carbonyls (Goniewicz et al., 2014). The limited literature to date described the presence of formaldehyde, acetaldehyde, acetone, acrolein, propanal, butanal, glyoxal, and methylglyoxal in EC vapors (Goniewicz et al., 2014; Laugesen, 2008; Schripp et al., 2013; Uchiyama, Inaba, & Kunugita, 2010). The studies reported that the levels of carbonyls in EC vapors are significantly lower than those found in tobacco smoke. However, these studies used early models of EC (also referred as “first generation”).

EC product categories have been evolving very rapidly and a “second generation” was recently introduced to the market. New products include “tank systems” that can be refilled by users with various e-liquids (Supplementary Figure 1). Some new EC models allow users to increase vaporization temperature by changing battery output voltage (Supplementary Figure 1). An EC generates vapor by heating an atomizing device normally containing a heater coil. To produce more heat, the device needs more power. Variable voltage EC are power control devices that allow the user to control the voltage that is applied to the atomizer. Variable voltage EC allows user to change the voltage of the device to increase the vapor production and nicotine delivery.

There is also a huge variety of e-liquids on the market, which are manufactured and distributed by various companies. The aim of the study was to evaluate the extent to which nicotine solvent and battery output voltage affect the levels of carbonyls in the vapors of these second generation products.

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MATERIALS AND METHODS

Electronic Cigarette

The most popular device available on the Polish market as on January 2013 was selected for the study. Because the Internet is currently the main distribution channel for EC, we searched google.pl web browser and tracked the number of EC sell offers on Allegro.pl, which is the most popular online auction service in Poland. Based on the number of search hits and sell offers, we chose and purchased the eGo-3 brand (Volish, Ltd, Poland). The device has controlled maximum time for single puff of 10 s. We chose a model composed of a Crystal 2 clearomizer (Supplementary Figure 1), with a heating element with resistance of 2.4 ohms, a 900 mAh battery with voltage of 3.4V, and a battery voltage stabilization system. All batteries were charged for 24hr before each test. Only fully charged batteries were used for liquid generation, and batteries were replaced when the devices indicated a decrease in charging level from 100%–50% (white diode color) to 50%–10% (light blue diode color).

In order to test the effect of battery output voltage on carbonyl levels delivered to vapor, we used eGo-3 Twist battery. This 900 mAh battery has a dial that allows for gradually changing its voltage from 3.2 to 4.8V with precision of $\pm 0.07V$ (Supplementary Figure 1).

Nicotine Solutions (E-liquids)

Ten kinds of commercially available e-liquids with nicotine concentration from 18 to 24mg/ml were used to fill up the clearomizer (tank). All products except one had the labels or inserts that provided information about source of manufacturing, name of distributor, and ingredients (A1–A10; Table 1). However, only half of the product labels showed the concentrations of solvents and flavorings. Based on the labeling information, we grouped the products into VG based (only VG; A1–A3), VG:PG based (both VG and PG mixed in various ratios; A4–A6), and PG based (only PG; A7–A10). We collected 1ml of each e-liquid and refilled 10 clearomizers of the same type 24hr before aerosol generation. Each clearomizer was used only for one e-liquid. We followed instructions in the user’s manual and stored the clearomizers at room temperature in a horizontal position to equally distribute the solution inside the clearomizer.

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Table 1.
Characteristics of Nicotine Refill Solutions

In addition to commercially available products, we prepared three sets of control e-liquids (C1–C3; [Table 1](#)). The control e-liquids were prepared by dissolving pure nicotine (>99%, Acros) in analytical-grade solvents and vortexing for 10min. The following control solutions were prepared: C1 with VG (88.2%), redistilled water (10.0%), and nicotine (1.8%); C2 with VG (44.1%), PG (44.1%), redistilled water (10.0%), and nicotine (1.8%); and C3 with PG (88.2%), redistilled water (10.0%), and nicotine (1.8%). None of the control e-liquid contained any flavorings or additives. These control e-liquids were used in experiments with adjustable battery voltage.

Generation of EC Vapors

Vapors from ECs were generated using the automatic smoking machine Palaczbot (University of Technology, Lodz, Poland) as described previously ([Goniewicz, Kuma, Gawron, Knysak, & Kosmider, 2013](#)). In the current study, all tests were performed with the following puffing conditions: puff duration 1.8 s, puff volume 70ml, and puff intervals 17 s as described previously ([Goniewicz et al., 2013](#)). A total of 30 puffs were taken from each EC in two series of 15 puffs with a 5-min interval between series. ECs were kept in a horizontal position in order to maintain natural conditions of puffing on EC. Because the device used in this study was manually activated, an operator of the smoking machine pressed the button manually 1 s before each puff was taken and released it immediately after the puff was completed. Vapors from each e-liquid were tested three times.

In experiments with adjustable battery voltage, vapors were generated using three different battery voltages: 3.2, 4.0, and 4.8V. Three tests were conducted for each of nine solvent:voltage combinations. We used new clearomizers of the same type per each voltage setting. Because we did not use the same battery for all tests, differences in carbonyl levels in vapors generated at 3.2V were compared with the levels in vapors generated at 4.8V using a *t* test. For statistical analysis, results below lower limits of quantitation (LLOQ; see below) were estimated as $LLOQ/\sqrt{2}$.

Analysis of Carbonyl Compounds

The method recommended by the U.S. Environment Protection Agency (EPA) was applied for determination of carbonyl compounds ([U.S. EPA, 2003](#)). Briefly, it involves direct extraction of these compounds from aerosol to solid phase, that is, silica gel saturated with 2,4-dinitrophenylhydrazine (DNPH). The silica sorbent tubes (300/150mg; SKC Inc.) were placed between EC mouthpieces and smoking machine to trap carbonyls from freshly generated vapors. The sorbent tubes were placed directly behind the EC mouthpiece to avoid potential losses of analyzed compounds. DNPH derivatives of carbonyl compounds were desorbed from sorbent tubes using 1ml of acetonitrile. Ten microliters of the extract was analyzed using high-performance liquid chromatography (HPLC) with Eclipse PAH chromatographic column (4.5×250mm, 5 μm, Zorbax, Agilent Technologies) and a diode array detector (DAD; 365nm wavelength) (AT 1200, Agilent Technologies, USA). An elution gradient with acetonitrile:water mobile phase was used, and chromatographic separation was performed at a constant temperature of 40°C. The method was calibrated and validated as per the International Conference on Harmonization guideline Q2 R1 ([International Conference on Harmonization, 2005](#)). All calibration and control samples were prepared by spiking the sorbent tubes with various amounts of stock solution of carbonyls and proceeding with whole analytical procedures. Blank samples were prepared by sampling air from the laboratory where all tests were performed. If any of the analyzed carbonyls were detected in blank samples, the background levels were subtracted from the levels detected in vapor samples. Precision and accuracy of the method varied from 4% to 12% and from 96% to 108%, respectively. In order to compare levels of carbonyls found in vapors with levels reported for tobacco smoke, results were recalculated per one series of 15 puffs from ECs. The LLOQ of the carbonyls were as follows: (ng/15 puffs): formaldehyde, 30; acetaldehyde, 15; acrolein, 30; acetone, 30; propionaldehyde, 20; crotonaldehyde, 40; butanal, 30; benzaldehyde, 40; isovaleric aldehyde, 20; valeric aldehyde, 20; o-methylbenzaldehyde, 35; and m-methylbenzaldehyde, 35.

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RESULTS

Levels of Carbonyl Compounds Released From Commercially Available Refill Solutions

[Table 2](#) shows amounts of each analyzed carbonyl compounds in 15 puffs of vapor from 10 commercially available e-liquids. The values presented in [Table 2](#) are means with *SD* from three tests performed at the same voltage of 3.4V. All samples contained at least one carbonyl compound. Formaldehyde, acetaldehyde, acetone, and butanal were found in most of the analyzed samples. However, not all commercially available e-liquids emitted all these four carbonyls. Crotonaldehyde was detected in only one sample (A10), whereas acrolein was not detected in any sample.

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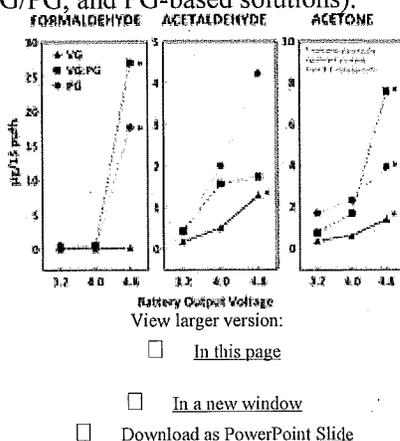
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Table 2.

Levels of Carbonyl Compounds in Vapors Generated From EC Refilled With Commercially Available (A1–A10) and Control (C1–C3) Nicotine Solutions (ng/15 puffs; mean \pm SD; $N=3$)

Effect of Solvent and Battery Output Voltage on Carbonyl Yields Released to Vapors

Figure 1 shows the effect of solvent and battery output voltage on amounts of formaldehyde, acetaldehyde, and acetone released to vapors with 15 puffs from EC refilled with three different control solutions (C1–C3). In general, PG-based e-liquids generated significantly higher levels of carbonyls than VG-based e-liquids ($p < 0.05$). Increased battery output voltage resulted in the higher levels of carbonyls in vapor. When low battery output voltage (3.2V) was used, the average amounts of formaldehyde released with 15 puffs from VG, VG/PG, and PG were (mean \pm SD) 0.02 ± 0.02 , 0.13 ± 0.11 , and 0.53 ± 0.19 μg , respectively. When battery output voltage was increased to 4.8V, the amounts of formaldehyde were 0.15 ± 0.06 ($p = .03$), 27.0 ± 7.9 ($p < .01$), and 17.6 ± 19.7 μg ($p = .21$), respectively. When low battery output voltage (3.2V) was used, the average amounts of acetaldehyde released with 15 puffs from VG, VG/PG, and PG were 0.17 ± 0.09 , 0.43 ± 0.50 , and 0.41 ± 0.28 μg , respectively. However, when the battery output voltage was increased to 4.8V, the amounts of acetaldehyde increased to 1.24 ± 0.12 ($p < .01$), 1.73 ± 1.21 ($p = .16$), and 4.23 ± 3.23 μg ($p = .11$), respectively. Levels of acetone also increased with increased battery output voltage (from 0.34 ± 0.09 , 0.73 ± 0.52 , 1.68 ± 0.30 to 1.43 ± 0.14 [$p < .01$], 7.59 ± 2.14 [$p = .01$], 3.94 ± 0.47 [$p < .01$] $\mu\text{g}/15$ puffs, respectively, for VG, VG/PG, and PG-based solutions).

**Figure 1.**

Effects of nicotine solvent and battery output voltage on levels of carbonyl compounds released from ECs ($\mu\text{g}/15$ puffs; $N=3$; puff duration 1.8 s, puff volume 70ml, puff intervals 17 s).

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DISCUSSION

We present novel findings on levels of carcinogenic and toxic carbonyl compounds in vapors from second generation of EC. Our findings show that vapors generated from various commercial and reference solutions expose EC users to toxic carbonyls, including the carcinogens formaldehyde and acetaldehyde. Our findings are consistent with previously published reports reporting presence of formaldehyde, acetaldehyde, acrolein, propanal, acetone, and butanal in EC vapors (Goniewicz et al., 2014; Laugesen, 2008; McAuley, Hopke, Zhao, & Babiak, 2012; Schripp et al., 2013). Our study found that the amounts of formaldehyde and acetaldehyde in vapors from lower voltage tank system ECs were on average 13- and 807-fold lower than in tobacco smoke, respectively. We previously reported that levels of these toxicants in vapors from the first generation of EC were 9- and 450-fold lower than in tobacco smoke, respectively (Goniewicz et al., 2014). Schripp et al. (2013) found that the levels were 7- and 59-fold lower compared with tobacco smoke. Our findings suggest only a slight reduction in toxicant emission from the second generation low-voltage EC compared with first generation ECs. Despite findings from chemical analysis, *in vitro* studies of the effects of EC vapor on cultured cells have shown that cell survival was not associated with the nicotine solvent (Farsalinos Romagna, Alliffranchini, et al., 2013). Therefore, clinical studies are needed in order to determine whether such levels of carbonyls may have the potential to cause disease to EC users. We also showed that levels of carbonyl compounds in EC vapors are strongly affected by product characteristics, like type of nicotine solvent and battery voltage. In general, the highest levels of carbonyls were observed in vapors generated from PG-based solutions. This finding suggests that PG in ECs is more susceptible to thermal decomposition than VG. The presence of carbonyls in flavor-free control solutions indicates that the primary sources of these toxicants are nicotine solvents. An interesting finding of our study is that no toxic carbonyls were detected in a single sample with reduced content of VG and PG. In this product (A6), the primary solvent was polyethylene glycol (PEG). It would suggest that PEG-based e-liquids might have reduced toxicity from decomposition products. Further research should explore this hypothesis.

The striking finding of our study is that levels of carbonyls rapidly increase with increased battery output voltage. Increasing battery output voltage leads to higher temperature of the heating element inside EC. In addition, the increased battery output voltage results in more e-liquid consumed per puff. Our findings show that increasing voltage from 3.2 to 4.8V resulted in 4 to over 200 times increase in formaldehyde, acetaldehyde, and acetone levels. The levels of formaldehyde in vapors from high-voltage devices were in the range of levels reported in tobacco smoke (1.6–52 µg/cigarette; [Counts, Morton, Laffoon, Cox, & Lipowicz, 2005](#)). This finding suggests that in certain conditions ECs might expose their users to the same or even higher levels of carcinogenic formaldehyde than tobacco smoke. This finding is essential for the product safety and in the light of forthcoming regulation of the devices.

We also noted some inconsistency in results related to acrolein presence in vapor with previously published findings. In our study, we did not find acrolein in any products. However, our previous research as well as research published by other authors suggest the presence of acrolein in EC vapor. However, in current study, we measured carbonyls only in two series of 15 puffs, whereas in previous report, we used much larger samples (150 puffs). Thus, this inconsistency might be attributed to differences in detection limits. The other explanation would be that generation of acrolein increases with the duration of EC use. Extensive puff-by-puff analysis would facilitate verification of this hypothesis.

The present study have some important limitations. We only looked at two factors that might affect toxicity of EC, namely nicotine solvent and battery output voltage. More research is needed to describe how other product characteristics affect toxicity of ECs. Future studies should examine the types of heating elements, flavorings and additives, and product storage conditions. Secondly, recent studies showed significant variations in puffing topography among users of various EC models ([Edmiston et al., 2014](#); [Farsalinos, Romagna, Tsiapras, Kyrzopoulos, & Voudris, 2013](#); [Vansickel et al., 2014](#)). Puffing topography may affect levels of carbonyls released from different ECs. There are some discrepancies between puffing regime used in our study and the results of clinical studies ([Farsalinos, Romagna, Tsiapras, et al., 2013](#)). Future studies should examine the effect of puffing on carbonyl levels released to EC vapors. The other limitation of this study is that we used the SKC sorbent tubes to trap carbonyl compounds. These tubes are meant to capture gas-phase, rather than particle-phase carbonyls. It is likely that at least some of the carbonyls (e.g., formaldehyde) are partitioned between the gas and particle phase in EC aerosol and may not have been trapped efficiently in the sorbent tubes. It is possible that what was measured actually represents a lower bound of what could have been emitted by the ECs.

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CONCLUSIONS

Vapors from ECs contain toxic and carcinogenic carbonyl compounds. Both solvent and battery output voltage significantly affect levels of carbonyl compounds in EC vapors. Levels of carbonyls rapidly increase with increased battery output voltage. New generation of high-voltage ECs may put their users in increased health risk from exposure to high levels of carbonyl compounds although the risk will still probably be much lower compared with smoking.

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SUPPLEMENTARY MATERIAL

Supplementary [Figure 1](#) can be found online at <http://www.ntr.oxfordjournals.org>

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DECLARATION OF INTERESTS

MLG received research funding from Pfizer, manufacturer of stop smoking medication. AS received research funds and travel expenses from Chic Group LTD, manufacturer of electronic cigarettes in Poland. Other authors declare no conflict of interest.

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Characterization of chemicals released to the environment by electronic cigarettes use (ClearStream-AIR project): is passive vaping a reality?³

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Abstract

Background Electronic cigarettes (e-CIG) have been marketed as a safer alternative habit to tobacco smoking. We have developed a group of research protocols to evaluate the effects of e-CIG on human health, called ClearStream. No studies have adequately evaluated the effects of e-CIG use on the release of chemicals to the environment. The purpose of this study was to identify and quantify the chemicals released on a closed environment from the use of e-CIG (ClearStream-AIR).

Methods A 60 m³ closed-room was used for the experiment. Two sessions were organized, the first using 5 smokers and the second using 5 users of e-CIG. Both sessions lasted 5h. Between sessions, the room was cleaned and ventilated for 65h. Smokers used cigarettes containing 0.6mg of nicotine while e-CIG users used commercially available liquid (FlavourArt) with nicotine concentration of 11mg/ml. We measured total organic carbon (TOC), toluene, xylene, carbon monoxide (CO), nitrogen oxides (NO_x), nicotine, acrolein, poly-aromatic hydrocarbons (PAHs) glycerin and propylene glycol levels on the air of the room.

Results During the smoking session, 19 cigarettes were smoked, administering 11.4mg of nicotine (according to cigarette pack information). During the e-CIG session, 1.6ml of liquid was consumed, administering 17.6mg of nicotine. During the smoking session we found: TOC= 6.66 mg/m³, toluene= 1.7 µg/m³, xylene= 0.2 µg/m³, CO= 11 mg/m³, nicotine= 34 µg/m³, acrolein= 20 µg/ml and PAH= 9.4 µg/m³. No glycerin, propylene glycol and NO_x were detected after the smoking session. During the e-CIG session we found: TOC= 0.73 mg/m³ and glycerin= 72 µg/m³. No toluene, xylene, CO, NO_x, nicotine, acrolein or PAHs were detected on room air during the e-CIG session.

Conclusions Passive vaping is expected from the use of e-CIG. However, the quality and quantity of chemicals released to the environment are by far less harmful for the human health compared to regular tobacco cigarettes. Evaporation instead of burning, absence of several harmful chemicals from the liquids and absence of sidestream smoking from the use of the e-CIG are probable reasons for the difference in results.

Introduzione

La rapida espansione, negli ultimi anni, del mercato della sigaretta elettronica, legata in parte alla possibilità di utilizzarla anche nei luoghi in cui è vietato fumare, ha fatto sorgere alcune perplessità sulla sua sicurezza in questi contesti. Ad oggi però queste perplessità si basano più su ragionamenti di tipo ipotetico che su valutazioni scientifiche. Scopo di questo esperimento, è quello di iniziare a comprendere e misurare qual è l'impatto del fumo elettronico sull'atmosfera di un ambiente chiuso, confrontandolo con il fumo tradizionale.

Protocollo

Per l'esperimento è stata predisposta una stanza, con un volume pari a circa 60 m³, all'interno della quale sono stati allestiti dei sistemi di campionamento dell'aria.

Al fine di garantire una maggiore sensibilità e per rimuovere la variabile legata al ricircolo d'aria, l'esperimento è stato condotto in un ambiente senza rinnovo d'aria esterna.

I parametri analizzati sono stati:

- CO
- NO_x
- Acroleina
- Idrocarburi Policiclici Aromatici (IPA)
- Carbonio Organico Totale (COT)
- Sostanze Organiche Volatili (SOV)
- Nicotina
- Glicerina
- Glicole Propilenico

Alcuni di questi parametri (CO, NO_x, COT) sono stati monitorati in continuo. Per tutti gli altri sono state impiegate delle fiale e delle membrane specifiche per catturare le varie famiglie di composti in esame in modo cumulativo.

Procedura

L'esperimento si è svolto in 2 sessioni, una per i fumatori ed una per i vaper¹, della durata di 5 h ciascuna ed ha coinvolto, per ogni sessione, 5 volontari.

¹Termine anglosassone gergale, utilizzato per indicare un utilizzatore abituale di sigaretta elettronica.

Introduction

The rapid expansion of the e-cigarette market in recent years, due in part to the fact that they can be used also in no smoking areas, has given rise to perplexities on their safety in these contexts. However, thus far, these perplexities are based more on hypothetical reasons rather than scientific evaluations. The aim of this experiment is to understand and to measure what kind of impact e-cigarettes use has on a closed environment atmosphere compared to traditional cigarette smoking.

Protocol

A 60 m³ volume room was used for the experiment. This room was fitted with air sampling systems.

In order to guarantee a higher sensitivity and remove air recirculation-dependant variables, the experiment was performed without renewal of indoor air.

The following parameters were analyzed:

- CO
- NO_x
- Acrolein
- Polycyclic Aromatic Hydrocarbons (PAHs).
- Total Organic Carbon (TOC)
- Volatile Organic Compounds (VOCs)
- Nicotine
- Glycerine
- Propylene Glycol

Some of these parameters (CO, NO_x, TOC) were monitored continuously. For all the other parameters, in order to capture the various types of compounds cumulatively, vials and specific membranes were used.

Procedures

The experiment was divided in two sessions: one for vapers¹ and one for smokers. Each session lasted 5 h and involved 5 volunteers.

Between the sessions the room was cleaned and ventilated for 65 h, in order to restore the original

¹English slang term indicating an electronic cigarette user.

Tra le due sessioni la stanza è stata pulita ed arieggiata per complessive 65h al fine di ripristinare le condizioni di neutralità iniziali.

neutral conditions.

Sessioni di Campionamento

Nel corso delle due prove, dopo aver allestito la stanza per il campionamento e rilevato i parametri di partenza, 5 volontari hanno fumato le loro sigarette o usato la loro personale sigaretta elettronica, a seconda della sessione in corso.

Ai volontari è stato spiegato che avrebbero potuto fumare/ svapare² nelle quantità e nei tempi più adatti alle loro personali esigenze, a condizione di svolgere questa attività sempre all'interno del locale predisposto per l'esperimento.

La permanenza nel locale è stata tassativamente limitata al tempo strettamente necessario a fumare/ svapare.

L'accesso e la permanenza nel locale sono stati consentiti ad un massimo di 3 volontari contemporaneamente.

La porta della stanza è rimasta chiusa se non per il tempo necessario ad entrare o ad uscire.

Tutti i volontari hanno firmato un consenso informato prima di prendere parte allo studio.

Per la sessione fumatori, si è provveduto ad annotare il numero di sigarette fumate, mentre per la sessione vaper è stato valutato il peso del liquido consumato, con una bilancia di precisione.

Volontari

I volontari fumatori avevano un'età media di circa 21 anni con una storia media di 6.5 anni di fumo ed un consumo medio giornaliero di circa 17 sigarette. Il contenuto di nicotina delle sigarette fumate era pari a 0.6mg per sigaretta. Nel corso della sessione di campionamento sono state fumate complessivamente 19 sigarette, che hanno dispensato ai fumatori circa 11.4mg di nicotina, basandosi su quanto riportato sul pacchetto.

I vaper hanno dichiarato di usare la sigaretta elettronica in maniera esclusiva da circa 3 mesi (min 1, max 6) con un consumo giornaliero di liquido³ pari a 1.5ml e un contenuto di nicotina medio di 11mg/ml. Tutti i volontari, hanno usato un liquido commerciale (Heaven Juice tradizionale) prodot-

²Termine gergale largamente usato, derivato dall'inglese to vape, ed impiegato per indicare l'azione di chi fuma una sigaretta elettronica.

³Tutti i liquidi per sigaretta elettronica utilizzati nell'esperimento erano del tipo Heaven Juice Tradizionale di FlavourArt, contenenti circa il 40% di glicerolo USP, circa il 50% di glicole propilenico USP, da 0.9% a 1.8% di nicotina USP, < 1% di componente aromatica, acqua depurata, secondo quanto ricavato dalla documentazione fornita del produttore.

Sampling Sessions

For the two tests, the room was initially prepared for the sampling and analyzed for baseline conditions. Then, 5 volunteers smoked their cigarettes or e-cigarettes, depending on the session.

Volunteers were allowed to smoke/ vape² as much as and whenever they wanted, provided that they used the room set for the experiment.

The time that volunteers spent in the room was strictly limited to smoking/ vaping.

Only a maximum of 3 volunteers were allowed in the room at the same time.

The door of the room was opened only to let volunteers in or out.

Informed consent was obtained by all subjects before participating to the study.

During the smokers' session, the number of smoked cigarettes was noted down. During the vapers' session, the weight of consumed liquid, was evaluated using a precision scale.

Volunteers

The mean age of smokers was about 21 years and they were smoking on average 17 cigarettes per day for 6.5 years. The nicotine content in the smoked cigarettes was 0.6mg per cigarette. During the sampling session, a total of 19 cigarettes were smoked which dispensed about 11.4mg of nicotine, according to the information on cigarette packs.

Vapers declared that they had been using e-cigarettes exclusively for about 3 months (min 1, max 6), with a liquid³ daily intake of 1.5ml, and an average nicotine content of 11mg/ml.

For e-cigarette users, a commercially available liquid (Heaven Juice traditional) produced by FlavourArt was used, and a commercial EGO Pulse device by Smokie's®.

During the sampling session, 1760mg of liquid were vaporized, which is equal to 1.6ml containing

²English term to vape indicating the act of e-smoking.

³Heaven Juice Traditional e-cigarette liquids by Flavour Art were used during the experiment. They contained about 40% of USP glycerol, 50% of USP propylene glycol, from 0.9% to 1.8% of USP nicotine, < 1% aromatic component, purified water, according to the information provided by the producer.

Composti Analizzati Analyzed compounds	Supporto di campionamento Sampling medium	Litri campionati (teorici) Sampled liters (theoretical)	Metodo Method
Nicotina Nicotine	Fiala XAD-2 XAD-2 vial	600	NIOSH 2544
Glicoli - Glicerina Glycols - Glycerine	Filtro in fibra di vetro + fiala XAD-7 Glass fiber filter + XAD-7 vial	600	NIOSH 5523
Idrocarburi Policiclici Aromatici (IPA) Polycyclic Aromatic Hydrocarbons (PAHs)	Filtro in fibra di vetro + fiala XAD-2 Glass fiber filter + XAD-2 vial	600	NIOSH 5515
Acroleina Acrolein	Fiala di Silica gel + DPNH Silica gel vial + DPNH	60	NIOSH 2018
SOV VOCs	Fiala di carbone attivo Activated carbon vial	60	UNI EN 13649

Tab. 1: Metodi utilizzati per il campionamento dei composti. / Methods used for substances sampling.

to da FlavourArt e un dispositivo EGO Pulse di about 17.6mg of nicotine.
Smokie'sSR .

Durante la sessione di campionamento, sono stati vaporizzati 1760 mg di liquido, pari a circa 1.6 ml e contenenti circa 17.6 mg di nicotina.

Materiali e Metodi

Per le metodiche di campionamento sono state adottate diverse procedure sia della normativa UNI che NIOSH, impiegando differenti fiale SKC specifiche per i diversi componenti da ricercare. Per alcune molecole sono state utilizzate anche delle membrane filtranti in fibra di vetro o in PTFE con porosità di 0.8 µm (Tab. 1).

Ogni fiala è stata collegata ad un campionatore aspirante portatile, calibrato e impostato per aspirare uno specifico volume, in funzione della durata dell'esperimento e delle specifiche della metodica in uso.

A questi sistemi di campionamento cumulativo, sono stati affiancati, un rilevatore di CO, CO₂, NO_x, e un rilevatore di COT a ionizzazione di fiamma FID.

A fine esperimento, le fiale e le membrane sono state sigillate e trasportate presso i laboratori ABICH S.r.l.⁴ per le analisi.

Risultati

Le analisi dei campioni hanno evidenziato numerose e sostanziali differenze tra fumo di sigaretta e fumo elettronico, sia in termini di impatto sulla qualità dell'aria, sia anche in termini di tossicità. (Tab. 2).

Per il campionamento sono state impiegate delle membrane in PTFE e siamo rimasti colpiti dal co-

Materials and Methods

Considering the sampling methodologies different procedures both from UNI and NIOSH have been used. Different SKC vials specific for the different components to search were used. For some molecules, also fiberglass or PTFE 0.8 µm porosity membrane filters were used (Tab. 1).

Each vial was linked with a portable suction sampler, calibrated and set to aspirate a specific volume, depending on the duration of the experiment and on the method details.

In addition to these cumulative sampling systems, a CO and CO₂ and NO_x detector and a FID flame ionization TOC detector were used.

At the end of the experiment, the vials and the membranes were sealed and taken to the ABICH S.r.l.⁴ labs for the analysis.

Results

The sampling analysis underlined many and fundamental differences between cigarette smoking and e-cigarette smoking, both in terms of impact on air quality and also on toxicity. (Tab. 2).

PTFE membranes have been used for the sampling. We were surprised by the colour of the mem-

⁴ABICH S.r.l., Verbania (VB), Italia

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Parametro Parameter	Volume Campionato* Sampled Volume* [L]	Concentrazione Media* Mean Concentration* [mg/m ³]	
		Sigaretta Tradizionale	Sigaretta Elettronica
		Traditional Cigarette	Electronic Cigarette
Nicotina / Nicotine	600	0.034	< 0.001**
Glicerina / Glycerine	600	< 0.001**	0.072
Glicolene Propilenico / Propylene Glycol	600	< 0.01**	< 0.01**
Acroleina / Acrolein	60	0.020	< 0.0016**

Tempo di campionamento: 300 minuti. / Sampling time: 300 minutes.

* dati relativi alle condizioni operative di riferimento (20°C e 0.101 MPa) riprodotte dall'attrezzatura / values refer to ideal working conditions (20°C and 0.101 MPa) simulated by the equipment

** inferiore alla soglia rilevabile dalla metodica / below the instrument sensitivity

Tab. 2: Sostanze rilevate. / Detected substances.

lore assunto dalle membrane alla fine delle sessioni. Questo, pur non costituendo un dato analitico di per sé, in qualche modo ci ha dato un'idea dei risultati che avremmo ottenuto (Fig. 3 e 4).

branes at the end of the sessions. Even if this does not constitute analytic data as such, it has given us an idea of the results that we could expect (Fig. 3 and 4).



Fig. 3: Membrana in PTFE al termine della sessione di fumo tradizionale. / PTFE membrane at the end of the cigarette smoking session.



Fig. 4: Membrana in PTFE al termine della sessione di fumo elettronico. / PTFE membrane at the end of the e-cigarette session.

CO (Monossido di Carbonio) [12] Il monossido di carbonio non ha mostrato alcuna variazione con il fumo elettronico, rimanendo al di sotto dei limiti di rilevanza dello strumento, mentre il fumo di sigaretta ha prodotto un costante incremento della sua concentrazione durante tutta la durata del campionamento, raggiungendo un picco di 11 mg/m³, valore questo, al di sopra della soglia di legge (10 mg/m³)⁵ (Fig. 5).

Il monossido di carbonio è un gas tossico con una elevata affinità per l'emoglobina, compromettendo

CO (Carbon Monoxide) [12] The levels of carbon monoxide did not show any variation during e-cigarette smoking, remaining below the detection limits of the tool. On the contrary cigarette smoking produced a steady elevation in CO throughout the sampling period. It reached a peak of 11 mg/m³, which is above the legal threshold (10 mg/m³)⁵ (Fig. 5).

Carbon monoxide is a toxic gas with a high affinity for haemoglobin, compromising its ability to transport oxygen. Smokers, continue to exhale out high levels of CO several hours after smoking their

⁵Decreto Legislativo 13 agosto 2010, n. 155. Attuazione della direttiva 2008/50/CE relativa alla qualità dell'aria ambiente e per un'aria più pulita in Europa.

⁵Legislative decree 13th August 2010, n.155. Application of the directive 2008/50/CE concerning the quality air in the environment for a clearer air in Europe.

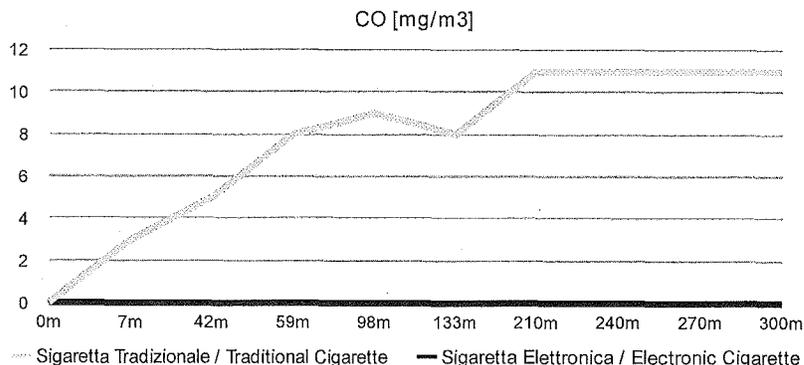


Fig. 5: Concentrazione di CO durante l'esperimento. / CO concentration during the experiment.

la sua capacità di trasportare ossigeno. Un fumatore continua ad emettere elevati livelli di monossido di carbonio, anche molte ore dopo aver fumato l'ultima sigaretta [5].

last cigarette, even if the last cigarette was put out many hours before [5].

Nicotina Tra gli aspetti più interessanti, abbiamo osservato che la nicotina, pur presente nei liquidi utilizzati per l'esperimento, non è stata rilevata durante la sessione relativa al fumo elettronico. Per contro sono stati dosati $34 \mu\text{g}/\text{m}^3$ di nicotina, con il fumo tradizionale. Va precisato che, stando a quanto riportato sui pacchetti, la quota di nicotina inalata dai fumatori, ammonta complessivamente a circa 11.4mg, mentre i vaper hanno inalato nicotina per un totale di 17.6mg. Tuttavia la quota di nicotina indicata sul pacchetto tiene conto solo della quota inalata, senza fornire alcuna informazione relativa a quella effettivamente presente nella sigaretta e liberata nell'aria durante la sua combustione.

Nicotine Among all, the most interesting aspects we observed was that nicotine was not detected in air during the e-smoking session, although liquids used for experiments contained it. On the other hand, $34 \mu\text{g}/\text{m}^3$ of nicotine were found during the smoking session. It should be made clear that, according to the information on packs, the amount of nicotine inhaled by smokers was about 11.4mg, while the amount of nicotine inhaled by vapers was about 17.6mg. However the amount of nicotine reported on packs is the inhaled amount. This information does not give details about the real amount of nicotine inside the cigarettes and released in the air during combustion and from side stream smoke.

Basandosi sui risultati osservati è possibile dedurre che il fumo di sigaretta produce una contaminazione da nicotina nell'aria, almeno 35 volte superiore a quella del fumo elettronico, il che equivale a dire che servono almeno 35 vaper per produrre un livello di nicotina equivalente a quello prodotto da un singolo fumatore.

Based on the observed results, we can conclude that cigarette smoking produces nicotine contamination in the air at least 35 times higher than e-smoking. This means that we need at least 35 vapers to produce nicotine level in air similar to the level produced by a single smoker.

Se inoltre avessimo bilanciato le prove, chiedendo ai fumatori, di consumare sigarette, in quantità tali da eguagliare il consumo di nicotina dei vaper, questi avrebbero dovuto fumare circa 29 sigarette, producendo una concentrazione di nicotina stimata in circa $52 \mu\text{g}/\text{m}^3$.

Moreover if we had balanced the tests, asking cigarette smokers to consume the amount of cigarettes necessary to match the amount of nicotine used by vapers, the latter should have smoked about 29 cigarettes, producing an expected nicotine concentration of about $52 \mu\text{g}/\text{m}^3$.

Argomentare sulle ragioni di questi risultati è estremamente difficile, si potrebbe ipotizzare che esista per i vaper una differente cinetica di assorbimento della nicotina, o più semplicemente che le quantità in gioco siano estremamente contenute se paragonate a quelle effettivamente liberate dal fumo tradizionale. Ma al di là di queste ipotesi, tutte da verificare, il risultato in sé rimane un fatto: 5 vaper che utilizzano la sigaretta elettronica, per 5h, in una

It's extremely difficult to discuss about the reasons for these results. We could suppose that there is a different absorption kinetics for nicotine. Or maybe the amount in play is extremely low, when compared to the nicotine amount released during traditional smoking. However beyond all these hypotheses, which have not been verified, there is one fact: 5 vapers using e-cigarettes for 5h in a small room without renewal of indoor air do not produce detectable levels of nicotine in the air.

Parametro Parameter	Volume Campionato* Sampled Volume* [L]	Concentrazione Media* Mean Concentration* [$\mu\text{g}/\text{m}^3$]	
		Sigaretta Tradizionale Traditional Cigarette	Sigaretta Elettronica Electronic Cigarette
Metiletilchetone / Methyl ethyl ketone	60	4.2	4.4
1-etil-3-metil benzene / 1-ethyl-3-methylbenzene	60	0.2	3.4
Limonene / Limonene	60	12.5	0.1
Decano / Decane	60	0.4	4.2
Undecano / Undecane	60	4.2	0.7
Dodecano / Dodecane	60	3.7	0.3
Cedrene / Cedrene	60	0.3	0.9
Longifolene / Longifolene	60	18.3	30.3
Toluene / Toluene	60	1.7	-
O,m,p - Xilene / o,m,p - Xylene	60	0.2	-
1-etil-2-metil benzene / 1-ethyl-2-methylbenzene	60	4.9	-
1,2,4-trimetil benzene / 1,2,4-Trimethylbenzene	60	0.3	-
Mentene / Menthene	60	0.5	-
BHT (Butilidrossitoluene / Butylhydroxytoluene)	60	-	0.4
Terpene / Terpene (u.s.)	60	-	2.3
Longiciclene / Longicyclene	60	-	2.2
* HVVÄSULÖN HY VVÖSSUL	60	-	1.0
n.i. totali / total u.s.	60	14.7	12.6

URPZVZHUHUVUPLUFAJH R.000 ZON URKLUFAH SZA I ZHUJL

Tempo di campionamento: 300 minuti. / Sampling time: 300 minutes.

* dati relativi alle condizioni operative di riferimento (20°C e 0.101 MPa) riprodotte dall'attrezzatura / values refer to ideal working conditions (20°C and 0.101 MPa) simulated by the equipment

** inferiore alla soglia rilevabile dalla metodica / below the instrument sensitivity

Tab. 6: Sostanze Organiche Volatili. / Volatile Organic Compounds.

stanza di piccole dimensioni e senza rinnovo d'aria, non producono livelli rilevabili di nicotina nell'aria.

Glicole Propilenico Altro parametro inatteso è il glicole propilenico, che non è stato rilevato durante la prova con il fumo elettronico, pur costituendo il 50% del liquido³.

Questo curioso fenomeno è stato osservato anche in un altro studio simile [11]. Anche questo studio non ha rilevato nicotina nel vapore passivo di una stanza sperimentale (significativamente più piccola della stanza da noi utilizzata). Alcuni esperimenti suggeriscono che l'assorbimento del glicole propilenico per via inalatoria sia estremamente rapido [17] e questo potrebbe spiegare perché questa molecola pur così abbondante non è stata rilevata.

Glicerina e Acroleina Non è stata rilevata glicerina relativamente al fumo di sigaretta, mentre ne è stata rilevata una traccia con il fumo elettronico, pari a 72 μg , valore molto al di sotto della soglia di

Propylene Glycol Results on propylene glycol were also unexpected. During e-smoking tests, propylene glycol was not detected, although 50% of liquid³ consisted of propylene glycol.

This curious phenomenon has also been observed in a similar study [11]. Even in that case, nicotine was not detected in an experimental room of the passive vaping (which was significantly smaller than the room we used). Some studies suggest that propylene glycol absorption via inhalation is extremely rapid [17]. This could explain why this molecule has not been detected even though it was present in significant amounts in the liquid used.

Glycerine and Acrolein No glycerine was detected in air during cigarette smoking. On the other hand, 72 $\mu\text{g}/\text{m}^3$ were detected during e-smoking. This amount is much lower than the threshold safety

Parametro Parameter	Volume Campionato* Sampled Volume* [L]	Concentrazione Media* Mean Concentration* [$\mu\text{g}/\text{m}^3$]	
		Sigaretta Tradizionale Traditional Cigarette	Sigaretta Elettronica Electronic Cigarette
Naftalene / Naphthalene	600	2.78	< 0.02**
Acenaftilene / Acenaphthylene	600	< 0.02**	< 0.02**
Acenaftene / Acenaphthene	600	0.19	< 0.03**
Fluorene / Fluorene	600	0.47	< 0.06**
Fenantrene / Phenanthrene	600	0.37	< 0.08**
Antracene / Anthracene	600	< 0.04**	< 0.04**
Fluorantene / Fluoranthene	600	0.13	< 0.02**
Pirene / Pyrene	600	< 0.01**	< 0.01**
Benzo(a)antracene / Benzo(a)anthracene	600	< 0.16**	< 0.16**
Crisene / Chrysene	600	5.46	< 0.14**
Benzo(a)pirene / Benzo(a)pyrene	600	< 0.33**	< 0.33**
Indeno(1,2,3-cd)pirene / Indeno(1,2,3-cd)pyrene	600	< 0.74**	< 0.74**
Dibenzo(a,h)antracene / Dibenzo(a,h)anthracene	600	< 0.62**	< 0.62**
Indeno(1,2,3-cd)pirene / Indeno(1,2,3-cd)pyrene	600	< 1.47**	< 1.47**
Dibenzo(a,h)antracene / Dibenzo(a,h)anthracene	600	< 1.47**	< 1.47**
Benzo(ghi)perilene / Benzo(g,h,i)perylene	600	< 1.60**	< 1.60**

Tempo di campionamento: 300 minuti. / Sampling time: 300 minutes.

* dati relativi alle condizioni operative di riferimento (20°C e 0.101 MPa) riprodotte dall'attrezzatura / values refer to ideal working conditions (20°C and 0.101 MPa) simulated by the equipment

** inferiore alla soglia rilevabile dalla metodica / below the instrument sensitivity

Tab. 7: Idrocarburi Policiclici Aromatici. / Polycyclic Aromatic Hydrocarbons.

azione (TWA-TLV $10\text{ mg}/\text{m}^3$) e ben al di sotto della soglia definita di rischio moderato o irrilevante [4].

Tuttavia, bisogna rilevare che l'acroleina, molecola che si forma dalla disidratazione ad elevate temperature della glicerina, era presente e ben rilevabile nell'aria della stanza, durante la prova dei fumatori ($20\text{ }\mu\text{g}/\text{m}^3$).

È noto infatti che la glicerina viene spesso aggiunta ai tabacchi come umettante e durante la combustione si trasforma in acroleina [3]. L'assenza di processi di combustione nel fumo elettronico, è di fondamentale importanza per comprendere come mai l'acroleina non sia stata rilevata nell'aria durante la prova.

L'acroleina è una sostanza notoriamente molto tossica e irritante, inoltre è attualmente sospetta per avere un ruolo nei processi di cancerogenesi [1].

SOV Dall'analisi delle sostanze organiche volatili, sono state evidenziate fondamentalmente componenti aromatiche, in particolare il longifolene, tipico dell'aroma di pino, era presente in entrambe le prove. È probabile che questo composto facesse parte dei prodotti detergenti o deodoranti impiegati per pulire la stanza prima dell'esperimento. In merito

limit (TWA-TLV $10\text{ mg}/\text{m}^3$) and much lower than the threshold for moderate risk [4].

However, it's important to note that acrolein, a molecule formed by dehydration of glycerine due to high temperatures, was present in the air of the room during cigarette smoking test ($20\text{ }\mu\text{g}/\text{m}^3$).

In fact, it is well known that glycerine is often added to moisten tobacco. During combustion glycerine is transformed into acrolein [3]. The fact that no combustion is involved when using e-cigarettes probably plays a fundamental role in the absence of acrolein from indoor air during their use.

As everyone knows, acrolein is a very toxic and irritating substance. Moreover it is currently suspected of having a fundamental role in the carcinogenic process [1].

VOCs During the analysis of volatile organic compounds, aromatic components were detected, in particular longifolen, typical of pine aroma, in both tests. One of the detergents used to clean the room before the test could have contained this compound. Regarding cigarette smoking, xylene and toluene were detected. These are two very common toxic

al fumo di sigaretta, si rilevano comunque tracce di xilene e toluene, due composti tossici, normalmente presenti nel fumo di sigaretta. Il limonene, terpene dell'olio essenziale di limone, è stato rilevato solo durante la prova con il fumo tradizionale ed in effetti questa molecola è stata riscontrata anche da altri studi come componente del fumo di sigaretta [11] (Tab. 6).

IPA Tra i composti più rilevanti, in termini di tossicità cronica del fumo di tabacco, ci sono certamente gli idrocarburi policiclici aromatici. Questi composti, prodotti durante il processo di combustione, sono noti per gli effetti cancerogeni e mutageni.

La prova ha identificato 6 dei 16 IPA ricercati, durante la sessione con il fumo tradizionale, mentre non è stato rilevato nulla con il fumo elettronico (Tab. 7).

COT [15] L'analisi del carbonio organico totale, non ci dà informazioni specifiche sulla tossicità. È un modo per valutare globalmente la quantità di materia organica immessa nell'aria, senza distinguere tra sostanze tossiche e non tossiche. Tuttavia questo parametro ci fornisce una visione globale del grado di contaminazione dell'aria, durante tutta la durata dell'esperimento.

Nel grafico è possibile osservare l'andamento dei livelli di COT nell'aria durante le 5h di campionamento.

Dal grafico è stato sottratto il valore di fondo presente all'inizio del campionamento (1 mg/m^3).

Due aspetti sono interessanti a mio parere. In primo luogo i livelli massimi con il fumo di sigaretta sono oltre 9 volte più alti che con il fumo elettronico, in secondo luogo, il fumo impiega appena 11 minuti, a raggiungere il valore massimo raggiunto dalla sigaretta elettronica (0.73 mg/m^3), nel tempo di 5h (Fig. 8).

Conclusioni

L'esperimento su descritto ha evidenziato, limitatamente ai parametri osservati, che il fumo elettronico non comporta l'immissione nell'aria di un ambiente chiuso, di sostanze tossiche o cancerogene in quantità rilevabili. Ulteriori studi sono necessari, per approfondire e meglio definire tutti gli aspetti coinvolti, ma questa valutazione preliminare suggerisce che l'impatto del fumo elettronico passivo, se confrontato con quello del fumo di sigaretta, è talmente ridotto da essere appena rilevabile e non presenta le caratteristiche di tossicità e di cancerogenicità rilevate nel fumo di sigaretta. L'assenza di combustione e la mancanza di fumo secondario (sidestream smoke), noto per i suoi effetti tossici [2, 6], sono probabilmente

compounds in cigarette smoking. Limonene which is an oil lemon terpene, was detected only during the traditional smoking test. In fact this molecule was found as a component in cigarette smoke even in other studies [11] (Tab. 6).

PAHs Polycyclic aromatic hydrocarbons are, without doubt, among the most important compounds in terms of chronic toxicity caused by tobacco smoking. These substances, which are produced during the combustion process, are well known for their carcinogenic and mutagenic effects.

During the traditional cigarette smoking session, 6 out of 16 PAHs were identified. Nothing was identified during the e-cigarette session (Tab. 7).

TOC [15] The total organic carbon analysis does not give us specific information about toxicity. It is a measure of the overall amount of organic matter released in the air. There is no distinction between toxic and non-toxic substances. However this parameter gives us a global view of the degree of contamination of air, throughout the whole experiment.

The chart shows the TOC level trends in the air during the 5h sampling.

The chart does not contain the original value of air at the beginning of the sample (1 mg/m^3).

In my opinion there are two interesting aspects which should be underlined. Firstly, the maximum levels during cigarette smoking sessions are 9 times higher than the e-smoking session. Secondly, cigarette smoking takes just 11 minutes to reach a value similar to the maximum value measured for the e-cigarette (0.73 mg/m^3), in 5h (Fig. 8).

Conclusions

The above experiment, within the limits of the observed parameters, has underlined that e-smoking does not produce detectable amounts of toxic and carcinogenic substances in the air of an enclosed space. Further studies are needed to better understand all the involved aspects. However this preliminary assessment indicates that passive vaping impact, when compared to the traditional cigarette smoking, is so low that it is just detectable, and it does not have the toxic and carcinogenic characteristics of cigarette smoking. The absence of combustion and the lack of sidestream smoking, with its known toxic effects [2, 6] are probably the main reasons for the differences observed in air pollution characteristics

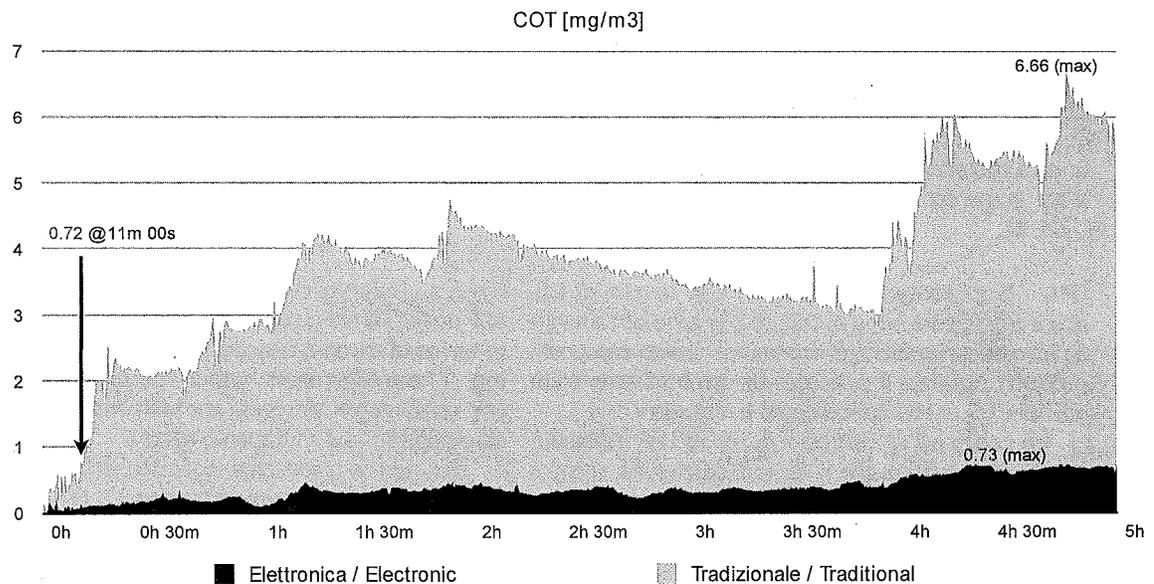


Fig. 8: Carbonio Organico Totale. / Total Organic Carbon.

te alla base delle differenze osservate, in termini di inquinamento dell'aria, tra fumo di tabacco e fumo elettronico.

Come considerazione finale, basandosi sui risultati ottenuti e sui dati dell'ARPA in materia di inquinamento urbano, potrebbe essere meno salutare, respirare l'aria di una grande città nell'ora di punta, piuttosto che sostare in una stanza con qualcuno che usa una sigaretta elettronica.

between e-cigarettes and tobacco smoking.

On the base of the obtained results and on ARPA data about urban pollution, we can conclude by saying that could be more unhealthy to breath air in big cities compared to staying in the same room with someone who is vaping.

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Comparison of the effects of e-cigarette vapor and cigarette smoke on indoor air quality.

McAuley TR¹, Hopke PK, Zhao J, Babaian S.

Author information

Abstract

CONTEXT: Electronic cigarettes (e-cigarettes) have earned considerable attention recently as an alternative to smoking tobacco, but uncertainties about their impact on health and indoor air quality have resulted in proposals for bans on indoor e-cigarette use.

OBJECTIVE: To assess potential health impacts relating to the use of e-cigarettes, a series of studies were conducted using e-cigarettes and standard tobacco cigarettes.

METHODS AND MATERIALS: Four different high nicotine e-liquids were vaporized in two sets of experiments by generic 2-piece e-cigarettes to collect emissions and assess indoor air concentrations of common tobacco smoke by products. Tobacco cigarette smoke tests were conducted for comparison.

RESULTS: Comparisons of pollutant concentrations were made between e-cigarette vapor and tobacco smoke samples. Pollutants included VOCs, carbonyls, PAHs, nicotine, TSNAs, and glycols. From these results, risk analyses were conducted based on dilution into a 40 m³ room and standard toxicological data. Non-cancer risk analysis revealed "No Significant Risk" of harm to human health for vapor samples from e-liquids (A-D). In contrast, for tobacco smoke most findings markedly exceeded risk limits indicating a condition of "Significant Risk" of harm to human health. With regard to cancer risk analysis, no vapor sample from e-liquids A-D exceeded the risk limit for either children or adults. The tobacco smoke sample approached the risk limits for adult exposure.

CONCLUSIONS: For all byproducts measured, electronic cigarettes produce very small exposures relative to tobacco cigarettes. The study indicates no apparent risk to human health from e-cigarette emissions based on the compounds analyzed.

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E-cigarettes: harmless inhaled or exhaled No second hand smoke

CHEMICALS IN SMOKE and E-cigarette MIST		
Leading chemicals only	Cigarette SMOKE	E-cigarette MIST
Nicotine per puff	YES 0.1 mg/ puff	YES 0.01 mg/ puff
Propylene glycol	NO 0 mg/ puff	YES 0.7 mg/ puff
Carbon monoxide	YES	NONE
Acrolein	YES	NONE
Hydrogen cyanide	YES	NONE
CARCINOGENS	1,3-Butadiene and 20+ others:	Trace amounts of a few only:
Acetaldehyde	YES	TRACE
Acrylonitrile	YES	NONE
Arsenic	YES	NONE
Benzaldehyde	YES	NONE
Benzene	YES	NONE
Cadmium	YES	NONE
NNN, NNK (nitrosamines)	YES	TRACE

Second hand cigarette smoke is a mixture of mainstream and sidestream smoke. It contains the same toxicants as mainstream smoke, but at reduced levels. It is responsible for about 8% of the deaths caused by direct smoking.

Second hand mist from an e-cigarette is not smoke at all, and does not contain any substance known to cause death, short or long term, in the quantities found. It becomes invisible within a few seconds, and is not detectable by smell.

Exhaled breath after e-cigarette use has been tested for CO only. No increase in CO was found.

The e-cigarette does not create side-stream smoke. Exhaled breath after e-smoking contains even less nicotine per puff, as much of the nicotine inhaled is absorbed. Similarly, propylene glycol is largely absorbed and little is exhaled.

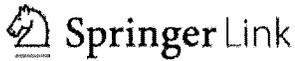
No harm found in e-cigarette mist

Nicotine is not harmful in the quantities mentioned.¹

Propylene glycol is harmless – it is used in making theatrical fog and as an ingredient in soaps, personal lubricants and intravenous medicines.

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Some smokers need satisfying replacement products to help them quit smoking



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E-Cigarette Versus Nicotine Inhaler: Comparing the Perceptions and Experiences of Inhaled Nicotine Devices

ABSTRACT

BACKGROUND

Novel nicotine delivery products, such as electronic cigarettes (e-cigarettes), have dramatically grown in popularity despite limited data on safety and benefit. In contrast, the similar U.S. Food and Drug Administration (FDA)-approved nicotine inhaler is rarely utilized by smokers. Understanding this paradox could be helpful to determine the potential for e-cigarettes as an alternative to tobacco smoking.

OBJECTIVE

To compare the e-cigarette with the nicotine inhaler in terms of perceived benefits, harms, appeal, and role in assisting with smoking cessation.

DESIGN

A cross-over trial was conducted from 2012 to 2013

PARTICIPANTS/INTERVENTIONS

Forty-one current smokers age 18 and older used the e-cigarette and nicotine inhaler each for 3 days, in random order, with a washout period in between. Thirty-eight participants provided data on product use, perceptions, and experiences.

MAIN MEASURES

The Modified Cigarette Evaluation Questionnaire (mCEQ) measured satisfaction, reward, and aversion. Subjects were also asked about each product's helpfulness, similarity to cigarettes, acceptability, image, and effectiveness in quitting smoking. Cigarette use was also recorded during the product-use periods.

KEY RESULTS

The e-cigarette had a higher total satisfaction score (13.9 vs. 6.8 [$p < 0.001$]; range for responses 3–21) and higher reward score (15.8 vs. 8.7 [$p < 0.001$]; range for responses 5–35) than the inhaler. The e-cigarette received higher ratings for helpfulness, acceptability, and “coolness.” More subjects would use the e-cigarette to make a quit attempt (76 %) than the inhaler (24 %) ($p < 0.001$). Eighteen percent (7/38) of subjects abstained from smoking during the 3-day periods using the e-cigarette vs. 10 % (4/38) using the inhaler ($p = 0.18$).

CONCLUSION

The e-cigarette was more acceptable, provided more satisfaction, and had higher perceived benefit than the inhaler during this trial. E-cigarettes have the potential to be important nicotine delivery products owing to their high acceptance and perceived benefit, but more data are needed to evaluate their actual efficacy and safety. Providers should be aware of these issues, as patients will increasingly inquire about them.



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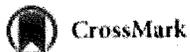
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- Electronics
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- Telecommunications
- Consumer Packaged Goods

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**EU Classification of nicotine mixtures
under CLP Regulation 1272/2008
(as amended and corrected)**

Bibra Proposal

30 June 2014

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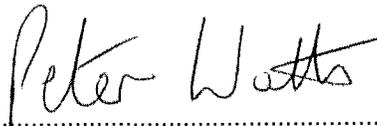
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EU classification of nicotine mixtures under CLP Regulation 1272/2008 (as amended and corrected)

Bibra Proposal

INTRODUCTION

Bibra was asked for independent advice on the appropriate EU classification of mixtures containing nicotine, for acute toxicity by the oral and dermal exposure routes. The client asked that the classification be carried out according to current EU legislation as laid down in EU Regulation 1272/2008, as amended. In particular, the client asked about the concentration-related category transitions for nicotine mixtures (where the other components were not acutely toxic).

KEY LEGISLATIVE REFERENCES

The overarching EU regulation for classification of substances and mixtures is EU Regulation 1272/2008¹. Tables 3.1 and 3.2 of Annex VI of 1272/2008 set out the official EU classifications for numerous substances. This Regulation has been amended by five Adaptations to Technical Progress (Regulations EC 790/2009², EU 286/2011³, EU 618/2012⁴, EU 487/2013⁵ and EU 944/2013⁶). A correction to Annex VI has also been published (Regulation EU 758/2013⁷). A consolidated version available on the ECHA website⁸ takes into account 790/2009 and 286/2011, but not the third, fourth and fifth adaptations, or 758/2013.

¹ Regulation 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures, amending and repealing Directives 67/548/EEC and 1999/45/EC, and amending Regulation 1907/2006. Official Journal of the European Union L353, 1-1355 <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:353:0001:1355:en:PDF>.

² Commission Regulation (EC) 790/2009 of 10 August 2009 amending, for the purposes of its adaptation to technical and scientific progress, Regulation (EC) No 1272/2008 of the European Parliament and of the Council on classification, labelling and packaging of substances and mixtures <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2009:235:0001:0439:en:PDF>

³ Commission Regulation (EU) No 286/2011 of 10 March 2011 amending, for the purposes of its adaptation to technical and scientific progress, Regulation (EC) No 1272/2008 of the European Parliament and of the Council on classification, labelling and packaging of substances and mixtures (Text with EEA relevance). <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:083:0001:0053:en:PDF>

⁴ Commission Regulation (EU) No 618/2012 of 10 July 2012 amending, for the purposes of its adaptation to technical and scientific progress, Regulation (EC) No 1272/2008 of the European Parliament and of the Council on classification, labelling and packaging of substances and mixtures (Text with EEA relevance). <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:179:0003:0010:en:PDF>

⁵ Commission Regulation (EU) No 487/2013 of 8 May 2013 amending, for the purposes of its adaptation to technical and scientific progress, Regulation (EC) No 1272/2008 of the European Parliament and of the Council on classification, labelling and packaging of substances and mixtures (Text with EEA relevance). <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:149:0001:0059:en:PDF>

⁶ Commission Regulation (EU) No 944/2013 of 2 October 2013 amending, for the purposes of its adaptation to technical and scientific progress, Regulation (EC) No 1272/2008 of the European Parliament and of the Council on classification, labelling and packaging of substances and mixtures (Text with EEA relevance). <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:261:0005:0022:en:PDF#>

⁷ Commission Regulation (EU) No 758/2013 of 7 August 2013 correcting Annex VI to Regulation (EC) No 1272/2008 of the European Parliament and of the Council on classification, labelling and packaging of substances and mixtures (Text with EEA relevance). <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:216:0001:0058:en:PDF>

⁸ Consolidated version: Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures, amending and repealing Directives 67/548/EEC and 1999/45/EC, and amending Regulation (EC) No 1907/2006 (Text with EEA relevance) as amended by Regulations EC 790/2009 and EU 286/2011. <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2008R1272:20110419:en:PDF>

HARMONISED ACUTE TOXICITY CLASSIFICATION OF NICOTINE (SUBSTANCE)

Acute oral toxicity

EU experts on classification have reviewed the acute oral toxicity data on nicotine. Although the specific data that were reviewed are unknown to bibra, the experts agreed a classification as: Toxic if swallowed (T; R25). This implies a rat acute oral LD₅₀ of between 25 and 200 mg/kg bw.

Under 1272/2008, this 67/548/EEC classification has been translated to its modern equivalent, which is: Toxic if swallowed. Acute Toxicity Category 3 (H301). This classification implies a rat acute oral LD₅₀ value of between 50 and 300 mg/kg bw (i.e. slightly modified from 67/548/EEC criteria). Generically, this Category is assigned a "converted acute toxicity point estimate" (ATE) of 100 mg/kg bw (for use in the calculation of the ATE for classification of a mixture based on its components).

Acute dermal toxicity

EU experts on classification have reviewed the acute dermal toxicity data on nicotine. Although the specific data that were reviewed are unknown to bibra, the experts agreed a classification as: Very toxic in contact with skin (T+; R27). This implies a rat or rabbit acute dermal LD₅₀ of <50 mg/kg bw (24-hr contact time).

Under 1272/2008, this 67/548/EEC classification has been translated to its modern equivalent, which is: Fatal in contact with skin. Acute Toxicity Category 1 (H310). This classification implies a rat acute dermal LD₅₀ value of 0-50 mg/kg bw (i.e. unchanged from 67/548/EEC criteria). Generically, this Category is assigned a "converted acute toxicity point estimate" (ATE) of 0.5 mg/kg bw (for used in the calculation of the ATE for classification of a mixture based on its components).

ACUTE ORAL AND DERMAL TOXICITY VALUES FOR NICOTINE

Summary of acute oral lethal values

In classification for acute toxicity, laboratory animal data (notably rat LD₅₀s) are generally critical. For nicotine, reported rat oral LD₅₀ values range from 50-188 mg/kg bw, with most between 50-83 mg/kg bw (DECOS, 2004; Gaines, 1960; Lazutka et al. 1969; Sine, 1993; Trochimowicz et al. 1994; Vernot et al. 1977; Yam et al. 1991). Mice may be slightly more sensitive, with most reported values lying between 16-60 mg/kg bw (DECOS, 2004; Trochimowicz et al. 1994; Vernot et al. 1977). A lower LD₅₀ value (3.3 mg/kg bw) was reported in an early Eastern European study (Lazutka et al. 1969) of uncertain reliability.

[Reviews have reported estimated mean lethal acute oral doses in children and adults of about 10 mg (about 0.5 mg/kg bw) and about 30-60 mg (about 0.4-0.9 mg/kg bw), respectively (Arena, 1974; Gosselin, 1988; Lazutka et al. 1969). However, the scientific validity of these figures is unclear, and they do not seem to have played any role in the nicotine-classification deliberations of the EU expert group on harmonised classification.]

Summary of acute dermal lethal values

In rats, acute dermal LD₅₀ values of 140-285 mg/kg bw have been reported (Gaines, 1960; Trochimowicz et al. 1994), with rabbits (LD₅₀ 50 mg/kg bw) seemingly more sensitive (Trochimowicz

et al. 1994). In cats, doses of about 66-100 mg/kg bw caused clinical toxicity (vomiting, CNS effects and deaths (Travell, 1960).

Tabulated acute oral lethal studies

Species, Sex, Number	Brief study description (if available)	LD50	Reference
Mouse, strain, sex and number not specified	LD50 study using nicotine base	3.3 mg/kg bw	Lazutka et al. 1969
Mouse, CF-1, male, number not specified	LD50 study using nicotine sulphate	16 mg/kg bw	Vernot et al. 1977
Mouse, strain, sex and number not specified	LD50 study	24 mg/kg bw	DECOS, 2004 (cited as Ray91); Trochimowicz et al. 1994
Mouse, strain, sex and number not specified	LD50 study	50-60 mg/kg bw	Trochimowicz et al. 1994
Rat, strain, sex and number not specified	LD50 study	50 mg/kg bw	Sne, 1993
Rat, strain, sex and number not specified	LD50 study	50-60 mg/kg bw	Trochimowicz et al. 1994
Rat, strain, sex and number not specified	LD50 study using nicotine base	53 mg/kg bw	Lazutka et al. 1969
Rat, Sprague-Dawley, male and female	LD50 estimated by fixed-dose procedure or the up-and-down method. In the fixed-dose procedure, groups of 5 males and 5 females were treated with one of four predetermined dose levels. In the up-and-down method, females were dosed, one at a time, starting with an estimate of the LD50 and adjusting the dose until 4 rats were treated. In both protocols, rats were observed for 14 days	70-71 mg/kg bw	Yam et al. 1991
Rat, Sprague-	LD50 study using nicotine	75 mg/kg bw	Vernot et al. 1977

Species, Sex, Number	Brief study description (if available)	LD50	Reference
Dawley, male, number not specified	sulphate		
Rat, Sherman, adult, female, 80/group	LD50 study using nicotine sulphate, rats observed for 4 days only	83 mg/kg bw	Gaines, 1960
Rat, strain, sex and number not specified	LD50 study	188 mg/kg bw	DECOS, 2004 (cited as Ray91).

Tabulated acute dermal lethal studies

Species, Sex, Number	Brief study description (if available)	LD50	Reference
Rat, strain, sex and number not specified	LD50 study	140 mg/kg bw	Trochimowicz et al. 1994
Rat, Sherman, adult, female, 70/group	LD50 study on nicotine sulphate [Note: rats were only observed for 5 days]	285 mg/kg bw	Gaines, 1960
Rat, Sprague-Dawley, 5 male and 5 female	A mixture of 18% nicotine and 82% of an ion-exchange resin applied at 2 g/kg bw to the covered skin for 24 hr, followed by rinsing with water OECD Guideline study No. 402	>360 mg/kg bw [no deaths were seen]	Guerriero et al. 2001
Rabbit, strain, sex and number not specified	LD50 study	50 mg/kg bw	Trochimowicz et al. 1994
Rabbit, strain, sex and number not specified	LD50 study	140 mg/kg bw	UK PSD, 2008
Cat, 21/group, sex not specified	Application of 200 mg nicotine or nicotine sulphate (providing approximately 66-100 mg nicotine/kg bw) to the uncovered skin.	The nicotine base produced overt CNS toxicity, vomiting, and 17/21 cats died in 21-195	Travell, 1960

Species, Sex, Number	Brief study description (if available)	LD50	Reference
		min. The sulphate caused milder effects and all 21 cats survived.	
Cat, 5 treated with free nicotine and 3 treated with nicotine sulphate, sex not specified	2-10 ml "Nico-Fume Liquid" (containing 40% free nicotine) or 10 ml "Black Leaf 40" (containing 40% nicotine sulphate) was applied under cover to the clipped skin. In the free nicotine experiment, the skin of one cat was washed after 3 hours. [Travell (1960) stated that the free nicotine doses causing death were 280-1500 mg/kg bw, and the nicotine sulphate dose was about 1100 mg/kg bw.]	Nicotine caused CNS effects and vomiting, loss of consciousness and death. No effects were reported with the sulphate.	Faulkner, 1933

SELECTION OF KEY LD50 VALUES FOR MIXTURE CLASSIFICATION

When multiple options are available for a rather simple and crude endpoint such as median lethality, selection of the most appropriate value for use in classification can be challenging.

According to Regulation 1272/2008 "The preferred test species for evaluation of acute toxicity by the oral and inhalation routes is the rat, while the rat or rabbit are preferred for evaluation of acute dermal toxicity". The original harmonised expert classification (under 67/548/EEC) for acute oral toxicity (Toxic if swallowed; T; R25) implies that the committee selected an acute oral LD50 of between 25 and 200 mg/kg bw as being key to classification. This indicates that the experts either dismissed or were unaware of three of the mouse studies. Under 1272/2008, the earlier 67/548/EEC classification has been translated to its modern equivalent (Toxic if swallowed; Acute Toxicity Category 3. H301), which is associated with an acute oral LD50 between 50-300 mg/kg bw. Without a detailed assessment of each LD50, it is not entirely clear which reports should be set aside. Nevertheless, the fact that all of the rat LD50 figures are 50 mg/kg bw or above supports the experts' choice of Category 3.

For the dermal classification, there seems to be a good case for the selection of the rabbit dermal LD50 of 50 mg/kg bw and a precautionary choice of assigning to the more toxic class (Category 1) when a value falls on the class boundary.

Rat oral LD50: >50 mg/kg bw.

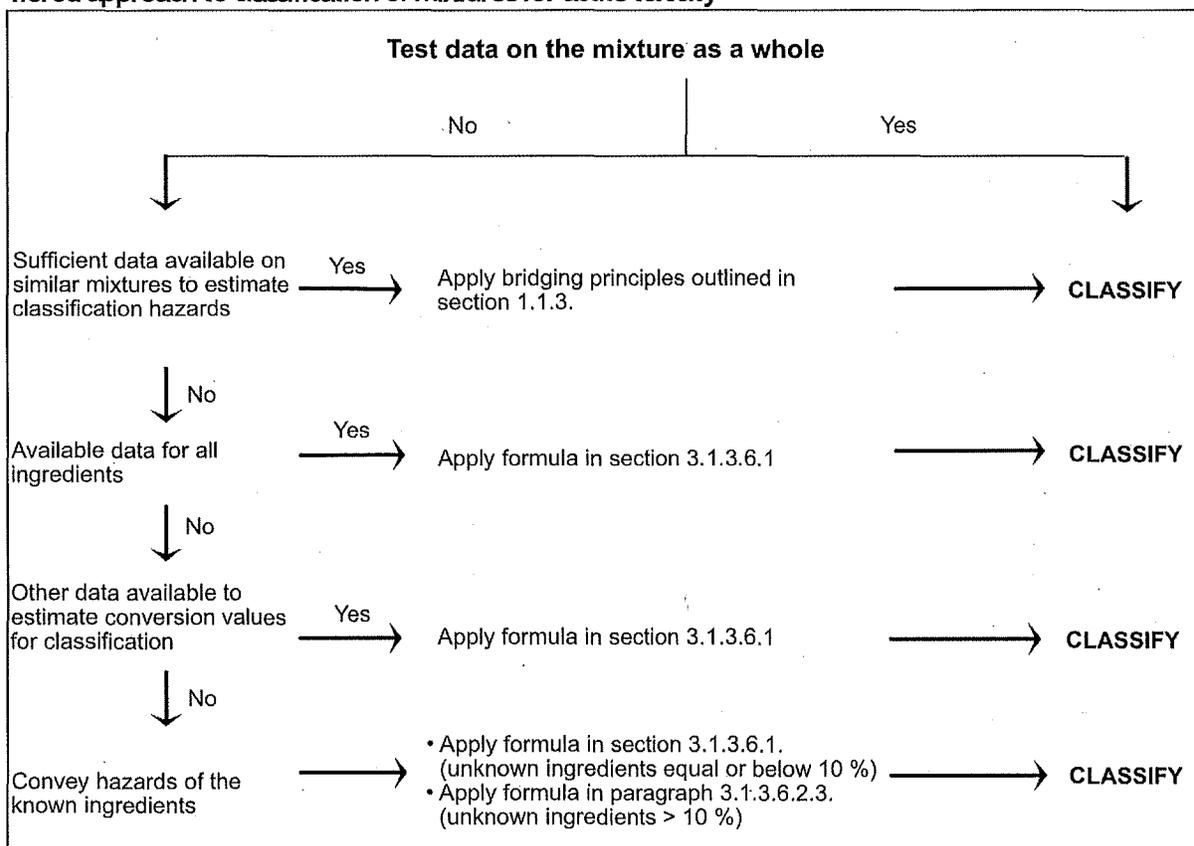
Rabbit dermal LD50: 50 mg/kg bw.

CLASSIFICATION OF NICOTINE MIXTURES

Mixtures should be classified in line with EC 1272/2008 (as amended). Guidance is given in section 3.1.3. **Criteria for classification of mixtures as acutely toxic.** This states that “For mixtures, it is necessary to obtain or derive information that allows the criteria to be applied to the mixture for the purpose of classification.” Such information would include LD50 or ATE figures, for example. The approach to classification for acute toxicity is tiered, and is dependent upon the amount of information available for the mixture itself and for its ingredients.

A flow chart (Figure 3.1.1 in 1272/2008) outlines the process to be followed.

Tiered approach to classification of mixtures for acute toxicity



In this instance, “Test data on the mixture as a whole” are not available, nor are there “Sufficient data available on similar mixtures”. However, there are “Available data for all ingredients”, allowing classification by applying the formula in section 3.1.3.6.1.

Section 3.1.3.6. **Classification of mixtures based on ingredients of the mixture (Additivity formula)** provides guidance on such classification.

"3.1.3.6.1. Data available for all ingredients

In order to ensure that classification of the mixture is accurate, and that the calculation need only be performed once for all systems, sectors, and categories, the acute toxicity estimate (ATE) of ingredients shall be considered as follows:

- (a) include ingredients with a known acute toxicity, which fall into any of the acute toxicity categories shown in Table 3.1.1;
- (b) ignore ingredients that are presumed not acutely toxic (e.g., water, sugar);
- (c) ignore ingredients if the oral limit test does not show acute toxicity at 2000 mg/kg bodyweight.

Ingredients that fall within the scope of this paragraph are considered to be ingredients with a known acute toxicity estimate (ATE).

The ATE of the mixture is determined by calculation from the ATE values for all relevant ingredients according to the following formula for Oral, Dermal or Inhalation Toxicity:

$$(100/ATE_{mix}) = \sum_n (C_i/ATE_i)$$

where:

C_i = concentration of ingredient i (%w/w or %v/v)

i = the individual ingredient from 1 to n

n = the number of ingredients

ATE_i = Acute Toxicity Estimate of ingredient i."

In the current exercise, bibra was told to assume that the non-nicotine ingredients of the mixtures are not acutely toxic, and nicotine is the only ingredient with a known acute toxicity.

Acute oral classification

The boundary range for Categories 3 and 4 are 50-300 and 500-2000 mg/kg bw, respectively. This means that mixtures containing nicotine can be classified as follows:

Nicotine concentration (%)	Estimated oral LD50 (mg/kg bw)	CLP Category
100	>50	3
16.6-100	50-300	3
2.5-<16.6	300-2000	4
<2.5	>2000	Not classified

Acute dermal classification

The boundary range for Categories 1, 2, 3 and 4 are <50, 50-200, 200-1000 and 1000-2000 mg/kg bw, respectively. This means that mixtures containing nicotine can be classified as follows:

Nicotine concentration (%)	Estimated dermal LD50 (mg/kg bw)	CLP Category
100	50	1
25-100	50-200	2
5-<25	200-1000	3
2.5-<5	>1000-2000	4
<2.5	>2000	Not classified

NOTE

This bibra proposal focuses on the classification of mixtures, accepting the literature LD50 figures and the existing classification views of the harmonised experts. It did not attempt to critically evaluate the reliability of the actual LD50 figures. It is possible that a critical evaluation of the existing LD50 literature might lead to a more confident identification of the best LD50 figures to use in substance and mixture classification.

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Latest Comments

Effects of e-cigarette use on exhaled nitric oxide

By Dr Farsalinos

A study was recently published in Toxicology and Applied Pharmacology examining the effects of using e-cigarettes and tobacco cigarettes on exhaled nitric oxide (FeNO). They found that similar reductions in FeNO are observed after e-cigarette and tobacco cigarette use. The authors concluded that in the aspect of FeNO, e-cigarettes are not safer than tobacco cigarettes, and mentioned that this finding is indicative that lung function is affected by e-cigarette use.

The conclusions of the authors are arbitrary and completely wrong. FeNO is a marker of inflammation to the lungs, most commonly used in asthmatics. However, inflammation is characterized by high levels of FeNO. Reductions in FeNO are observed in asthmatics after corticosteroid therapy, indicating that there is a response to the therapy and inflammation is reduced. Low levels are indicative of either no inflammation at all, or is a false negative finding of non-eosinophilic inflammation in patients with symptoms of respiratory disease. In any case, all participants in the study had normal FeNO levels, while a further reduction means absolutely nothing. By definition, it does not mean that there is a decline in lung function, because FeNO cannot be used as a marker of respiratory function; it just measures inflammation. Moreover, a significant problem in the statistical analysis should be mentioned. In a study evaluating different interventions in the same population, you do NOT use student t-tests but you perform repeated measures ANOVA. I would not expect the journal to accept such an analysis. Finally, it should be mentioned that while this study is inline with findings from Vardavas et al., it is contradictory to findings by Schober et al. and Flouris et al. Schober found elevation in FeNO levels after e-cigarette use. As we explained in a letter to the editor, it is controversial to expect that both a reduction and an elevation of any biomarker mean the same thing!!

Of course, FeNO levels have nothing to do with NO production and effects on the endothelium of the arteries and on cardiovascular disease incidence, and, as mentioned above, do not indicate lung dysfunction. Anyone, making such statements, such as Stanton Glantz, is probably confused and is ignoring some basic facts. For the current study he mentions: "... the fact that exposure to e-cigarette aerosol reduces exhaled NO in the lungs may help explain why people who use e-cigarettes have a drop in lung function. (The fact that smoke reduces NO production in arteries is an important reason that smoking and passive smoking contribute to heart attacks)". Amazing statements for a study that did not find any drop in lung function, because they did not measure lung function. Moreover, they did not assess NO production or effects on the endothelium of blood vessels and thus the results are completely irrelevant to the cardiovascular system. Obviously, he is underestimating the intellectual abilities of regulators because he submitted his theories to the FDA as "scientific evidence".

In the past Glantz was once again shouting about the adverse effects of e-cigarette use when the Schober et al. study was published, which showed the exact opposite results compared to the current study (Schober showed elevated FeNO after e-cigarette use). In that case he mentioned: "They also found increased measures of inflammatory processes in the people using e-cigarettes, which could indicate lung irritation. (Increase levels of inflammation could also have effects on blood and blood vessels in

Letter to New York Councilman concerning a proposal to ban flavored electronic cigarette liquids

Nicotine absorbed from "passive vaping" is minimal and with no health implications

Politics over science: unprecedented distortion of evidence by a prestigious medical journal

Disgraceful propaganda by WHO staff against e-cigarettes in social media

WHO revises its previous proposal (and plans) to ban electronic cigarettes

ways that increase the risk of triggering a heart attack)".

In reality the data are completely irrelevant to his arguments. No study evaluated any cardiovascular effects and FeNO is not a marker of systemic inflammation. Still, he jumps from the respiratory to the cardiovascular system and back. Finally, he needs to decide what he considers as problem arising from e-cigarette use? Elevated or reduced FeNO?

I must regretfully say that this is not science...



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Comments

8 **Dr Farsalinos**
 The site is not blocked (unknown reason) does anyone know? If you could send me the details of this is happening...

There is just one specific server which (for an unknown reason) has no access, perhaps the webmaster will figure out why.

0
Quote

7 **dave** 2014-06-14 21:29
 This site is blocked in Germany. Any reason for this?

0
Quote

6 **Margaret Hermon** 2014-06-14 16:04
 Quoting Laurie Carlson:

+ 3

If the lungs are supposed to be irritated or inflamed, then how did my severe asthma go AWAY, as documented by my doctors, once I quit smoking tobacco cigarettes and switched over to electronic cigarettes? The asthma still has NOT come back! It was BAD! I sat here and my lungs gurgled and gurgled while smoking tobacco cigarettes - that has gone COMPLETELY AWAY thanks to electronic cigarettes! Again, it is medically documented!

Some here - just had bad infection which has affected most of my bits, but no asthma attack. Stan seems to be suffering a great deal of confusion, a few mil of nicotine might help?

Quote

5 **Spazmelda** 2014-06-14 11:47
 Fabulous example of illogic :D. Reduced FeNO is bad, and increased FeNO is bad, therefore ecigs are bad. Very convenient interpretation for the ANTZ. One must assume that no changes in FeNO would also somehow be interpreted as bad with enough diligence and twisted reasoning. ANTZ say, "Conflicting evidence, no problem. It's all BAD!"

+ 4
Quote

4 **Mick Wright** 2014-06-14 11:44
 I'm not really sure that all of this in-depth analysis of chemistry is needed when there are so many vapors.

It's all very well examining the effects of vapors in a confined and controlled environment. There are indeed things we do not know and need to find out. Usually this sort of experimentation is done in response to an emerging health concern that manifests in the general population. To find out what's happening.

That's what is occurring with obesity.. we know who the culprits are and experiments and studies are a response to the real world increase in obesity.

The first question I'd ask Glantz is "so what is the estimate you have for increased visits to hospitals of folks suffering from vaping induced lung conditions?"

And he better get that right because it can be counted based on A&E admission reports

+ 3
Quote

3 **Laurie Carlson** 2014-06-14 10:42
 If the lungs are supposed to be irritated or inflamed, then how did my severe asthma go AWAY, as documented by my doctors, once I quit smoking tobacco cigarettes and switched over to electronic cigarettes? The asthma still has NOT come back! It was BAD! I sat here and my lungs gurgled and gurgled while smoking tobacco cigarettes - that has gone COMPLETELY AWAY thanks to electronic cigarettes! Again, it is medically documented!

+ 6
Quote

#2 **Robert Innes** 2014-06-14 09:58 + 4
 "Stanton Glantz, is probably confused..." We need accuracy with this type of statement. Take out 'probably.'
 Once again thank you so much for providing the explanations and details which at times, we so desperately need.
Quote

#1 **Michael** 2014-06-14 02:31 + 2
 If this is the best you have against vaping, maybe you should pick a new target to slander. You are really bad at this one.
Quote

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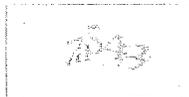
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Details

Created on Monday, 05 May 2014 05:30

Formaldehyde release in e-cigarette vapor The New York Times story explained in detail

Dr Farsalinos

A study to be published in Nicotine and Tobacco Research was featured in the New York Times and has generated a lot of interest. The article mentioned that e-cigarette vapor can be the source of carcinogens, depending on the heating process.

The article is true and expected. We know that thermal degradation can lead to the release of toxic chemicals. And we know that formaldehyde, acetaldehyde and acrolein have been found in vapor. There is nothing new to it. However, this study found that levels may approach those present in tobacco cigarettes. Of course there some inaccuracies in the NYT article, such as that nicotine gets overheated (which means nothing).

Herein, I present with more detail the results of this study. Researchers used an EGO Twist battery (variable voltage) and a top-coil clearomizer (with unknown resistance, thus unknown wattage delivery). At 3.2 and 4.0 volts, formaldehyde levels were 13-807 times lower compared to tobacco cigarettes!! At 4.8 volts, formaldehyde levels were increased by up to 200 times, and reached to levels similar to tobacco cigarettes.

The main criticism to this study is that in my opinion it is highly unlikely that a top-coil atomizer like the one used in this study would be used at 4.8 volts. At a resistance of 2.2 Ohms that would represent 10.4 watts of energy delivery to the atomizer. I tried 10 watts with an EVIC battery in a Vivi Nova top-coil atomizer (for a clinical study i performed few months ago), and many vapers were unable to use it due to the dry puff phenomenon. Unfortunately, the researchers did not measure and could not provide any information about the resistance of the atomizers, thus it is unknown how much energy was delivered to the atomizer. In my opinion, this is crucial. Moreover, it is very important to examine new-generation (rebuildable or bottom coil) atomizers at similar conditions, since it is more likely for vapers to use such advanced atomizers for high-wattage vaping. I am certain that, due to better liquid resupply to the resistance and wick, the results will be much more favorable.

Another important point is that, although formaldehyde levels can be similar to tobacco, several other toxic chemicals are completely absent from e-cigarette vapor. For example, acrolein was completely absent although they used liquids with glycerol as the main ingredient. In fact, glycerin-based liquids had much lower formaldehyde levels in vapor compared to PG or PG/VG liquids, suggesting that they are much safer to use. As a general remark, finding few chemicals at similar levels does not mean that the risk is equivalent to tobacco cigarettes. Of course, all this information was not presented in the NYT article.

Concerning the remarks about dripping, we should admit that dripping does not allow the user to see how much liquid is present in the atomizer. The same happens with cartomizers. We currently do not know whether the elevation in formaldehyde levels happens just at the time of dry puff phenomenon, or it happens earlier (before being detected by the vaper). Clearomizer-type atomizers (also called tank systems) seem to be the future in e-cigarette use, giving consumers the ability to know when they need to resupply the atomizer with liquid.

Latest Comments

Letter to New York Councilman concerning a proposal to ban flavored electronic cigarette liquids

Nicotine absorbed from "passive vaping" is minimal and with no health implications

Politics over science: unprecedented distortion of evidence by a prestigious medical journal

Disgraceful propaganda by WHO staff against e-cigarettes in social media

WHO revises its previous proposal (and plans) to ban electronic cigarettes



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Comments

1 2 3 4 5 6

- #57 **Dr Farsalinos** 2014-08-12 17:15 + 1

In reality, it was a 2.8sec puff duration. They activated the e-cigarette 1 second before drawing air from it. Thus, the total activation time was 2.8sec.

Quote

- #56 **Tom Blackwell** 2014-08-12 16:58 + 1

Never mind, I see it now: In the current study, all tests were performed with the following puffing conditions: puff duration 1.8 s, puff volume 70ml, and puff intervals 17 s 😊

Quote

- #55 **Tom Blackwell** 2014-08-12 16:50 + 2

Not only did they use a CE4 type clearo turned all the way up to 4.6 volts they also measured it in a 10 second draw!

Not only would it burn your mouth and taste so burnt and bad a human couldn't do it. The longest I could draw from any of my devices even at the lowest settings was 7 seconds and that was due to the airflow restriction of the tank. I could barely inhale just air for 10 seconds. So they were not using a real world scenario instead choosing one that would produce their desired results.

Quote

- #54 **john r walker** 2014-08-08 07:07 0

I have just taken delivery of a battery control device ("batteries not included") that allows precise control of both Voltage and Wattage, and also does checks as to the exact resistance of the particular atomizer attached to it, have also added a customiser designed to create a lower atmospheric pressure in the chamber, to should produce a lower vapor point. So far it is giving very good results at quite low power.

Quote

- #53 **tmmhmm** 2014-08-08 03:03 + 3

So I guess when someone lights the wrong end of a cigarette (filter) by mistake they say "meh what the heck I'll keep smoking it?" LOL

It's almost the same as vaping dry)

Quote

- #52 **john r walker** 2014-07-30 05:37 0

Dr Farsalinos
The results for A6 and the control PG/VG liquid (C2) differ only in the level of butanal produced. All the other results for these two liquids are "not detected". Doesn't this suggest that A6 is also likely to be based on a PG/VG and nicotine mix - just as its maker says?

Quote

- #51 **Dr Farsalinos** 2014-07-28 23:29 + 1

You are right, it is unclear how they found PEG. Based on the way they mention it, it seems that it was through the label.

Quote

- #50 **john r walker** 2014-07-28 23:18 + 1

Actually the paper states that the liquids were grouped as: "Based on the labeling information, we grouped the products into VG based (only VG; A1-A3), VG:PG based (both VG and PG mixed in various ratios; A4-A6), and PG based (only PG; A7-A10)."

Quote

- #49 **Dr Farsalinos** 2014-07-28 22:48 0

The paper mentions that they did perform chemical analysis

Quote

- #48 **john r walker** 2014-07-28 22:38 0

Dr Farsalinos
The studies chart <http://onlinelibrary.wiley.com/doi/10.1111/obr.12073> for the 13 liquids tested states: "Ingredients (as listed on labels)"

Did the researchers do a chemical analysis of A6?

The make up of the liquid that performed so well in a fairly extreme test is of interest.

Quote

1 2 3 4 5 6

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Good Neighbor Operations Plan for the Outdoor Activity Area

-During our outreach, after talking to some neighbors we have decided to cut back the hours to 8PM for the outdoor activity area.

-The outdoor activity area is strictly for sampling flavors and devices.

-We will have 3 standing tables and there will be no more than 10 people in the outdoor activity area.

-The duration each user may spend in the outdoor activity area will be 5 to 15 minutes.

-We will have signage stating "Be respectful of our neighbors!"

-We will have trained employee to monitor the outdoor activity area.

-We will provide the owners and managers' contact information to our neighbors and we will take their complaints into consideration and come up with solutions.

High Percentage of Vacancy

-According to Invest In Neighborhoods San Francisco, Ocean Avenue Profile:

- "Ocean Ave from Ashton to Manor are mostly "dead blocks"; few businesses bring foot traffic. (That is 1900 block and 2000 block of Ocean Avenue)
- High Retail Leakage.
- Lack of public space to congregate.
- Residents complain about lack of diverse offerings; many don't patronize shops and instead shop at West Portal, Stonestown.

-There are a total of 34 commercial storefronts on the 1900 block of Ocean Ave. 5 of them are vacant and 2 are use as storage. That's 20.6% vacancy on the 1900 block of Ocean Ave.

-Supervisor Katy Tang introduced a legislation that if a storefront is vacant for more than 270 days must now pay a \$765 annual fee to The City.

Abstract

Introduction

Electronic cigarettes (e-cigarettes) are not currently approved or recommended by the Food and Drug Administration (FDA) or various medical organizations; yet, they appear to play a substantial role in tobacco users' cessation attempts. This study reports on a physician survey that measured beliefs, attitudes, and behavior related to e-cigarettes and smoking cessation. To our knowledge this is the first study to measure attitudes toward e-cigarettes among physicians treating adult smokers.

Methods

Using a direct marketing company, a random sample of 787 North Carolina physicians were contacted in 2013 through email, with 413 opening the email and 128 responding (response rate = 31%). Physicians' attitudes towards e-cigarettes were measured through a series of close-ended questions. Recommending e-cigarettes to patients served as the outcome variable for a logistic regression analysis.

Results

Two thirds (67%) of the surveyed physicians indicated e-cigarettes are a helpful aid for smoking cessation, and 35% recommended them to their patients. Physicians were more likely to recommend e-cigarettes when their patients asked about them or when the physician believed e-cigarettes were safer than smoking standard cigarettes.

Conclusions

Many North Carolina physicians are having conversations about e-cigarettes with their patients, and some are recommending them. Future FDA regulation of e-cigarettes may help provide evidence-based guidance to physicians about e-cigarettes and will help ensure that patients receive evidence-based recommendations about the safety and efficacy of e-cigarettes in tobacco cessation.

Figures

Physician Characteristics	%
Extremely confident in ability to prescribe optimal doses	
Agree	62.8%
Disagree	37.2%
Offer assistance regarding treatment counseling	
Always/Sometimes	63.8%
Rarely/never	36.2%
Document counseling in clinic notes	
Most/never	77.0%
Sometimes/never	23.0%
Specialty	
Psychiatry	20.3%
Other	79.7%
Age	
44 and younger	43.8%
45 and older	56.2%
Frequency patients ask about e-cigarettes*	
Frequently	25.8%
Sometimes	37.1%
Rarely	36.9%
Never	12.2%
Believe e-cigarette lower risk of cancer	
Yes	64.6%
No	35.4%
*Physicians who did not respond to this question were excluded.	

Significant Variables	Odds Ratio	95% CI	P-value
Provider Age (Reference = younger)	1.02	0.99, 1.05	0.001
Belief that e-cigarettes lower the risk of cancer	1.98	1.01, 3.87	0.044
Frequency which patients ask about e-cigarettes	1.88	1.01, 3.50	0.044
Physicians who document e-cigarette counseling	1.92	1.01, 3.67	0.044

Citation: Kandra KL, Ranney LM, Lee JGL, Goldstein AO (2014) Physicians' Attitudes and Use of E-Cigarettes as Cessation Devices, North Carolina, 2013. PLoS ONE 9(7): e103462. doi:10.1371/journal.pone.0103462

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Competing interests: The authors have declared that no competing interests exist.

Introduction

The 2008 Treating Tobacco Use and Dependence Clinical Practice Guideline recommends that clinicians ask all patients about tobacco use, offer strong cessation messages, and provide assistance to those patients who use tobacco [1]. Recommended treatments for tobacco cessation include counseling and/or medications such as Bupropion SR or nicotine replacement (e.g., nicotine patch, gum, or inhaler). The combination of behavioral counseling with pharmacotherapy is also strongly recommended [1]. These guidelines do not discuss the use of electronic cigarettes (e-cigarettes), as the guidelines were written before e-cigarettes were widely available in the U.S. Since then, however, e-cigarettes have become a cessation tool for some tobacco users' cessation attempts [2], despite their use not being approved or recommended by the FDA [3] or various medical organizations, including the American Lung Association [4], the American Medical Association [5]–[6], the American Thoracic Society [7], and the Center for Public Health and Tobacco Policy [8]. The purpose of the current study is to report on a physician survey that measured beliefs, attitudes, and behavior related to e-cigarettes as a tool for smoking cessation. To our knowledge, only one study thus far has sought to measure e-cigarettes from the perspective of physicians, and that study focused on adolescent providers [9]–[10]. This study is unique in that it measures e-cigarettes from the perspective of physicians who treat adult patients.

Methods

Ethics Statement

- a. This submission was reviewed by the UNC Biomedical IRB and Office of Human Research Ethics, which has determined that this submission does not constitute human subjects research as defined under federal regulations [45 CFR 46.102 (d or f) and 21 CFR 56.102(c)(e)(1)] and does not require IRB approval.
- b. This study was deemed as non-human subjects research, which is similar to an exemption. As a result, federal regulations for consent are not applicable and a waiver for participation was not required from participants.

Recruitment and Sample

A random sample of North Carolina (NC) physicians were recruited to participate. From July–August, 2013, Infocus Marketing, Inc., a direct marketing company with access to the American Medical Association mailing list, attempted to contact 156 family medicine physicians, 161 internal medicine physicians, 159 obstetricians/gynecologists, 160 psychiatrists, and 151 surgeons (total recruitment, 787 providers) through three different waves of emails. From these emails, which invited physicians to participate in a survey on attitudes and use of QuitlineNC services for patients who use tobacco, 14 addresses were invalid or emails returned, 413 were opened, and 128 responded (28 family medicine physicians, 24 internal medicine physicians, 21

obstetricians/gynecologists, 27 psychiatrists, and 28 surgeons) for an overall response rate of 31%. Physicians were offered a \$100 gift card as an incentive for participation, and every physician contacted had the opportunity to decline participation by unsubscribing from the survey. Physicians were assured their responses would remain anonymous.

Survey Measures

A series of close-ended questions measured physicians' attitudes towards e-cigarettes. Specifically, physicians were asked if they believe e-cigarettes are approved by the FDA for smoking cessation; if they believe e-cigarettes lower the risk of cancer for patients who use them instead of smoking cigarettes; if they believe e-cigarettes are a helpful aid for smoking cessation; and if they recommend use of e-cigarettes to their patients. Response options provided were *yes* and *no*. Physicians were also asked how often their tobacco-using patients ask about e-cigarettes, with response options given as *frequently*, *sometimes*, *rarely*, and *never*. In addition, the survey contained items measuring personal and professional demographics (e.g., gender, age, years in practice, specialty), as well as items measuring clinic behaviors and attitudes (e.g., how often they document counseling in clinic notes after offering tobacco use treatment to their patients and how confident they are in their ability to prescribe optimal doses of tobacco cessation medications). Physicians rated these items using a 4-point response scale with varying labels such as *most times* to *never* and *strongly agree* to *strongly disagree*.

Analysis

Data were analyzed using SPSS version 21. Missing data were excluded from analysis, as were physicians who are not actively involved in clinical practice ($n = 6$). A positive response to recommending e-cigarettes to patients served as the outcome variable for a backward stepwise logistic regression analysis. After conducting a series of bivariate analyses, response categories were collapsed into two categories to ensure an adequate sample size within each category, and the following variables served as predictors: *agreement* with being extremely confident in ability to prescribe optimal doses (*disagreement* served as reference group); those who offer intensive counseling to those who use tobacco *most/sometimes* (*rarely* served as reference group); those who document counseling in clinic notes *most times* (*sometimes/rarely* served as reference group); *psychiatry* specialty (*others* served as reference group); *45 and older* (*44 and younger* served as reference group); frequency of patients asking about e-cigarettes (left as continuous); and *agreement* that e-cigarettes lower the risk of cancer for patients who use them instead of smoking cigarettes (*no* served as reference group). All variables used in the analysis may be found in [Dataset S1](#). Nonstatistically significant predictors were removed from the model so that the final model included only those variables statistically significant at $p < .05$.

Results

Demographics

Of the $n = 122$ physicians who were active in clinical practice, 64.7% had 10 or more years in their field, 85.2% saw 26 or more patients in a typical week, and 56.6% lived in towns with a population greater than 100,000. In addition, a majority of physicians were male, white, and had never been smokers. Group settings accounted for 36.7% of the sample; however, many physicians practiced in a hospital or academic setting, 24.2% and 21.1%, respectively.

E-cigarettes in Clinical Practice

Over two-thirds (67.2%) of the physicians indicated that e-cigarettes are a helpful aid for smoking cessation, and 35.2% recommended them to their patients. A majority (64.8%) believed that e-cigarettes lower the risk of cancer for patients who use them instead of smoking cigarettes. E-cigarettes were also frequently part of the

clinical encounter, with 48.4% of physicians responding that patients ask about e-cigarettes frequently or sometimes. Only 20.5% of physicians indicated they are never asked about e-cigarettes. 13% of physicians incorrectly believed that e-cigarettes are already approved by the FDA for smoking cessation.

Predictors of Recommending E-cigarettes

Table 1 presents the breakdown of variables included in the logistic regression model, and Table 2 presents the statistically significant logistic regression coefficients and odds ratios for predictors that remained in the final model. Increased odds of recommending e-cigarettes to patients is associated with physicians who believed e-cigarettes lower the risk of cancer for patients who use them instead of smoking cigarettes, increased frequency of patient inquiry about e-cigarettes, older physicians, and those physicians who documented tobacco use counseling in their clinic notes.

Physician Characteristics		%
Primary confidence in ability to prescribe optimal doses		
Agree		42.8%
Disagree		57.2%
How often tobacco treatment counseling		
Never/Sometimes		63.6%
Rarely/Often		36.4%
Frequency of counseling in clinic notes		
Never/Often		51.0%
Sometimes/Rarely		49.0%
Specialty		
Physiatry		55.1%
Other		44.9%
Age		
45 and younger		67.6%
46 and older		32.4%
Frequency of patient inquiry about e-cigarettes		
Frequently		26.8%
Sometimes		17.1%
Rarely		38.7%
Never		17.4%
Believe e-cigarettes lower risk of cancer		
Yes		44.8%
No		55.2%

Table 1 of 13 | Journal.pone.0103462.t001

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Table 1. Variables Included in Logistic Regression, 2013, n = 122.

doi:10.1371/journal.pone.0103462.t001

Significant Variables	OR	95% CI	P-value
Physician Age (reference < 45 years)	1	1.00	0.133
Belief that e-cigarettes lower the risk of cancer	1	1.01	0.012
Frequency which patients ask about e-cigarettes	1	1.08	0.006
Physicians who document tobacco treatment counseling	1	1.02	0.016

Table 2 of 13 | Journal.pone.0103462.t002

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Table 2. Significant Predictors of Recommending E-cigarettes, 2013, n = 122.

doi:10.1371/journal.pone.0103462.t002

Conclusions

Principal findings

Previous reviews have found that e-cigarettes are viewed by the general public as effective strategies for quitting and reducing harm, [9] and research suggests some smokers use e-cigarettes for cessation purposes [11]. The question remains of whether physicians share those same attitudes regarding e-cigarettes.

To date, only one study of adolescent providers has sought to answer this question [9–10–12], and this research suggests that physicians who treat adolescents lack professional education when it comes to e-cigarettes and often learn about e-cigarettes directly from their patients[10]. In our study, approximately four out of five participating physicians reported being asked about e-cigarettes from their patients who used tobacco. Interest in e-cigarettes appears high, and, despite an absence of evidence regarding the long-term health impact of e-cigarettes [13], over one-third of physicians in this sample reported recommending their use for patients, and over two-thirds believed e-cigarettes are a helpful aid for smoking cessation. Although some evidence suggests e-cigarettes can be effective for cessation [2]–[14], they are not included in current guidelines that recommend combination nicotine replacement therapy or varenicline as first-line therapy [15]. Because current smokers who have tried e-cigarettes do not report an increased intention to quit smoking [16] and concerns exist over dual use of these products[17], physicians should remain cautious until more data is available about recommending e-cigarettes as tobacco cessation tools in clinical practice in favor of more effective modalities. Behavioral counseling about tobacco use cessation should also remain prominent in all quit attempts [1]. Furthermore, there is insufficient research on the relationship between e-cigarettes and nicotine dependence, including whether or not e-cigarettes could actually increase dependence [13]. To what extent e-cigarettes work more or less effectively than FDA approved pharmacotherapy remains unclear.

Our results also suggest that physicians who document counseling in their clinic notes after offering tobacco use treatment to their patients are more likely to recommend e-cigarettes. This relationship suggests that physicians may be interested in continuing the e-cigarette conversation with their patients in future appointments, as advising patients to quit smoking is the most often utilized intervention by physicians [18]. However, it is then imperative that physicians stay current with evidence-based research on e-cigarettes because discrepancies already exist among physicians when it comes to tobacco use treatment options [19]. Our results are no different in that older physicians were more likely to recommend e-cigarettes than younger physicians, and some physicians incorrectly believed they are already approved by the FDA for smoking cessation. Without widespread dissemination of clear, evidence-based research on e-cigarettes, it is likely these discrepancies will continue and patients could potentially be given inaccurate information [10].

Limitations

This research has several limitations. As results are specific to a small sample of NC physicians, they may not generalize to other populations. Also, the response rate is relatively low and there is the potential for nonresponse bias. It is possible that our sample includes physicians who are more positive towards e-cigarettes than other non-participating physicians. However, our sample was recruited for a survey on the North Carolina Quitline without any indication there would be questions related to attitudes or behaviors regarding e-cigarettes as cessation devices. Furthermore, 31% for physicians participating in an email survey can be considered quite good [20–21–22]. Finally, results are descriptive in nature. Causality and directionality should not be inferred. Given the preliminary nature of this survey, it is recommended that ongoing surveillance of e-cigarettes as a tobacco use treatment option continues with a much larger, diverse, random sample of physicians.

Conclusion

This research provides a first look at how e-cigarettes are being used as cessation devices among physicians who treat adult patients. Our results suggest that physicians see potential in these products as a cessation device and that some make recommendations for their use. As e-cigarettes become more mainstream, physicians may be called on to engage in conversations with their patients about the safety and efficacy of these products. It is essential that the FDA critically review the current evidence on e-cigarettes and provide clear guidance about e-cigarettes and tobacco cessation.

Supporting Information

Dataset_S1.xlsx

figshare
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Dataset S1.

doi:10.1371/journal.pone.0103462.s001
(XLSX)

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Author Contributions

Conceived and designed the experiments: AG LR. Performed the experiments: AG JL LR. Analyzed the data: KK AG. Contributed reagents/materials/analysis tools: AG KK. Wrote the paper: KK. Review and editing of manuscript: AG LR JL KK.

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Public Health
England

Electronic cigarettes

A report commissioned by Public Health
England

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1. The public health impact of tobacco smoking in the UK

1.1 Background: Mortality and morbidity from smoking in adults, children, and the fetus

Smoking is the largest avoidable cause of death and serious disability in the UK and most other developed countries, and a global health threat. There are about one billion smokers worldwide, of whom about half will die prematurely as a direct consequence of their smoking, unless they quit.^[1] In the UK around one in five adults, or about ten million people, are current smokers,^[2, 3] five million of whom are expected to die prematurely from smoking, losing a total of around 100 million years of life.^[4] Smoking currently accounts for around 100,000, or about one in six, deaths each year in the UK.^[5]

Smoking causes around 85% of the approximately 40,000 cases of (and deaths from) lung cancer in the UK each year,^[6] and contributes to the development of many other cancers, including oral cavity cancer, oesophageal and gastric cancer, kidney and bladder cancers, and pancreatic cancer.^[7] Smoking also accounts for about 85% of the 23,000 deaths from chronic obstructive pulmonary disease (COPD) each year in the UK, and about 25,000 of the more than 200,000 deaths from cardiovascular disease.^[5] Smoking also increases the risk of pneumonia, asthma exacerbation,^[7] and a wide range of other adverse health effects.^[8]

Exposure to second-hand smoke (also referred to as passive smoking) also causes significant harm. Among adults, passive smoking causes thousands of deaths from lung cancer, cardiovascular disease and COPD.^[9] Passive exposure of children increases the risk of sudden infant death syndrome, lower respiratory infections, asthma and wheezing illness, meningitis and middle ear disease.^[10] Smoking during pregnancy harms the fetus, increasing the risk of premature birth, low birth weight, fetal anomalies, and fetal mortality.^[10]

1.2 Contribution of smoking to social inequalities in health and poverty

Smoking is strongly associated with socioeconomic disadvantage, and in most high income countries the prevalence of smoking is considerably higher among more deprived people than in those from affluent backgrounds.^[11] In the UK, the unemployed are twice as likely to be smokers compared to employed people,^[12] and smoking is highly prevalent among the homeless,^[13] those in prison,^[14] and other marginalised or otherwise highly disadvantaged groups. Smoking is also more than twice as prevalent among people with mental disorders than in the general population, and has changed

prevalence in the general population.^[15] Smokers in disadvantaged groups have also typically started to smoke at a younger age, smoke more cigarettes per day, and take in more nicotine from each cigarette.^[16] Smoking thus strongly exacerbates health inequalities.^[17]

2. Electronic cigarettes

2.1 Short history and description of products on the market

Electronic cigarettes (also known as e-cigarettes or electronic nicotine delivery systems (ENDS)) were invented in China in 2003^[18] and designed to provide inhaled doses of vaporized nicotine.^[19] Electronic cigarettes were first introduced to Europe in about 2005 and become increasingly popular since. The products have evolved and improved considerably, such that while most early models resembled cigarettes in shape and size^[19] (sometimes referred to a 'cigalikes', figure 1), many later ENDS models are larger, at about the size of a conventional fountain pen, and are known (among other terms) as 'personal vapourisers', or PVs (figure 2).

Electronic cigarettes typically comprise a re-chargeable lithium ion battery, and a battery powered atomiser which produces vapour by heating a solution of nicotine, usually in propylene glycol or glycerine, held in a (often refillable) cartridge in the device (figure 1). Drawing air through the e-cigarette triggers the heater to create vapour which contains nicotine and is inhaled by a smoker the same way as smoke from conventional cigarettes. Producing nicotine vapour from a solution rather than by burning tobacco means that electronic cigarette vapour is free from almost all of the many toxic chemicals that accompany nicotine in cigarette smoke. Not all electronic cigarettes include nicotine; some simply produce vapour for inhalation, but these are not popular among users.^[20]

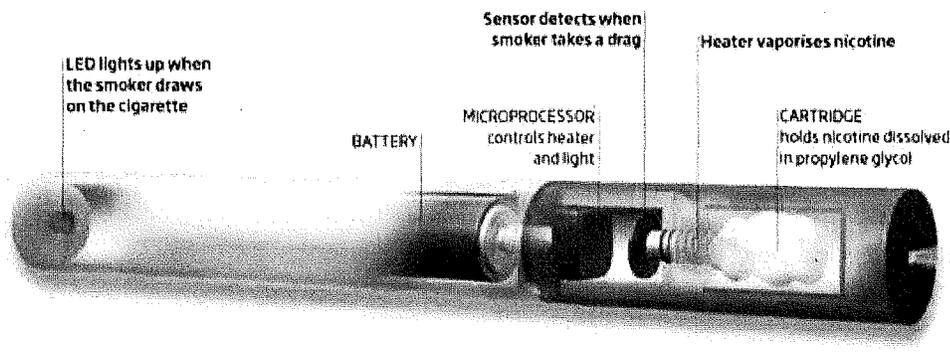


Figure 1: An electronic cigarette (reproduced from Polosa et al. A fresh look at tobacco harm reduction: the case of electronic cigarettes^[19])

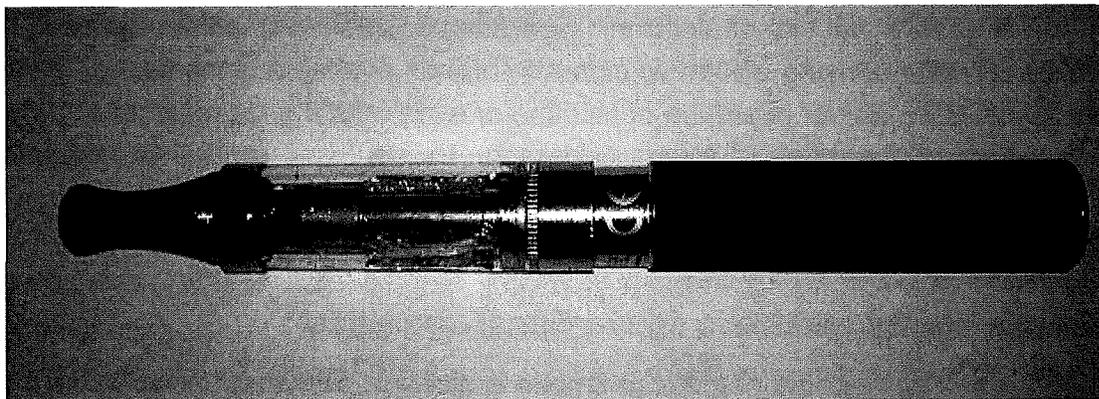


Figure 2: an example of a personal vapouriser (from Wikipedia, <http://en.wikipedia.org/wiki/File:E-cigarette.jpg>)

2.2 Nicotine content, delivery and pharmacokinetics

Evidence on the content and emission of electronic cigarettes is limited. As nicotine is the addictive substance in tobacco cigarettes, nicotine delivery from electronic cigarettes is essential if these products are to be effective for smoking cessation or harm reduction. There are three key elements that influence nicotine delivery from e-cigarette vapour to human body: the nicotine content in the cartridge, which determines the amount of nicotine vapourised; the efficacy of vaporization, which affects levels of nicotine transferred from a cartridge into aerosol; and the bioavailability of nicotine, which determines the dose and speed of absorption of nicotine from the aerosol and subsequent transfer into the blood stream and hence to nicotine receptors in the brain.

^[21] All of these characteristics vary across brands, manufacturers, and product designs.

Smoking a cigarette delivers nicotine throughout the lung and leads to absorption into both the systemic venous circulation from the oropharynx and large airways, and the pulmonary circulation from the small airways and alveoli. The latter route of absorption generates a rapid peak in systemic arterial nicotine levels and hence rapid delivery to the brain.^[22] No other nicotine product has yet been demonstrated to mimic the speed and high dose delivery characteristics of cigarettes. Since nicotine absorbed from the intestine is heavily metabolised on first pass through the liver, conventional nicotine replacement therapy (NRT) products rely on venous absorption from skin, nose or mouth, which avoid this hepatic metabolism but produce relatively low plasma levels, relatively slowly.^[23] It is not yet clear whether electronic cigarettes produce vapour that is sufficiently fine to reach the alveoli, but available pharmacokinetic data suggests that absorption is primarily from the upper airway, that is, slower than a cigarette, and achieving systemic venous blood levels of similar order of magnitude to a conventional NRT inhalator.^[24] Data on the arterial nicotine levels achieved by electronic cigarettes is not available.

It is also evident however that different electronic cigarette products are highly variable in the amount of nicotine they deliver in vapour,^[21, 25] and that the nicotine content indicated on a cartridge is not a reliable guide to likely nicotine delivery.^[25] Although there have been concerns that use of electronic cigarettes could lead to an overdose of nicotine, a study carried out using electronic cigarette brands available in the UK suggests that there is low risk of overdose of nicotine or even inhaling toxic doses of nicotine using electronic cigarettes.^[25] Newer generation PV devices may deliver higher doses of nicotine, but the absorption kinetics still indicate that absorption remains almost, if not completely, via the systemic rather than pulmonary vasculature.^[26]

2.3 Likely health effects relative to conventional cigarettes

The principal addictive component of tobacco smoke is nicotine. However, aside from minor and transient adverse effects at the point of absorption, nicotine is not a significant health hazard. Nicotine does not cause serious adverse health effects such as acute cardiac events, coronary heart disease or cerebrovascular disease,^[27, 28] and is not carcinogenic.^[29] The doses of nicotine delivered by electronic cigarettes are therefore extremely unlikely to cause significant short or long-term adverse events.

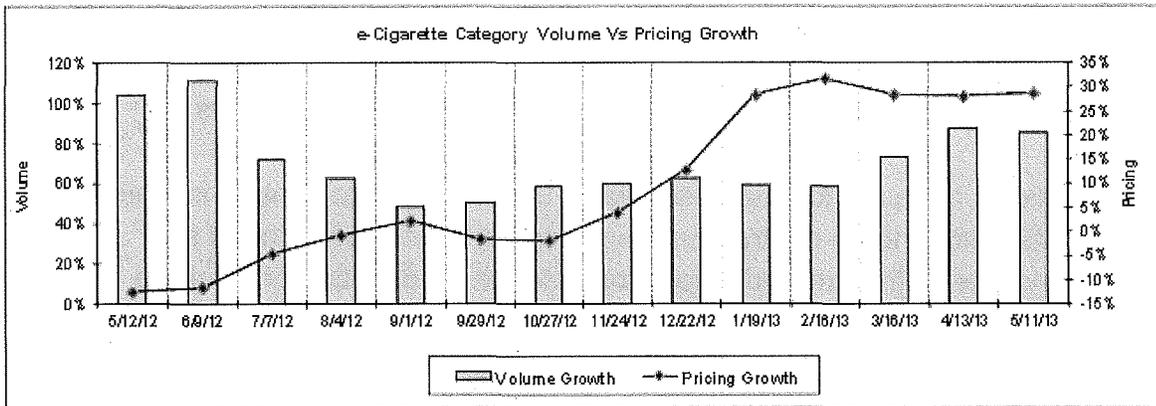
Cigarettes deliver nicotine in conjunction with a wide range of carcinogens and other toxins contained in tar, including nitrosamines, acetone, acetylene, DDT, lead, radioactive polonium, hydrogen cyanide, methanol, arsenic and cadmium,^[30] and vapour phase toxins such as carbon monoxide.^[7] In contrast, electronic cigarettes do not burn tobacco, so any toxins in vapour arise either from constituents and contaminants of the nicotine solution, and products of heating to generate vapour. The principal component other than nicotine is usually propylene glycol, which is not known to have adverse effects on the lung^[31] but has not to our knowledge been tested in models that approximate the repeated inhalation, sustained over many years, that electronic cigarettes involve. We are aware of two cases of lipoid pneumonia attributed to inhalation of electronic cigarette vapour, one in the peer-review literature^[32] the other a news report.^[33]

Despite some manufacturers' claims that electronic cigarettes are harmless there is also evidence that electronic cigarettes contain toxic substances, including small amounts of formaldehyde and acetaldehyde, which are carcinogenic to humans,^[34] and that in some cases vapour contains traces of carcinogenic nitrosamines, and some toxic metals such as cadmium, nickel and lead.^[34] Although levels of these substances are much lower than those in conventional cigarettes,^[34] regular exposure over many years is likely to present some degree of health hazard, though the magnitude of this effect is difficult to estimate.

2.4 Current trends in prevalence of electronic cigarette use

Worldwide use of electronic cigarettes has increased significantly over recent years,

rates of ever use of electronic cigarettes were 15% in the US, 10% in the UK, 4% in Canada and 2% in Australia, typically with higher rates among younger age groups.^[35] In another representative study carried out in the US in 2010-11, 21% of adult smokers had ever used an electronic cigarette.^[36] Increasing use of electronic cigarettes in the US is also demonstrated clearly in data on trends in sales of electronic cigarettes which, in the US for example, demonstrated strong growth in volume and value of sales between 2012 and 2013 (figure 3).^[37]



Source: Nielsen C-Track Database and Wells Fargo Securities, LLC

Figure 3: Electronic cigarette market changes in the US (adapted from Wells Fargo Securities)

There is evidence that in the US, use of electronic cigarettes has become more popular among young people with ever use doubling between 2011 and 2012 from 3.3% to 6.8%, and current use increasing from 1.1% to 2.1%.^[38, 39] Most of this increase has occurred as a result of use by people who already use some form of tobacco product.^[38, 39] In a more recent analysis of 2011-12 data from young people in the US,^[40] reported widely (including by the British Medical Journal)^[41] to demonstrate gateway effects into smoking, use was again almost entirely restricted to young people who already smoked tobacco.^[40]

The most recent survey in the European Union (EU) demonstrates lower levels of use than in the US, with that in 2012, 7% of adults reporting in 2012 that they had tried an electronic cigarette, though most respondents reported awareness of the product.^[42] Data for the UK demonstrates trends in use similar to those in the US, with data from the Smoking Toolkit Study, a monthly survey of about 1800 adults including around 450 smokers, led by Professor Robert West at University College London.^[43] Data released in March 2014 demonstrates that electronic cigarette use, having increased rapidly over the past two years, has now stabilised at around 17%.^[44] Action on Smoking and Health (ASH) has estimated that currently about 1.3 million people in the UK use electronic cigarettes, and around 400,000 people have completely replaced smoking with electronic cigarettes.^[45] Electronic cigarettes are primarily used by current and former smokers, and only about 0.5% of never smokers in Great Britain have tried the product.^[46] Use of electronic cigarettes is equally common across age and socioeconomic groups.^[47]

3. Harm reduction

3.1 What is harm reduction, and how does it apply to tobacco use?

Harm reduction is a strategy used widely in health policy to reduce harm to an individual or society by modifying hazardous behaviours that are difficult, and in some cases impossible, to prevent. Examples include requiring drivers to wear seatbelts, promoting safer sexual practices, providing methadone to opiate addicts, and needle exchanges to reduce the risk of blood-borne infection in intravenous drug users.^[48]

Harm reduction policies have not to date been widely used in tobacco control, in which policies have to date tended to be centred on promoting complete cessation of all tobacco and nicotine use, with harm reduction limited to the introduction of cigarette filters, and (largely discredited) limits on machine-smoked tar yields. While this overall approach has achieved substantial success, with smoking prevalence having fallen among adults from 45% to 20% over the past four decades,^[49] the current 20% prevalence translates into about ten million smokers at immediate and sustained risk of premature death and disability. Conventional tobacco control approaches have by definition failed in these people, for whom harm reduction approaches, to minimise health harms until complete cessation can be achieved, are essential. The options for harm reduction in tobacco control include cutting down on smoking, use of modified cigarettes, smokeless tobacco products, nicotine replacement therapies, and more recently electronic cigarettes.

3.1.1 Cutting down on smoking

Cutting down on smoking, that is, reducing the number of cigarettes smoked each day, has been popular among smokers to reduce harm caused by cigarette smoking. However, smokers who cut down typically compensate by changing their smoking behaviour to extract higher doses of nicotine (and hence tar) from the cigarettes they smoke, by taking more and/or deeper puffs of smoke from each cigarette.^[50] This, and the fact that the exposure-response curves for harm are not all linear (for example, for cardiovascular disease risk increases dramatically with just one cigarette per day),^[4, 51] means that cutting down on the number of cigarettes smoked per day does not lead to proportionate reductions in harm to health, if indeed to any.^[52-55] There is benefit from cutting down on the number of cigarettes smoked, but this arises primarily from the fact that those who do so are more likely to make a quit attempt in the future.^[56]

3.1.2 Modified cigarettes

Modified cigarettes, sometimes referred to as potentially reduced exposure products (PREPS) have been promoted by the tobacco industry as an option to reduce risk. Low tar and low nicotine cigarettes which promised enjoyment of smoking and lower risk to

health^[57] were an early example of this, though in practice the low tar yields were achieved by technologies such as filter ventilation which reduced machine-measured tar yields rather than 'real life' tar delivery, and were in any case undermined by compensatory smoking.^[50] Marketed as an alternative to quitting,^[57] low tar cigarettes proved to be counterproductive to public health.

In addition to conventional filters, which may have led to a modest reduction in cancer risk,^[58] other potential modifications include more effective (activated charcoal) filters, and heating rather than burning tobacco.^[59-61] To date however, non-combustion products have not proved commercially successful, and the extent to which minor reductions in toxin exposure translate into tangible reductions in health hazard to smokers remain far from certain.

3.1.3 Smokeless tobacco

Smokeless tobacco products, usually in the form of oral tobacco or nasal snuff, are widely available and used around the world. Although some are associated with significant health harms, including increased risks of nasal, oral or gastrointestinal cancer, none causes lung cancer or COPD and all are substantially less hazardous than smoked tobacco.^[62] Since smokers who switch from smoked to smokeless tobacco substantially reduce the hazard to their health from tobacco use, smokeless products have great potential as a harm reduction option for smokers. The least hazardous smokeless tobacco product in widespread use is Swedish snus, an oral product that has been used in Sweden for decades.^[62] However, with the exception of Sweden, supply of snus or similar products is prohibited throughout the European Union.

3.1.4 Nicotine replacement therapies (NRTs)

NRT comprises a group of medicinal nicotine products intended for use by smokers as a substitute for tobacco while attempting to quit smoking. Historically their use has been recommended in a reducing dose schedule over about three months from quitting smoking, but NRT products are also effective as a short- or long- term substitute for tobacco, that is, as a harm reduction option. UK medicines regulators have approved NRT for harm reduction indications including cutting down on smoking through dual use (which often leads to complete smoking cessation)^[63] and as a temporary or long-term abstinence from smoking, and in 2013 the National Institute for Health Care Excellence (NICE) issued guidance recommending use of NRT as a harm reduction substitute for smokers who are not ready or able to quit all tobacco and nicotine use.^[27, 64] However, NRT products have been designed to deliver low doses of nicotine, and most products to do so relatively slowly, in relation to absorption from cigarettes.^[23] This, and the fact that the products can be expensive relative to cigarettes at the point of sale, provide few if any of the behavioural characteristics of cigarettes that contribute to addiction,^[7] lack social acceptability as an alternative to smoking, and medicalise the act of trying to

3.1.5 Electronic cigarettes

Electronic cigarettes offer nicotine delivery in a format that mimics smoking, have a socially acceptable non-medical image which enables users to retain their smoker identity but without the risk of smoke, are relatively inexpensive (start-up costs can be high, but running costs much lower than smoking), and despite (to date) nicotine delivery that is low relative to cigarettes,^[24] have proved popular with the current minority of smokers who use them. Consumer support for the product is evident from the user sites that a brief internet search on electronic cigarettes or vaping generates. To our knowledge, no users of NRT have ever felt sufficiently passionate about the product to establish a user website. Unlike NRT therefore, and particularly if nicotine delivery can be improved to mimic that of cigarettes more closely, these products have the potential mass appeal to challenge the primacy of smoked tobacco as the product of choice for nicotine users.

3.2 Evidence on effectiveness of harm reduction approaches

The experience of the availability of snus in Sweden provides a unique natural experiment in the impact of a socially accepted, non-medical, affordable and easily accessible reduced harm product on the prevalence of tobacco smoking.^[62] Snus is an oral moist tobacco which contains relatively low levels of tobacco specific nitrosamines^[65] and has a risk profile that includes possible increases in risk of oesophageal and pancreatic cancer,^[66] and of fatal (but not non-fatal) myocardial infarction,^[67, 68] but not COPD or lung cancer.^[62]

Although over recent decades the prevalence of any tobacco use has changed little in Sweden,^[65] the prevalence of smoking in Sweden, which has fallen from 30% in the 1980s^[69] to 13% today,^[42] is now the lowest in Europe. This in part reflects the effect of existing smokers switching to snus, and partly the effect of new tobacco users initiating snus use but not smoking.^[62, 65, 70, 71] One result is that Sweden now has an extremely low and decreasing lung cancer mortality rate.^[72] Similar trends and effects on smoking prevalence have been observed in Norway, where use of snus is a much more recent phenomenon, and both snus use has risen and smoking prevalence fallen markedly since the year 2000 (figure 4):

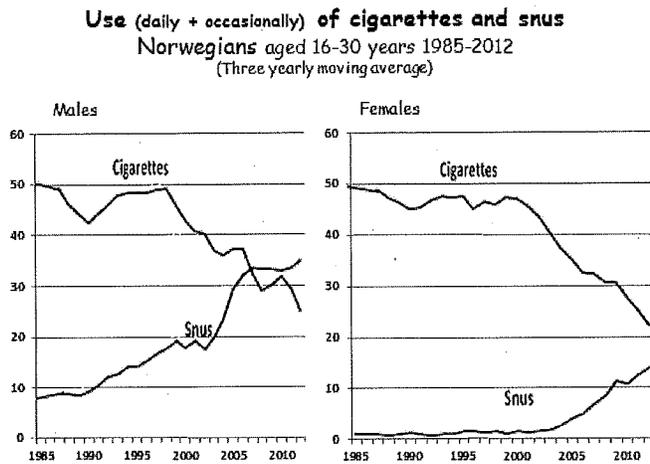


Figure 4: Trends in use of cigarettes and snus in Norwegian adults 1985-2012 (data presented to the Society for Research on Nicotine Conference 2013, figure provided by lead author)^[73]

Although controversial, the Swedish natural experiment demonstrates that despite dual use and primary uptake of the reduced-harm product by young people, availability of reduced-harm alternatives for tobacco smokers can have a beneficial effect. While snus is not likely to become a legal or indeed politically viable option in the UK, this data proves the concept that harm reduction strategies can contribute to significant reductions in smoking prevalence.^[62]

3.3 Where does harm reduction fit into UK policy and practice

Although historically in the UK, NRT was licensed for smoking cessation only, over recent years licencing regulations have become more relaxed, and in 2009 the UK Medicines and Healthcare products Regulatory Agency (MHRA) approved an extension to include harm reduction as an indication for the Nicorette inhalator, and suggested extending this indication to other nicotine containing products.^[74] In recent NICE guidelines, which cover licensed nicotine-containing products, long term use of medicinal nicotine has been recommended to help with quitting smoking, cutting down on smoking, or temporary abstinence.^[64] Harm reduction was also promoted in tobacco control white papers produced by both the previous Labour administration^[75] and the current coalition government.^[76] Many of these changes were encouraged in a report by the Royal College of Physicians, published in 2007.^[7] Harm reduction was also endorsed by Action on Smoking and Health in 2008 report endorsed by over 60 national organisations.^[77] In these respects UK tobacco policy leads the world. No other country, to our knowledge, has embraced the concept of harm reduction so strongly.

3.4 How do electronic cigarettes fit into a harm reduction strategy

Electronic cigarettes emerged on the UK market at around the time of the 2007 Royal College of Physicians report, which advocated making alternative sources of medicinal nicotine available to smokers as a competitive and non-medical alternative to tobacco. The rapid uptake of electronic cigarettes since then, despite uncertainties over their

Electronic cigarettes

purity and performance, demonstrates that, as has been the case with Swedish snus, many smokers welcome the availability of choice in nicotine products, and if provided with products that are attractive, affordable and easily available, will use them either in conjunction with, or in the longer term instead of, tobacco cigarettes. Electronic cigarettes also appeal to smokers by mimicking the sensation and appearance of smoking a cigarette, and by their market positioning as lifestyle rather than medical products. Electronic cigarettes, and the various new generation nicotine devices in development, clearly have potential to reduce the prevalence of smoking in the UK. The challenges are to harness that potential, maximise the benefits, and minimise risks.

4. Potential hazards of electronic cigarettes

As use of electronic cigarettes is a relatively recent phenomenon and evidence to date is scarce, there are still some major concerns about these products: those related to product itself, those about relation between use of electronic cigarettes and smoking, and concerns about renormalization and regulation of electronic cigarettes.

4.1 Hazards from the product itself

Potential hazards of electronic cigarettes relate primarily to the purity of nicotine emissions, and the effects of long-term exposure to vapour. Evidence on these is summarised in section 2.3 above, but relate primarily to the effects of substances other than nicotine in the vapour. Overall however the hazards associated with use of products currently on the market is likely to be extremely low, and certainly much lower than smoking. They could be reduced further still by applying appropriate product standards.

Electronic cigarettes do not produce smoke so the well-documented effects of passive exposure of others to cigarette smoke^[9, 10] are clearly not relevant. Exposure of non-smokers to electronic cigarette vapour poses a concern, though laboratory work suggests that electronic cigarette use in an enclosed space exposes others to nicotine at levels about one tenth generated by a cigarette, but little else^[78]. The health risks of passive exposure to electronic cigarette vapour are therefore likely to be extremely low.

4.2 Potential hazards, unintended consequences, harms to public health

Electronic cigarettes have caused controversy among public health professionals due to three main reasons: concerns about the relation between smoking and use of electronic cigarettes; regulations on advertising and promotion of electronic cigarettes; and involvement of the tobacco industry.

4.2.1 The relation with smoking

There have been some suggestions that among non-smokers, electronic cigarettes might be used as a gateway to smoking and promote smoking uptake and nicotine addiction, particularly among children and young people. However, to date there is no data supporting this claim. Experimentation with electronic cigarettes among non-smoking children in the UK is currently rare, and only about 1% of 16 to 18-year-old never smokers have experimented to electronic cigarettes and few if any progress to sustained use.^[47] Furthermore, experimentation with electronic cigarettes should be considered in the context of current levels of experimentation with tobacco cigarettes,

19-year olds, and 29% in 20 to 24-year olds.^[79] Experimentation with electronic cigarettes is most likely to occur predominantly in the same group that currently experiment with tobacco, as indeed is suggested by recent US data.^[40] It is therefore relatively unlikely that availability and use of electronic cigarettes causes or will cause significant additional numbers of young people to become smokers than do at present. It has been suggested that there is a risk of sustained dual use among smokers who might otherwise have quit smoking completely, representing missed opportunities to achieve complete cessation. This concern clearly applies equally to NRT, which is licensed for what is in effect dual use and recommended on the grounds that dual use is likely to increase quit attempts. The concern is therefore inconsistent; if dual use is good as a pathway to quitting, that surely applies to dual use involving either NRT or electronic cigarettes.

Some argue that use of electronic cigarettes, which to a degree resembles cigarette smoking, in places where smoking is currently prohibited might re-normalize smoking and undermine tobacco control efforts.^[80] However, although similar in appearance, even cigalike products are easily distinguishable, both in appearance and smell, from tobacco cigarettes. Therefore, use of electronic cigarettes in smoke free places is more likely to lead to normalisation of nicotine devices than to smoking, and hence potential benefit as a support to existing well smoke-free policies.

4.2.2 Advertising and promotion

A potential greater concern over the similarity in appearance between the use of electronic and tobacco cigarettes relates to advertising, sponsorship, celebrity endorsement and portrayals in film and other media. In this area there is considerable scope for promotion of nicotine use to young people, representing a significant concern. Advertising will be controlled in future by developments in regulation of these products (see below), and the Committee of Advertising Practice is currently consulting on restricting the advertising of electronic cigarettes. Marketing of electronic cigarettes is covered in further detail in the parallel paper to this one, produced by Professor Linda Bauld.

4.2.3 Involvement of the tobacco industry

Although originally developed and marketed independently from the tobacco industry, all of the four transnational tobacco companies now own at least one electronic cigarette product, or has competitor products in development. In addition to sharing the commercial gains from electronic cigarettes, the tobacco industry is no doubt eager to exploit opportunities for advertising and promotion that might increase either electronic or tobacco cigarette use, and also, by becoming involved in the production of alternatives to smoking, circumvent current restrictions on engagement in policy imposed by the Framework Convention on Tobacco Control (FCTC).^[81] Given the ethical record of tobacco industry activity in promoting and defending smoked tobacco,

Electronic cigarettes

addressed across the board as all nicotine suppliers are driven primarily by commercial rather than public health interests. While those commercial and public health interests largely coincide in the promotion and sale of electronic cigarettes to smokers, they do not in the non-smoking population. This is a key argument for regulation to prevent abuse of the electronic cigarette market.

5. Potential benefits of electronic cigarettes

The potential benefits of electronic cigarettes lie in their role as a reduced-hazard competitor for cigarettes.

5.1 Who uses electronic cigarettes and why?

The great majority of the more than one million users of electronic cigarettes in the UK are current or former smokers.^[46] Most users use them to either replace cigarettes in places where smoking is prohibited or discouraged, to cut down on smoking, to reduce harm from smoking, or to quit smoking.^[20] As the nicotine delivery kinetics of electronic cigarettes improves with technological developments, these products may prove to be more effective than conventional NRT as a tobacco substitute as their physical and behavioural characteristics replace many of the co-stimulatory factors that contribute to nicotine addiction.^[7] Availability in convenience stores, competitive pricing, non-medical image and social acceptability also probably contribute significantly to use. Prevalence of use is similar between genders and socio-economic groups, though higher in younger than in older smokers.^[20, 46]

According to the Smoking Toolkit Study, use of electronic cigarettes is much more common among heavier smokers and ex-smokers (figure 5), and more recent ex-smokers report current use of electronic cigarettes than conventional NRT (figure 5).

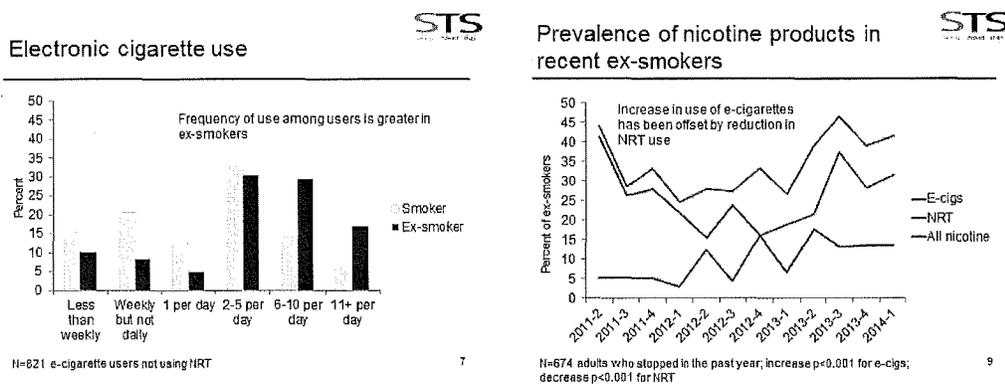


Figure 5: Use of electronic cigarettes by current and ex-smokers (left panel) and of nicotine products in recent ex-smokers (right panel; data from Smoking Toolkit Study[44])

The increase in electronic cigarette use over recent years appears to reflect in part, smokers using electronic cigarettes instead of NRT; and in part, users who would not otherwise have used NRT. This is particularly true of smokers attempting to quit,

use of electronic cigarettes has been associated with reductions in numbers using NHS stop smoking support, or buying over-the-counter NRT, but there has also been an increase in the total number of smokers using any form of support to quit (figure 6). The net result appears to be an increase in the proportion of smokers who have quit within the past year (figure 6).

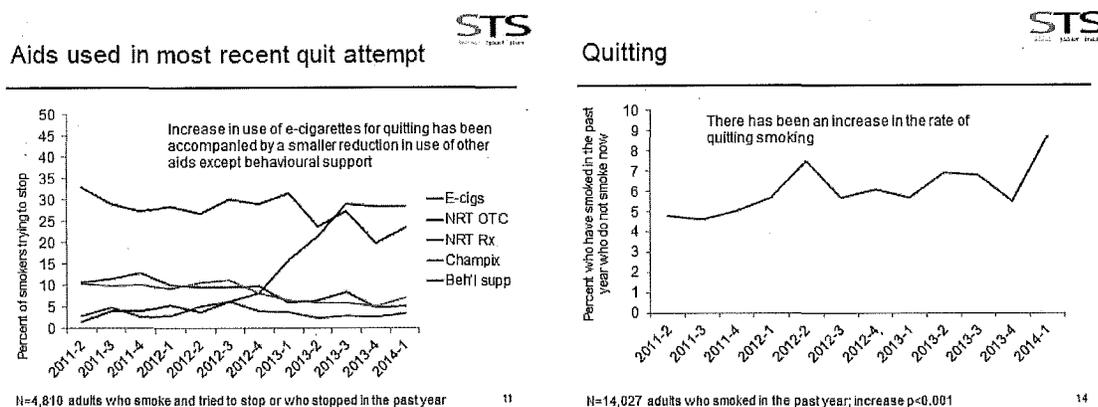


Figure 6: Aids used in most recent quit attempts (left panel) and proportion of smokers who have quit in the past year (right panel; data from Smoking Toolkit Study[44])

5.2 Effectiveness of electronic cigarettes as cessation aids

Evidence from clinical trials on the effectiveness of electronic cigarettes is limited, though results from observational and randomised trial data suggests that efficacy of first generation electronic cigarettes is similar to that of the transdermal NRT patches^[82] or the Nicorette NRT inhalator^[24]; findings that are consistent with the apparently low dose delivery and upper airway absorption of early generation products. Low nicotine delivery, or just the non-nicotine behavioural components of electronic cigarette use may explain why, in a trial comparing electronic cigarettes used to deliver either a constant nicotine dose, or a reducing dose, or no nicotine over 12 weeks demonstrated a decrease in tobacco consumption in all groups, but little difference between them.^[83] An observational study has also documented significant reductions in smoking among smokers with schizophrenia using electronic cigarettes.^[84] A recent study revealed that about 6% of former smokers who used electronic cigarettes daily relapsed to smoking after one month, and 6% after one year, and nearly a half of dual users stopped smoking after one year, indicating that electronic cigarette use might be effective in relapse prevention and smoking cessation.^[85] Dual users who used electronic cigarettes to cut down on smoking have lower levels of respiratory symptoms which is likely to be due to reduced smoking.^[20]

These studies indicate that electronic cigarettes are moderately effective as smoking cessation and harm reduction aids, but that a significant component of that effect is due to the behavioural rather than nicotine delivery characteristics of the devices. However, most of the available evidence relates to early generation devices of unknown but

almost certainly low nicotine delivery. More recent and future devices may prove much more effective.

5.3 Population-level impact of electronic cigarettes

The most effective way to quit smoking is to use a combination of pharmacotherapy and behavioural support, as for example provided in England by NHS Stop Smoking Services (SSS). However, while a majority of smokers report that they want to quit smoking, less than 10% access SSS each year.^[86] Most smokers attempt to quit without help ('cold turkey') or use over-the-counter NRT; and now electronic cigarettes.

The advantage of electronic cigarettes in this context is that, as shown in figure 6, they result in more smokers using some kind of medication or substitute for cigarettes to quit, and this appears to be increasing the proportion of smokers who quit. However the probability of quitting successfully without behavioural support, even with some form of nicotine replacement, is much lower than the quit rate among people who use SSS.^[87] Although this may reflect differences in motivation to engage fully with services, many of those who pass up on SSS to quit in other ways, and fail, represent missed opportunities.

Electronic cigarettes therefore increase smoking cessation to the extent that they draw in smokers who would not otherwise use a nicotine substitute in an attempt to quit, but reduce it to the extent that they take smokers away from SSS. The optimum solution for population health is to maximise both the use of electronic cigarettes among smokers, and the proportion of users who engage with SSS. This will require some changes to current SSS practice.

6. Regulation of electronic cigarettes in the UK

6.1 Current UK regulation

Electronic cigarettes are currently marketed in the UK under general product safety regulations which do not impose specific standards of purity or efficacy, and control advertising through voluntary codes of practice,^[88] which are now being reviewed,^[89] but deal with breaches reactively, in response to complaints, rather than proactively, through pre-screening. Proponents of this approach maintain that it minimises regulatory barriers and costs to product development and innovation, and that freedom to advertise maximises reach across the smoking population. Opponents hold that general product regulation does not ensure that products deliver nicotine reliably or without unnecessary and potentially hazardous components or contaminants, and allows inappropriate marketing, for example, to children or to non-smoking adults.

6.2 UK MHRA regulation

In 2013, after a consultation process that began in 2010, the UK MHRA announced that from 2016, it intended to regulate electronic cigarettes and other nicotine-containing products as medicines by function, and thus require manufacture to medicinal purity and delivery standards, and proactive controls on advertising.^[88] The proposed regulation, described as 'right touch', is intended to provide a relatively streamlined route to licensing, particularly by deeming any nicotine device that is proved to deliver nicotine to be effective as a smoking substitute or cessation aid, thus obviating the need for expensive clinical trials. Manufacturing to medicines standards does however represent a challenge and inevitably increases costs. On the positive side however, licensed NRT products currently enjoy a preferential 5% VAT rate, which to some extent offsets these additional costs, and will benefit from being prescribable on NHS prescriptions in the UK. Proponents of this approach welcome the quality and delivery standards imposed, and the advertising controls which should prevent marketing abuses before rather than after the event. Opponents argue that this level of regulation will stifle innovation and delay development of innovative products that could save lives.

These MHRA proposals were published before the revision of the EU Tobacco Products Directive in 2014 (see section 6.3), one consequence of which is to close off the option of deeming all nicotine products as medicines by function. MHRA regulation will therefore no longer be obligatory in the UK from 2016, but option of applying for a medicines licence remains open.

In March 2014 the European Parliament and Council moved to end marketing under general product safety regulations under the terms of the new Tobacco Product Directive (TPD).^[90] Under this directive, advertising of nicotine-containing devices that are not licensed as medicines will be prohibited, products will be required to carry health warnings, meet purity and emissions standards that are yet to be defined, provide data on nicotine uptake, be subject to restrictions on total nicotine content, and suppliers will be required to bear full responsibility for quality and safety when used 'under normal or reasonably foreseeable conditions'.^[90] Dates for enactment are yet to be specified, but legislation is expected to be required in member states by 2016, and full compliance by 2017. In practice, this means that from 2017 at the latest, suppliers will have to choose between the probably lower manufacturing costs but greater marketing restrictions imposed by the TPD, or to accept the higher manufacturing costs but other benefits of medicines licensing.

7. New developments

7.1 Technological developments

This is a rapidly developing field, and although this article has dealt predominantly with electronic cigarettes, there are many other novel nicotine devices in development likely to come to market in the relatively near future. British American Tobacco, for example, is bringing to market (via a wholly-owned subsidiary company, Nicoventures), a novel 'cigalike' device that is a nicotine metered dose inhaler, not an electronic cigarette.^[91] Philip Morris has also invested in a patented novel nicotine device, and other tobacco companies, the pharmaceutical industry and indeed electronic cigarette companies may elect to do the same. It is therefore likely that over the near term future, in addition to improvements and developments in the performance of electronic cigarette technology, novel devices that have similar or greater potential to appeal to smokers, and offer significantly greater purity and efficacy, and a lower hazard profile, will become available.

7.2 Licensing developments

It is now apparent that companies intending to market electronic cigarettes are now going to have to meet either medicines or TPD regulations, and probably from 2017 at the latest. Until the current draft of the TPD was circulated, applications to the MHRA in the public domain were few, but more manufacturers may now be considering opting for the clarity, albeit at a cost, of medicines regulation rather than the uncertainty and advertising restrictions of TPD regulation. The Nicoventures inhaler product is expected to be licensed by the MHRA, and marketed in the UK, within the year, and the same company has also applied for a medicines license for an electronic cigarette.^[91] Other tobacco companies may follow suit, while pharmaceutical companies, concerned by the loss of over-the-counter sales of NRT to electronic cigarettes, may also decide to enter this market. It is thus likely that by this time next year, health professionals will be able to prescribe, and patients will be asking them for, prescriptions of novel nicotine products. Some of those are likely to be produced by tobacco companies or wholly funded subsidiaries.

8. Research priorities

The world literature on harm reduction practice is extremely limited. Such data as is available on the content and emission characteristics of products currently on the UK market has been produced almost entirely by independent researchers, not by suppliers. Absorption characteristics are virtually unknown. However, this is data that can and should be required of manufacturers or suppliers, and will be as a result of medicines or TPD regulation, but for up to three years will not be required. While a clearly important area of research, it seems inappropriate to use scarce public research funding to provide this data. This responsibility should be placed, as soon as possible, on suppliers.

There is also questionable value in clinical trials of these products relative to NRT or placebo, if they are shown to deliver nicotine. There is a mass of evidence demonstrating that products that deliver nicotine help people stop smoking, which is why the MHRA, in its proposal for medicines licensing, does not require trial information. Requiring suppliers to demonstrate nicotine delivery and uptake will therefore obviate the need for placebo-controlled trials.

However, at a population level there is no experience of proactive introduction of a harm reduction strategy based on provision of alternative nicotine products anywhere in the world, and hence no direct evidence on the practical benefits, harms, opportunity costs or consequences of this approach. The key requirement of harm reduction research, in our view, is to monitor and where necessary identify opportunities to intervene to ensure that uptake and use follow patterns most likely to benefit public health; and act to prevent loopholes or practices that run counter to this objective.

Priorities in this regard therefore include:

- frequent surveys to monitor trends in use of harm reduction products, to enable prompt corrective action where necessary
- monitoring of advertising, product placement, celebrity endorsement, and other direct or indirect marketing approaches, to prevent promotion likely to work against public health (particularly, marketing to children and other non-nicotine users)
- surveillance and reporting systems to identify potential long-term adverse effects of use, both of nicotine and of the carriers (such as propylene glycol) used in these devices
- methods of integrating electronic cigarette or other nicotine devices into health services, in general and particularly in mental health settings, where conventional approaches have failed
- studies of the economic impact of electronic cigarettes on health and wider economic and societal costs

9. Summary and conclusions

Smoking kills, and millions of smokers alive today will die prematurely from their smoking unless they quit. This burden falls predominantly on the most disadvantaged in society. Preventing this death and disability requires measures that help as many of today's smokers to quit as possible. The option of switching to electronic cigarettes as an alternative and much safer source of nicotine, as a personal lifestyle choice rather than medical service, has enormous potential to reach smokers currently refractory to existing approaches. The emergence of electronic cigarettes and the likely arrival of more effective nicotine-containing devices currently in development provides a radical alternative to tobacco, and evidence to date suggests that smokers are willing to use these products in substantial numbers. Electronic cigarettes, and other nicotine devices, therefore offer vast potential health benefits, but maximising those benefits while minimising harms and risks to society requires appropriate regulation, careful monitoring, and risk management. However the opportunity to harness this potential into public health policy, complementing existing comprehensive tobacco control policies, should not be missed.

Declaration of interests

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Research paper

Levels of selected carcinogens and toxicants in vapour from electronic cigarettes

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Abstract

Significance Electronic cigarettes, also known as e-cigarettes, are devices designed to imitate regular cigarettes and deliver nicotine via inhalation without combusting tobacco. They are purported to deliver nicotine without other toxicants and to be a safer alternative to regular cigarettes. However, little toxicity testing has been performed to evaluate the chemical nature of vapour generated from e-cigarettes. The aim of this study was to screen e-cigarette vapours for content of four groups of potentially toxic and carcinogenic compounds: carbonyls, volatile organic compounds, nitrosamines and heavy metals.

Materials and methods Vapours were generated from 12 brands of e-cigarettes and the reference product, the medicinal nicotine inhaler, in controlled conditions using a modified smoking machine. The selected toxic compounds were extracted from vapours into a solid or liquid phase and analysed with chromatographic and spectroscopy methods.

Results We found that the e-cigarette vapours contained some toxic substances. The levels of the toxicants were 9–450 times lower than in cigarette smoke and were, in many cases, comparable with trace amounts found in the reference product.

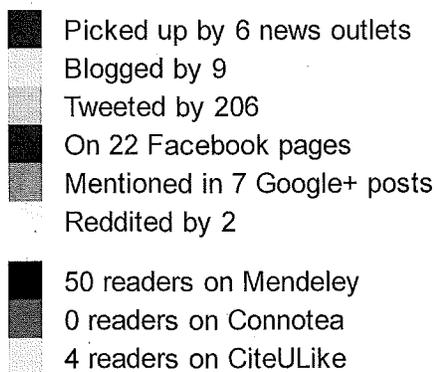
Conclusions Our findings are consistent with the idea that substituting tobacco cigarettes with e-cigarettes may substantially reduce exposure to selected tobacco-specific toxicants. E-cigarettes as a harm reduction strategy among smokers unwilling to quit, warrants further study. (To view this abstract in Polish and German, please see the supplementary files online.)



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Electronic cigarettes: fact and fiction

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Water Pipe Steam Stones: Familiarity and Use Among U.S. Young Adults

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Circulation 2014;129:19 1972-1986

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Chemical evaluation of electronic cigarettes

Tobacco Control 2014;23:suppl_2 ii11-ii17

[Abstract] [Full text] [PDF]

Electronic cigarettes and nicotine clinical pharmacology

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[Abstract] [Full text] [PDF]

Electronic cigarettes in the USA: a summary of available toxicology data and suggestions for the future

Tobacco Control 2014;23:suppl_2 ii18-ii22

[Abstract] [Full text] [PDF]

Electronic cigarettes: human health effects

Tobacco Control 2014;23:suppl_2 ii36-ii40

[Abstract] [Full text] [PDF]

Safety evaluation and risk assessment of electronic cigarettes as tobacco cigarette substitutes: a systematic review

Therapeutic Advances in Drug Safety 2014;5:2 67-86

[Abstract] [PDF]

New research shows electronic cigarettes better for quitting, than no aid; over the counter NRT worse than no aid

□ Grzegorz Krol | 7 February 2014

New research presented by Jamie Brown and colleagues at the Society for Research on Nicotine and Tobacco conference, 20th Annual Meeting, held in Seattle on Saturday, February 8, 2014 shows that smokers wishing to quit who used electronic-cigarettes had best outcomes.

The study was conducted on a large representative sample of the English population, and was based on people who had smoked during the last 12 months. It looked at those who had made at least one quit attempt using only an electronic cigarette, used only over-the-counter NRT, or used no aid in their most recent quit attempt. The outcome assessed was abstinence from cigarettes up to the time of the survey.

Users of electronic cigarettes performed best – 19.9% had stopped smoking, better than the 15.1% success for those who used no aid. Surprisingly (perhaps for some public health experts) OTC NRT users came off worst, with only 10.0% abstinent.

Caution is needed: this is an abstract, and publication of the full paper will give further details. More details are needed about the length of abstinence from smoking. Those using NRT may be a different segment of the smoking population than those using electronic cigarettes: however the research team found that the difference persisted after adjusting for factors that might influence outcome such as smokers' levels of nicotine dependence.

The recent randomised controlled trial by Chris Bullen and colleagues showed that electronic cigarettes were equally as effective as NRT patches. It is difficult to extrapolate from RCTs to real world conditions. Hence the significance of the Jamie Brown study.

This study is complemented by growing evidence of the increasing popularity of e-cigarettes for switching from smoking. Robert West's Smoking Toolkit data shows that since 2013 electronic cigarette use has surpassed NRT; that almost 1 in 3 quit attempts involve the use of electronic cigarettes, that they are now the most commonly used resource for the last quit attempt (exceeding OTC NRT, varenicline, prescribed NRT, and behavioural support) and that there has been a decrease in use of other aids to smoking cessation.

The findings raise further questions about the effectiveness of OTC NRT. As recently reported, OTC NRT use in self-initiated quit attempts confers no advantage over stopping without any aid (Kotz, Brown, & West, 2013). At a population level, there is no measurable effect of OTC NRT on the overall prevalence of smoking.

Implications for public health experts and advisors

Gerry Stimson says: 'This study adds to the growing scientific evidence about the effectiveness of electronic

cigarettes and the seemingly lesser effectiveness of over the counter NRT. It could be said that it is no longer ethical to give advice to smokers that discourages use of electronic cigarettes and that advises smokers who wish to quit to use only medically licensed products such as gums, tablets and patches.'

This is the full abstract of the study:

Abstract from Society for Research on Nicotine and Tobacco conference, 20th Annual Meeting

PA18-4

REAL-WORLD EFFECTIVENESS OF E-CIGARETTES: A POPULATION STUDY

Jamie Brown*, Ph.D., 1,2, Emma Beard, Ph.D., 1, Daniel Kotz, Ph.D., 1,3, Susan Michie, D.Phil., 2, 4, Robert West, Ph.D., 1, 4
1 Cancer Research UK Health Behaviour Research Centre, University College London, WC1E 6BT, UK 2 Department of Clinical, Educational and Health Psychology, University College London, London, UK 3 Department of General Practice, CAPHRI School for Public Health and Primary Care, Maastricht University Medical Centre, Maastricht, the Netherlands 4 National Centre for Smoking Cessation and Training, London, UK

Background: Electronic cigarettes (e-cigarettes) are rapidly increasing in popularity. Two randomised controlled trials have suggested that e-cigarettes can aid smoking cessation but there are many factors that could influence their real-world effectiveness. This study aimed to assess, using an established methodology, the effectiveness of e-cigarettes compared with nicotine replacement therapy (NRT) bought over-the-counter and with unaided quitting in the general population.

Methods: A large survey of a representative sample of the English population. The study included 5726 adults who had smoked within the previous 12 months and made at least one quit attempt during that period with either an e-cigarette only (n=391), NRT bought over-the-counter only (n=2031) or no aid in their most recent quit attempt (n=3304). The primary outcome measure was self-reported abstinence up to the time of the survey, adjusted for key potential confounders including nicotine dependence.

Results: E-cigarette users were more likely still to be abstinent than either those who used NRT bought over-the-counter (OR=2.23, 95%CI=1.67- 2.97, 19.9% vs. 10.0%) or no aid (OR=1.40, 95%CI=1.07-1.82, 19.9% vs. 15.1%). The adjusted odds of non-smoking in users of e-cigarettes were 1.66 (95%CI=1.17-2.36) times higher compared with users of NRT bought over-the-counter and 1.60 (95%CI=1.15-2.23) times higher compared with those using no aid.

Conclusion: Among smokers stopping without professional support, those who use e-cigarettes appear more likely to be able to remain abstinent than those who use a licensed NRT product bought over-the-counter or no aid to cessation. This difference persists after adjusting for a wide range of smoker characteristics such as nicotine dependence.

FUNDING: JB's post is funded by a fellowship from the UK Society for the Study of Addiction. RW is

funded by Cancer Research UK. We are grateful to Cancer Research UK, the Department of Health and Pfizer for funding this study. This study is partly funded by Pfizer under an investigator initiated award.

SRNT abstracts can be found here – 2014 Rapid Response Abstract Book

Bullen, C., Howe, C., Laugesen, M., McRobbie, H., Parag, V., Williman, J., & Walker, N. (2013). Electronic cigarettes for smoking cessation: a randomised controlled trial. *Lancet*, 382(9905), 1629–37. doi:10.1016/S0140-6736(13)61842-5

Kotz, D., Brown, J., & West, R. (2013). “Real-world” effectiveness of smoking cessation treatments: a population study. *Addiction* doi:10.1111/add.12429

10 Comments

Nicotine Science and Policy

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Joe • 6 months ago

1 year ago today since I have been cigarette free. I like many others did patches, gum, pills. None of those worked. 3 days after I got my ecig I have been smoke free. 2 to 2.5 pack a day habit easily taken care of with ecig. I'm 53 yrs old and yes the flavors are a big part of helping me quit. Started at 36 mg and in one year down to 12mg and sometimes 8mg and zero. If anyone reading this is on the fence about ecigs then please believe this. These can save you or a loved ones life. I was extremely addicted to smoking. I can go 2 or 3 hours without ecig and when smoking no more than 20 min. Support ecigs even if your not a smoker and help save some people.

2 ▲ ▾ • Reply • Share ↗



Michael Reynolds • 8 months ago

NRT didn't work for me. I had tried for many years, using patches, gum, inhalators, nasal spray, mouth spray, Champix, cold turkey and counselling alongside NRT.

I had a heart attack in March 2013. I was rushed to hospital for emergency angioplasty and had a stent fitted. I was told that if I didn't stop smoking I could be dead within a year. That should be enough to make you want to quit smoking completely. Once again, I was given patches and nasal spray, starting while I was still in hospital.

I soon ended up smoking again as the cravings and withdrawal symptoms were too much to cope with. I even smoked while wearing patches.

A month ago, I bought an e-cigarette after a friend told me how they had helped her to stop smoking.

The day I bought my e-cigarette was the last time I smoked a tobacco cigarette. I have had zero cravings or withdrawal symptoms.

My breathing has improved vastly in the short time I've been vaping. While I smoked, I could hardly walk and keep up with people as I got so out of breath. Now I'm walking normally and

[see more](#)

2 [...](#) • [Reply](#) • [Share](#)



keith stammers • 8 months ago

The forces against the electronic cigarettes are aligning , a motley group of unlikely allies, with questionable ethics and even more questionable motivations all with one aim in common - to fight off this young and vulnerable new technology that threatens to make them redundant. So who are this repugnant crew ? Big Pharma with its NRT and tobacco related disease drugs [worth over \$289 billion per year worldwide] , with their illegitimate father Big Tobacco still killing it's customers or driving them into arms of Big Pharma before they pass on , then you have the freeloader uncle, tobacco related harm groups and assorted bucket loads of charity's, that just love to live off misery of others [who else is going to pay for the new Mercedes if not those kind souls who think their pennies actually go to the victims?] The you have the abusive step- mother who lets it all happen as long as she gets hers, Government with it's tobacco taxes. "The customer be-damned is their mantra", these people will fight till the death because if the poor old electronic cigarette wins they will have to seek honest employment and this is something they dread . So what of the poor smoker looking for a healthier alternative to tobacco? Who is looking out for them, other than themselves? NO ONE !

10 [...](#) • [Reply](#) • [Share](#)



Melody Chard > keith stammers • 8 months ago

So true Keith! We are going to have to look out for ourselves....even if that means civil disobedience I think! I am prepared to go underground if that's what it takes! I am not going to let them snuff me out so they can make a buck of my suffering! I know there are plenty of us out here willing to start digging our tunnels. The "Powers that Be" can kiss my vaping ass!

6 [...](#) • [Reply](#) • [Share](#)



dodderer1 • 8 months ago

Combining this result with the "Real-world" study conclusion

"After adjusting for major confounding variables such as tobacco dependence, smokers in England who use a combination of behavioural support and pharmacotherapy in their quit attempts have almost three times the odds of success than those who use neither pharmacotherapy nor

10/22/2014

New research shows electronic cigarettes better for quitting, than no aid; over the counter NRT worse than no aid - Nicotine Science and Policy
times the odds of success than those who use neither pharmacotherapy nor behavioural support. Smokers who buy nicotine replacement therapy over the counter with no behavioural support have similar odds of success in stopping as those who stop without any aid."

we conclude that NRT+behavioural support is more effective than anything - voila! Double the Smoking Cessation Services funding now.

I think the researchers' biases are the biggest confounding variable.

1   • Reply • Share >



castello > dodderer1 • 6 months ago

E-cigs work way better than any thing else! Quit wasting money on the smoking cessations services. They are feeding false info about e-cigs to the world!

1   • Reply • Share >



disqus_ovxuopQYu5 • 8 months ago

I do well on my vapor device or ecig to some. 35 years tobacco use I feel great being a non smoker for the past year. I am tired of the lies about this great invention it works several million people have switched to this over the world and we are fighting the right to have this alternative accepted and endorsed. If you smoke tobacco switch to ecigs and save your life. I will continue to use this device even if its illegal or banned everywhere. Because I know the science behind this device is positive despite the corruption of government and health groups. I don t want COPD or lung cancer or other cancers.

11   • Reply • Share >



Richard Thomas • 9 months ago

I've been saying that we are the most successful quit method out there. And soon will be more successful than all other methods combined. Critics use half truths and outright lies against us. So if my claim is not yet supported. Then oh well. Part of the success here is that the contents aren't limited by regulations. That is one thing that has screwed up other methods. Because all other FDA methods fail. I actually feel safer knowing Vaping is not approved.

10   • Reply • Share >



Melody Chard > Richard Thomas • 9 months ago

I agree that it has been a miracle for me and my hubby! I worry about the government getting its hands on e-cigs in any way, shape or form, but we know they are just itching to tax the living crap out of it somehow. I think it should not be sold to minors as far as regulation goes....but other than that, I want the government to stay away from something they didn't create for us, and we don't want to see them mess it up. If they regualte it as a medicine, that gives our e-juice to Big Pharma.....nightmare scenario for sure!!!! As a tobacco product....which it is not, would give the government the right to tax it out of existance. I know Big Pharma is losing money due to e-cigs, and so is tobacco, but I really don't care about them

10/22/2014

New research shows electronic cigarettes better for quitting, than no aid; over the counter NRT worse than no aid - Nicotine Science and Policy
losing money due to e-cigs, and so is tobacco, but they don't care about them.

They have made enough money off of us over the years. They don't care about helping the health of Canadians any more than Health Canada.....everyone wants their cash cows back, and they all seem to feed from the same trough. Its time for them to go on a diet I think!

14  • Reply • Share >



Melody Chard • 9 months ago

I smoked for 45 years and I was able to break those chains with e-cigs. I have been vaping for almost 5 years now, and it was the easiest transition I ever could have imagined. I could never return to stinky tobacco. I had tried every stop smoking aid known to man and Health Canada, and failed every attempt until I found e-cigs. I feel amazing, and my hubby has finally kicked his tobacco habit this year using e-cigs. They have been a gift in our lives. I use e-cigs as a safer alternative to tobacco, and like that I can reap the health benefits of low nicotine usage too. I have no plans to stop vaping. I think Public Health organizations that demonize e-cigs should hang their heads in shame. There is so much real, peer reviewed and published research out there now, they can no longer say it is dangerous and to stay away. In my opinion, they have lost all credibility with the masses. I personally know I no longer trust anything they say, and I am not alone!! They no longer have my support or respect. I give e-cigs a hi five!!!!

19  • Reply • Share >

Statement from specialists in nicotine science and public health policy

Dr Margaret Chan
Director General
World Health Organisation
Geneva

CC: IFCTC Secretariat, Parties to the FCTC, WHO Regional Offices

26 May 2014

Dear Dr Chan

Reducing the toll of death and disease from tobacco – tobacco harm reduction and the Framework Convention on Tobacco Control (FCTC)

We are writing in advance of important negotiations on tobacco policy later in the year at the FCTC Sixth Conference of the Parties. The work of WHO and the FCTC remains vital in reducing the intolerable toll of cancer, cardiovascular disease and respiratory illnesses caused by tobacco use. As WHO has stated, up to one billion preventable tobacco-related premature deaths are possible in the 21st Century. Such a toll of death, disease and misery demands that we are relentless in our search for all possible practical, ethical and lawful ways to reduce this burden.

It is with concern therefore that a critical strategy appears to have been overlooked or even purposefully marginalised in preparations for FCTC COP6. We refer to tobacco harm reduction. The idea that the 1.3 billion people who currently smoke could do much less harm to their health if they consumed nicotine in low risk, non-combustible form.

We have known for years that people smoke for the nicotine, but die from the smoke: the vast majority of the death and disease attributable to tobacco arises from inhalation of tar particles and toxic gases drawn into the lungs. There are now rapid developments in nicotine-based products that can effectively substitute for cigarettes but with very low risks. These include for example, e-cigarettes and other vapour products, low nitrosamine smokeless tobacco such as snus, and other low risk non-combustible nicotine or tobacco products that may become viable alternatives to smoking in the future. Taken together, these tobacco harm reduction products could play a significant role in meeting the 2025 U.N. non-communicable disease (NCD) objectives by driving down smoking prevalence and cigarette consumption. Indeed, it is hard to imagine major reductions in tobacco-related NCDs without the contribution of tobacco harm reduction. Even though most of us would prefer people to quit smoking and using nicotine altogether, experience suggests that many smokers cannot or choose not to give up nicotine and will continue to smoke if there is no safer alternative available that is acceptable to them.

We respectfully suggest that the following principles should underpin the public health approach to tobacco harm reduction, with global leadership from WHO:

Statement from specialists in nicotine science and public health policy

1. Tobacco harm reduction is part of the solution, not part of the problem. It could make a significant contribution to reducing the global burden of non-communicable diseases caused by smoking, and do so much faster than conventional strategies. If regulators treat low-risk nicotine products as traditional tobacco products and seek to reduce their use without recognising their potential as low-risk alternatives to smoking, they are improperly defining them as part of the problem.
2. Tobacco harm reduction policies should be evidence-based and proportionate to risk, and give due weight to the significant reductions in risk that are achieved when a smoker switches to a low-risk nicotine product. Regulation should be proportionate and balanced to exploit the considerable health opportunities, while managing residual risks. The architecture of the FCTC is not currently well suited to this purpose.
3. On a precautionary basis, regulators should avoid support for measures that could have the perverse effect of prolonging cigarette consumption. Policies that are excessively restrictive or burdensome on lower-risk products can have the unintended consequence of protecting cigarettes from competition from less hazardous alternatives, and cause harm as a result. Every policy related to low-risk, non-combustible nicotine products should be assessed for this risk.
4. Targets and indicators for reduction of tobacco consumption should be aligned with the ultimate goal of reducing disease and premature death, not nicotine use per se, and therefore focus primarily on reducing smoking. In designing targets for the non-communicable disease (NCD) framework or emerging Sustainable Development Goals, it would be counterproductive and potentially harmful to include reduction of low-risk nicotine products, such as e-cigarettes, within these targets: instead these products should have an important role in meeting the targets.
5. Tobacco harm reduction is strongly consistent with good public health policy and practice and it would be unethical and harmful to inhibit the option to switch to tobacco harm reduction products. As the WHO's Ottawa Charter states: "Health promotion is the process of enabling people to increase control over, and to improve, their health". Tobacco harm reduction allows people to control the risk associated with taking nicotine and to reduce it down to very low or negligible levels.
6. It is counterproductive to ban the advertising of e-cigarettes and other low-risk alternatives to smoking. The case for banning tobacco advertising rests on the great harm that smoking causes, but no such argument applies to e-cigarettes, for example, which are far more likely to reduce harm by reducing smoking. Controls on advertising to non-smokers, and particularly to young people are certainly justified, but a total ban would have many negative effects, including protection of the cigarette market and implicit support for tobacco companies. It is possible to target advertising at existing smokers where the benefits are potentially huge and the risks minimal. It is inappropriate to apply Article 13 of the FCTC (Tobacco advertising, promotion and sponsorship) to these products.

Statement from specialists in nicotine science and public health policy

7. It is inappropriate to apply legislation designed to protect bystanders or workers from tobacco smoke and vapour products. There is no evidence at present of material risk to health from vapour emitted from e-cigarettes. Decisions on whether it is permitted or banned in a particular space should rest with the owners or operators of public spaces, who can take a wide range of factors into account. Article 8 of the FCTC (Protection from exposure to tobacco smoke) should not be applied to these products at this time.
8. The tax regime for nicotine products should reflect risk and be organised to create incentives for users to switch from smoking to low risk harm reduction products. Excessive taxation of low risk products relative to combustible tobacco deters smokers from switching and will cause more smoking and harm than it otherwise would be.
9. WHO and national governments should take a dispassionate view of scientific arguments, and not accept or promote flawed media or activist misinterpretations of data. For example, much has been made of 'gateway effects', in which use of low risk products would, it is claimed, lead to use of high risk smoked products. We are unaware of any credible evidence that supports this conjecture. Indeed, similar arguments have been made about the use of smokeless tobacco in Scandinavia but the evidence is now clear that this product has made a significant contribution to reducing both smoking rates and tobacco related disease, particularly among males.
10. WHO and parties to the FCTC need credible objective scientific and policy assessments with an international perspective. The WHO Study Group on Tobacco Product Regulation (TobReg) produced a series of high quality expert reports between 2005 and 2010. This committee should be constituted with world class experts and tasked to provide further high grade independent advice to the WHO and Parties on the issues raised above.

The potential for tobacco harm reduction products to reduce the burden of smoking related disease is very large, and these products could be among the most significant health innovations of the 21st Century!—perhaps saving hundreds of millions of lives. The urge to control and suppress them as tobacco products should be resisted and instead regulation that is fit for purpose and designed to realise the potential should be championed by WHO. We are deeply concerned that the classification of these products as tobacco and their inclusion in the FCTC will do more harm than good, and obstruct efforts to meet the targets to reduce non-communicable disease we are all committed to. We hope that under your leadership, the WHO and FCTC will be in the vanguard of science based, effective and ethical tobacco policy, embracing tobacco harm reduction.

We would be grateful for your considered reaction to these proposals, and we would like to request a meeting with you and relevant staff and a small delegation of signatories to this letter. This statement and any related information will be available on the Nicotine Science and Policy web site (<http://nicotinepolicy.net>) from 29 May 2014.

Yours sincerely,

Statement from specialists in nicotine science and public health policy

Signatories to this statement at 26 May 2014:

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Statement from specialists in nicotine science and public health policy

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Statement from specialists in nicotine science and public health policy

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Owners of empty storefronts forced to rent or pay city fees

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A "For Rent" sign sits in the window of an empty storefront at 1918 Taraval Street in the Sunset District.

San Francisco loves to hate its empty storefronts.

For years merchants and residents have complained about how empty storefronts are a bane, attracting crime, graffiti and hampering economic activity. In 2009, empty storefronts were such a plague that The City got a little creative by launching an Art in Storefronts pilot program to try and bring a little life to the shuttered spaces in the Mid-Market and Tenderloin neighborhoods.

While empty storefronts are much maligned, the fact is that they are private property, and landlords can choose to rent them or not -- only now if they don't rent, it'll cost them. A new city law requires owners of any storefront left vacant for more than 270 days to pay \$765

annually and register with The City.

Supervisor Katy Tang, who introduced the legislation, which was approved by the Board of Supervisors, made her case for its need by pointing to city data showing there were more than 45 vacant ground floor commercial spaces in the Sunset District, with 24 on Taraval Street, which she represents. Also, she noted that there were 179 vacant storefronts counted recently in 25 commercial corridors citywide.

Judging by Tang's legislation, empty storefronts are sinister. "In addition to being eyesores, these vacant commercial storefronts have a detrimental impact on the economic viability of the commercial corridors in which they are located. Vacant storefronts often attract illegal activity, such as squatting, vandalism, and dumping," the legislation says. "Such activity not only repels would-be customers and patrons from commercial corridors, but also places an undue burden on city agencies."

The fee for empty storefronts builds on an existing requirement for owners of vacant buildings to pay a fee and register with the city, which began in 2009, but excluded buildings with residences above commercial space.

The list of vacant buildings "with the building boom still going, has actually fallen from 500 during the recession of a couple of years ago to about 240 today," Department of Building Inspection spokesman William Strawn said in June.

Storefront owners who are actively acquiring permits or trying to proactively lease space, such as by having hired a real estate agent or listing the property for lease, can receive an exemption.

The Small Business Commission has discussed the need for something like Tang's proposal for at least four years. "This legislation will patch a critical gap in the existing vacant building registration ordinance," Small Business Commission director Regina Dick-Endrizz said in a letter to the board.

Some who are working to revitalize commercial corridors see the registry as valuable assistance.

"An up-to-date registry of property owners and those responsible for maintaining vacant buildings will ensure that we know whom to contact to address problems and to facilitate negotiations with potential interested tenants," said Angela Minkin, chair of the Excelsior Action Group Advisory Board.

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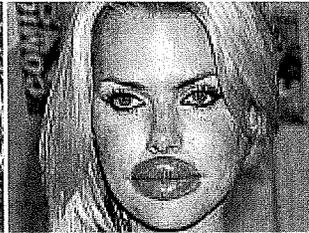
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Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study

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ABSTRACT

Background and Aims Electronic cigarettes (e-cigarettes) are rapidly increasing in popularity. Two randomized controlled trials have suggested that e-cigarettes can aid smoking cessation, but there are many factors that could influence their real-world effectiveness. This study aimed to assess, using an established methodology, the effectiveness of e-cigarettes when used to aid smoking cessation compared with nicotine replacement therapy (NRT) bought over-the-counter and with unaided quitting in the general population. **Design and Setting** A large cross-sectional survey of a representative sample of the English population. **Participants** The study included 5863 adults who had smoked within the previous 12 months and made at least one quit attempt during that period with either an e-cigarette only ($n = 464$), NRT bought over-the-counter only ($n = 1922$) or no aid in their most recent quit attempt ($n = 3477$). **Measurements** The primary outcome was self-reported abstinence up to the time of the survey, adjusted for key potential confounders including nicotine dependence. **Findings** E-cigarette users were more likely to report abstinence than either those who used NRT bought over-the-counter [odds ratio (OR) = 2.23, 95% confidence interval (CI) = 1.70–2.93, 20.0 versus 10.1%] or no aid (OR = 1.38, 95% CI = 1.08–1.76, 20.0 versus 15.4%). The adjusted odds of non-smoking in users of e-cigarettes were 1.63 (95% CI = 1.17–2.27) times higher compared with users of NRT bought over-the-counter and 1.61 (95% CI = 1.19–2.18) times higher compared with those using no aid. **Conclusions** Among smokers who have attempted to stop without professional support, those who use e-cigarettes are more likely to report continued abstinence than those who used a licensed NRT product bought over-the-counter or no aid to cessation. This difference persists after adjusting for a range of smoker characteristics such as nicotine dependence.

Keywords Cessation, cross-sectional population survey, e-cigarettes, electronic cigarettes, nicotine replacement therapy, NRT, quitting, smoking.

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INTRODUCTION

Smoking is one of the leading risk factors for premature death and disability and is estimated to kill 6 million people world-wide each year [1]. The mortality and morbidity associated with cigarette smoking arises primarily from the inhalation of toxins other than nicotine contained within the smoke. Electronic cigarettes (e-cigarettes) provide nicotine via a vapour that is drawn into the mouth, upper airways and possibly lungs [2,3].

These devices use a battery-powered heating element activated by suction or manually to heat a nicotine solution and transform it into vapour. By providing a vapour containing nicotine without tobacco combustion, e-cigarettes appear able to reduce craving and withdrawal associated with abstinence in smokers [2,4,5], while toxicity testing suggests that they are much safer to the user than ordinary cigarettes [3].

E-cigarettes are increasing rapidly in popularity: prevalence of ever-use among smokers in the United

States appears to have increased from approximately 2% in 2010 to more than 30% in 2012, and the rate of increase appears to be similar in the United Kingdom [6–9]. Although there are concerns about their wider public health impact relating to the renormalization of smoking and promotion of smoking in young people, crucially two randomized controlled trials have suggested that e-cigarettes may aid smoking cessation [10,11]. However, there are many factors that influence real-world effectiveness, including the brand of e-cigarette, the way they are used and who chooses to use them [12]. Therefore, it is a challenge to establish probable contribution to public health through randomized efficacy trials alone. Moreover, this kind of evidence will take many years to emerge, and in the meantime the products are developing rapidly and countries require evidence on effectiveness to inform decisions on how to regulate them [13–19]. As a result, there is an urgent need to be able to make an informed judgement on the real-world effectiveness of currently popular brands as chosen by the millions of smokers across the world who are using them in an attempt to stop smoking [6–9].

Several studies have attempted to examine the relationship between the use of e-cigarettes and smoking status in the real world by surveying regular e-cigarette users [20–27]. These studies—including one using a longitudinal design [27]—have found that users consistently report that e-cigarettes helped them to quit or reduce their smoking. However, because the samples were self-selected, the results have to be interpreted with caution. In more general samples the evidence is less positive. One national study of callers to a quitline, which assessed the cross-sectional association of e-cigarette use and current smoking status at a routine follow-up evaluation of the quitline service, found that e-cigarette users compared with never users were less likely to be abstinent [28]. In a longitudinal study of a general population sample, e-cigarette users at baseline were no more likely to have quit permanently at a 12-month follow-up despite having reduced their cigarette consumption [29]. However, neither of these studies adjusted for important potential confounding variables and both evaluated the association between quitting and the use of e-cigarettes for any purpose, not specifically as an aid to quitting. It is crucial to distinguish between the issue of whether use of e-cigarettes in a quit attempt improves the chances of success of that attempt from the issue of whether the use of e-cigarettes, for whatever purpose, such as aiding smoking reduction or recreation, promotes or suppresses attempts to stop. In determining the overall effect on public health both considerations are important, but they require different methodologies to address them.

An ongoing national surveillance programme (the Smoking Toolkit Study) has been tracking the use of

e-cigarettes as a reported aid to cessation among the general population in England since July 2009 [30]. This programme has established a method of assessing real-world effectiveness of aids to cessation by comparing the success rates of smokers trying to quit with different methods and adjusting statistically for a wide range of factors that could bias the results, such as nicotine dependence [31]. The method has been able to detect effects of behavioural support and prescription medications to aid cessation and found a higher rate of success when using varenicline than prescription nicotine replacement therapy (NRT) [32,33], supporting findings from randomized controlled trials and clinical observation studies [34–37]. This method cannot achieve the same level of internal validity as a randomized controlled trial, but clearly has greater external validity, so both are important in determining the potential public health contribution of devices hypothesized to aid cessation, such as e-cigarettes.

Given that smokers already have access to licensed NRT products, it is important to know whether e-cigarettes are more effective in aiding quitting. This comparison is particularly important for two reasons. First, buying a licensed NRT product from a shop, with no professional support, is the most common way of using it in England, and secondly, previous research has found that this usage was not associated with greater success rates than quitting unaided in the real-world [33]. It is therefore important to know whether e-cigarettes can increase abstinence compared to NRT bought over-the-counter.

The current study addressed the question of how effective e-cigarettes are compared with NRT bought over-the-counter and unaided quitting in the general population of smokers who are attempting to stop.

METHODS

Study design

The design was cross-sectional household surveys of representative samples of the population of adults in England conducted monthly between July 2009 and February 2014. To examine the comparative real-world effectiveness of e-cigarettes, the study compared the self-reported abstinence rates of smokers in the general population trying to stop who used e-cigarettes only (i.e. without also using face-to-face behavioural support or any medically licensed pharmacological cessation aid) with those who used NRT bought over-the-counter only or who made an unaided attempt, while adjusting for a wide range of key potential confounders. The surveys are part of the ongoing Smoking Toolkit Study, which is designed to provide information about smoking

prevalence and behaviour in England [30]. Each month a new sample of approximately 1800 adults aged ≥ 16 years are selected using a form of random location sampling, and complete a face-to-face computer-assisted survey with a trained interviewer. The full methods have been described in detail and shown to result in a sample that is nationally representative in its socio-demographic composition and proportion of smokers [30]. Approval was granted by the ethics committee of University College London, UK.

Study population

For the current study, we used aggregated data from respondents to the survey in the period from July 2009 (the first wave to track use of e-cigarettes to aid cessation) to February 2014 (the latest wave of the survey for which data were available), who smoked either cigarettes (including hand-rolled) or any other tobacco product (e.g. pipe or cigar) daily or occasionally at the time of the survey or during the preceding 12 months. We included those who had made at least one quit attempt in the preceding 12 months, assessed by asking: 'How many serious attempts to stop smoking have you made in the last 12 months? By serious attempt I mean you decided that you would try to make sure you never smoked again. Please include any attempt that you are currently making and please include any successful attempt made within the last year'. We included respondents who used either e-cigarettes or NRT bought over-the-counter during their most recent quit attempt, and an unaided group defined as those who had not used any of the following: e-cigarettes; NRT bought over-the-counter; a prescription stop-smoking medication; or face-to-face behavioural support. We excluded those who used either e-cigarettes or NRT bought over-the-counter in combination with one another, a prescription stop-smoking medication or face-to-face behavioural support.

Measurement of effect: quitting method

The use of different quitting methods were assessed for the most recent attempt by asking: 'Which, if any, of the following did you try to help you stop smoking during the most recent serious quit attempt?' and included: (i) e-cigarettes; (ii) NRT bought over-the-counter; (iii) no aid (i.e. had not used any of e-cigarettes, NRT bought over-the-counter, a prescription stop-smoking medication or face-to-face behavioural support).

Measurement of outcome: self-reported non-smoking

Our primary outcome was self-reported non-smoking up to the time of the survey. Respondents were asked: 'How long did your most recent serious quit attempt last before

you went back to smoking?'. Those responding 'I am still not smoking' were defined as non-smokers. Previous research has shown that self-reported abstinence in surveys of this kind is not subject to the kind of biases observed in clinical trials where there is social pressure to claim abstinence [38].

Measurement of potential confounders

We measured variables potentially associated with the different quitting methods and that may also have an effect on the outcome. These potential confounders were chosen a priori. The most important factor was nicotine dependence, for which we used two questions. First, time spent with urges to smoke was assessed by asking all respondents: 'How much of the time have you felt the urge to smoke in the past 24 hours? Not at all (coded 0), a little of the time (i), some of the time (ii), a lot of the time (iii), almost all of the time (iv), all of the time (v)'. Secondly, strength of urges to smoke was measured by asking: 'In general, how strong have the urges to smoke been? Slight (i), moderate (ii), strong (iii), very strong (iv), extremely strong (v)'. This question was coded '0' for smokers who responded 'not at all' to the previous question. In this population these two ratings have been found to be a better measure of dependence (i.e. more closely associated with relapse following a quit attempt) than other measures [32,33,39]. The demographic characteristics assessed were age, sex and social grade (dichotomized into two categories: ABC1, which includes managerial, professional and intermediate occupations; and C2DE, which includes small employers and own-account workers, lower supervisory and technical occupations, and semi-routine and routine occupations, never workers and long-term unemployed). We also assessed the number of quit attempts in the last year prior to the most recent attempt, time since the most recent quit attempt was initiated (either more or less than 6 months ago), whether smokers had tried to quit abruptly or gradually and the year of the survey.

Analysis

Bivariate associations between the use of different quitting methods and potentially confounding socio-demographic and smoking history variables were assessed with χ^2 tests and one-way analyses of variance (ANOVA)s for categorical and continuous variables, respectively. Significant omnibus results were investigated further by post-hoc Sidak-adjusted χ^2 tests and t-tests.

Our measure of dependence (strength of urges to smoke) assumed that the score relative to other smokers would remain the same from pre- to post-quitting [32,33]. If a method of quitting reduced the strength of

urges to smoke more than another method, this would tend to underestimate the effectiveness of that intervention because the smokers using this method would appear to be less dependent. To test for this bias, we used an analysis of covariance (ANCOVA) to examine whether the difference in strength of urges to smoke in smokers versus non-smokers depended upon the method of quitting, adjusting for the time since the quit attempt started.

In the analysis of the associations between quitting method and abstinence, we used a logistic regression model in which we regressed the outcome measure (self-reported non-smoking compared with smoking) on the effect measure (use of e-cigarettes compared with either NRT bought over-the-counter or no aid). The primary analysis was an adjusted model that included the potential confounders listed above and two interaction terms: (i) between time since last quit attempt and time spent with urges, and (ii) between time since last quit attempt and strength of urges to smoke. These interaction terms were used to reflect the fact that urges to smoke following a quit attempt are influenced by whether an individual is currently abstinent and the duration of abstinence [32,33]. In addition to the model from the primary analysis ('fully adjusted model'; model 4), we constructed a simple model including only the effect measure ('unadjusted model'; model 1), a model that included the effect measure, year of the survey and all potential confounders except for the two measures of tobacco dependence, and a model that included all variables from the previous model and the two measures of tobacco dependence but without their interaction terms ('partially adjusted models'; models 2 and 3, respectively) to assess the extent of confounding by dependence. As post-hoc sensitivity analyses, the models were re-examined using different potential confounders from the ones specified a priori and reported in previous publications using the same methodology [32,33]. First, the time since the initiation of the quit attempt was included using the following six categories: 'in the last week'; 'more than a week and up to a month'; 'more than 1 month and up to 2 months'; 'more than 2 months and up to 3 months'; 'more than 3 months and up to 6 months'; and 'more than 6 months and up to a year'. Secondly, an additional index of dependence—the heaviness of smoking index (HSI) [40]—was included. The HSI was assessed by asking current smokers to estimate current cigarettes per day and time to first cigarette (the two items comprising HSI) and by asking non-smokers to recall these behaviours prior to their quit attempt. Finally, in post-hoc subgroup analyses all models were repeated (i) among those reporting smoking one or more than one cigarette per day (CPD) to determine whether inclusion of very light smokers might have had an influence on the results; (ii) among those completing the survey between 2012–14

once e-cigarette usage had become prevalent; and (iii) in the two subsamples of respondents who had started their most recent quit attempt less or more than 6 months ago, in order to assess the interplay between long-term effectiveness and the occurrence of differential recall bias. All analyses were performed with complete cases.

RESULTS

A total of 6134 respondents reported a most recent quit attempt in the last 12 months that was either unaided ($n = 3477$) or supported by NRT bought over-the-counter ($n = 2095$), e-cigarettes ($n = 489$) or both ($n = 73$). Those using both were excluded as were those using a prescription stop-smoking medication or face-to-face behavioural support in combination with either NRT bought over-the-counter ($n = 173$) or e-cigarettes ($n = 25$). Thus, the study population consisted of 5863 smokers who had made an attempt to quit in the previous year, of whom 7.9% (464) had used e-cigarettes, 32.8% (1922) had used NRT bought over-the-counter and 59.3% (3477) had used no aid to cessation. Quitting method did not differ by sex or the number of quit attempts in the past year but was associated with age, social grade, time since the quit attempt started, CPD, smoking less than one CPD, the measures of dependence (time with and strength of urges and HSI) and whether the attempt had begun abruptly (see Table 1). The post-hoc comparisons showed that those who used either e-cigarettes or no aid were younger than those using NRT over-the-counter, and that those who used NRT over-the-counter or no aid were more likely to hold a lower social grade than those using e-cigarettes. As would be expected, given the recent advent of e-cigarettes, the quit attempts of e-cigarette users were less likely to have begun more than 6 months previously than those using NRT over-the-counter or no aid. Those using NRT bought over-the-counter smoked more cigarettes and scored higher than either of the other two groups on all measures of dependence. E-cigarette users smoked more cigarettes, and were more dependent by the strength of urges measure and HSI than those using no aid. Finally, those using no aid were more likely to have smoked less than one CPD and stopped abruptly than the other two groups.

Strengths of urges to smoke were higher in smokers than in non-smokers (see Table 2). However, the mean differences in strength of urges between smokers and non-smokers were similar across method of quitting: the interaction between smoking status (smokers versus non-smokers) and method of quitting in an ANCOVA of the strength of urges adjusted for the time since quit attempt started was not significant ($F_{(2, 5856)} = 1.50, P = 0.22$).

Non-smoking was reported among 20.0% (93 of 464) of those using e-cigarettes, 10.1% (194 of 1922) using

Table 1 Associations between characteristics of the sample and use of different quitting methods.

	E-cigarettes (n = 464)	NRT over-the-counter [§] (n = 1922)	No aid (n = 3477)	P
Mean (SD) age	39.0 (15.6) ^a	41.2 (15.3) ^{ab}	37.5 (16.2) ^b	***
% (n) Female	47.2 (219)	51.1 (982)	48.9 (1699)	NS
% Social grade C2DE	59.3 (275) ^{cd}	65.9 (1266) ^c	65.5 (2277) ^d	*
Mean (SD) cigarettes per day [¶]	12.6 (8.0) ^{ef}	13.8 (8.5) ^{eg}	10.9 (8.1) ^b	***
% (n) < 1 cigarettes per day [¶]	0.7 (3) ^h	0.8 (15) ⁱ	2.8 (94) ^{hi}	***
% (n) Time since quit attempt started >26 weeks	23.7 (110) ^{jk}	36.4 (700) ^j	36.5 (1269) ^k	***
Mean (SD) quit attempts in the past year	1.6 (0.9)	1.6 (0.9)	1.5 (0.9)	NS
Mean (SD) time spent with urges to smoke (0–5)	1.9 (1.3) ^l	2.2 (1.3) ^{lm}	1.8 (1.3) ^m	***
Mean (SD) strength of urges to smoke (0–5)	2.0 (1.2) ^{no}	2.2 (1.1) ^{op}	1.8 (1.1) ^{op}	***
Mean (SD) heaviness of smoking index [†]	2.0 (1.5) ^{qr}	2.3 (1.5) ^{qs}	1.6 (1.5) ^{rs}	***
% (n) Abrupt attempt (no gradual cutting down first)	50.4 (234) ^l	52.5 (1010) ^u	59.0 (2051) ^u	***

Different pairs of superscript letters indicate a significant difference ($P < 0.05$) between two groups after Sidak adjustment for multiple comparisons. * $P < 0.05$; *** $P < 0.001$; NS = not statistically significant ($P \geq 0.05$). [§]A subgroup of those using nicotine replacement therapy (NRT) over-the-counter provided information about the form of NRT (n = 975): 60.0% (585) used a patch, 21.0% (205) gum, 14.9% (145) an inhalator, 6.2% (60) lozenges, 1.2% (12) microtabs and 1.0% (10) nasal spray. NB: response options were not mutually exclusive and 11.1% (108) reported using more than one form. [¶]Data were missing for 156 respondents (e-cigarettes: 22; NRT over-the-counter: 34; no aid: 100). [†]Data were missing for 172 respondents (e-cigarettes: 23; NRT over-the-counter: 36; no aid: 113). SD = standard deviation.

Table 2 Differences between smokers and non-smokers in strength of urges to smoke by method of quitting.

Method of quitting	n	Mean (SD) strength of urges to smoke in smokers	n	Mean (SD) strength of urges to smoke in non-smokers	Mean difference (95% CI) in strength of urges to smoke
E-cigarettes	371	2.3 (1.1)	93	0.8 (1.1)	1.4 (1.2–1.7)
NRT over-the-counter	1728	2.3 (1.0)	194	1.2 (1.3)	1.2 (1.0–1.3)
No aid	2942	2.0 (1.0)	535	0.7 (1.1)	1.3 (1.2–1.4)

NB: the mean differences are calculated from exact rather than the rounded figures presented in columns 3 and 5 of this table. The mean difference in strength of urges to smoke was not different across the methods of quitting ($F_{(2, 5856)} = 1.50$, $P = 0.22$ for the interaction term between smoking status and method of quitting adjusted for the time since the quit attempt started). SD = standard deviation; CI = confidence interval; NRT = nicotine replacement therapy.

NRT over-the-counter and 15.4% (535 of 3477) using no aid. The unadjusted analyses indicated that e-cigarette users were more likely to be abstinent than either those using NRT bought over-the-counter [odds ratio (OR) = 2.23, 95% confidence interval (CI) = 1.70–2.93] or those who used no aid (OR = 1.38, 95% CI = 1.08–1.76; see model 1, Table 3). The primary analyses revealed that the fully adjusted odds of non-smoking in users of e-cigarettes were 1.63 (95% CI = 1.17–2.27) times higher compared with users of NRT bought over-the-counter and 1.61 (95% CI = 1.19–2.18) times higher compared with those using no aid (see model 4, Table 3). The relative magnitudes of the ORs from the fully adjusted model with the other three unadjusted and partially adjusted models illustrate the confounding effects of dependence (see Table 3).

In post-hoc sensitivity analyses, the associations between quitting method and non-smoking were re-examined using models including different potential confounders. In a model including the more fine-grained assessment of time since the initiation of the quit attempt

than the measure presented in Table 1, the adjusted odds of non-smoking in users of e-cigarettes were 1.58 (95% CI = 1.13–2.21) times higher compared with users of NRT bought over-the-counter and 1.55 (95% CI = 1.14–2.11) times higher compared with those using no aid. In another model that included another measure of dependence (HSI; missing data 3%, n = 172), the adjusted odds of non-smoking in users of e-cigarettes were 1.63 (95% CI = 1.15–2.32) times higher compared with users of NRT bought over-the-counter and 1.43 (95% CI = 1.03–1.98) times higher compared with those using no aid.

In post-hoc subgroup analyses, very light smokers were shown to have little influence on the pattern of results: in repeated analyses among those 5595 smokers reporting smoking one or more than one CPD the adjusted odds of non-smoking in users of e-cigarettes were higher compared with users of NRT bought over-the-counter (OR = 1.59, 95% CI = 1.13–2.26) and compared with those using no aid (OR = 1.63, 95% CI = 1.18–2.24). Similarly, the exclusion of respondents

Table 3 Associations between quitting method and abstinence.

	(1) e-Cigarettes	(2) NRT		(1) versus (2)		(1) versus (3)	
		over-the-counter	(3) No aid	Model 1: OR (95%CI)	Model 2: OR (95%CI)	Model 1: OR (95%CI)	Model 2: OR (95%CI)
Full sample (n = 5863)							
% (n) Self-reported non-smoking	20.0 (93/464)	10.1 (194/1922)	15.4 (535/3477)	2.23 (1.70–2.93)***	1.88 (1.40–2.52)***	1.38 (1.08–1.76)*	1.21 (0.92–1.58)
				1.63 (1.17–2.28)**	1.63 (1.17–2.27)**	1.62 (1.19–2.19)**	1.61 (1.19–2.18)**
Subsample: quit attempt started ≤26 weeks (n = 3784)							
% (n) Self-reported non-smoking	20.3 (72/354)	11.0 (135/1222)	14.6 (323/2208)	2.06 (1.50–2.82)***	1.80 (1.27–2.55)***	1.49 (1.12–1.98)**	1.39 (1.01–1.90)*
				1.56 (1.06–2.29)*	–	1.88 (1.32–2.68)***	–
Subsample: quit attempt started >26 weeks (n = 2079)							
% (n) Self-reported non-smoking	19.1 (21/110)	8.4 (59/700)	16.7 (212/1269)	2.56 (1.49–4.42)***	1.98 (1.11–3.53)**	1.18 (0.72–1.94)	0.91 (0.54–1.55)
				1.64 (0.83–3.24)	–	1.10 (0.59–2.06)	–

Model 1 = unadjusted; model 2 = adjusted for age, sex, social grade, time since quit attempt started, quit attempts in the past year, abrupt versus gradual quitting and year of the survey; model 3 = adjusted for the variables from model 2 and time spent with urges to smoke and strength of urges to smoke; model 4 = adjusted for the variables from model 3 and the interaction terms time since last quit attempt started × time spent with urges and time since last quit attempt started × strength of urges to smoke. NB: for the two subsample analyses, model 4 is redundant, as there is no variation in the time since quit attempt. *P < 0.05; **P < 0.01; ***P < 0.001. OR = odds ratio; CI = confidence interval; NRT = nicotine replacement therapy.

during a time when e-cigarette usage was relatively rare (2009–11) had little effect on the results: among those 2306 smokers responding between 2012–14 the adjusted odds of non-smoking in users of e-cigarettes were higher compared with users of NRT bought over-the-counter (OR = 1.59, 95% CI = 1.05–2.42) and those using no aid (OR = 1.46, 95% CI = 1.04–2.05). In a final subgroup analysis the models were re-examined among those who started their quit attempt more or less than 6 months ago: there was only evidence among those who began their attempts less than 6 months ago of higher odds of non-smoking in users of e-cigarettes compared with users of NRT bought over-the-counter or those using no aid in the fully adjusted models (see Table 3).

DISCUSSION

Respondents who reported having used an e-cigarette in their most recent quit attempt were more likely to report still not smoking than those who used NRT bought over-the-counter or nothing. This difference remained after adjusting for time since the quit attempt started, year of the survey, age, gender, social grade, abrupt versus gradual quitting, prior quit attempts in the same year and a measure of nicotine dependence.

The unadjusted results have value in that they demonstrate self-reported abstinence is associated with quit-

ting method among those who use these methods to aid cessation in real-world conditions. However, this was not a randomized controlled trial and there were differences in the characteristics of those using different methods. For example, more dependent smokers tended to be more likely to use treatment, and smokers from lower social grades were less likely to use e-cigarettes. Although the adjustments go beyond what is typically undertaken in these types of real-world studies [28,29,41–44], it was not possible to assess all factors that may have been associated with the self-selection of treatment and we cannot rule out the possibility that an unmeasured confounding factor is responsible for the finding. For example, motivation to quit is likely to have been associated positively with the use of treatment. However, previous population studies have found that the strength of this motivation is not associated with success of quit attempts once started, so it is unlikely to explain our findings [45]. There are other variables which are typically related to abstinence that may also be related to the selection of treatment; for example, those using e-cigarettes may have been less likely to share their house with other smokers, had better mental health or greater social capital of a kind not measured by social grade. These possibilities mean the associations reported here must be interpreted with caution. Nevertheless, the data provide some evidence in forming a judgement as to whether the advent of e-cigarettes in the UK market is likely to be having a

positive or negative impact on public health, in a way that a randomized controlled trial is unable to do.

The finding that smokers who had used an e-cigarette in their most recent quit attempt were more likely to report abstinence than those who used NRT bought over-the-counter, and that the latter did not appear to give better results than not using any aid [33], contributes to the debate about how far medicine regulation can go in ensuring that products used for smoking cessation are or continue to be effective in the real world [14–17]. Randomized controlled trials are clearly important in identifying potential efficacy, but real-world effectiveness will depend upon a number of other contextual variables. The current study, together with previous randomized trials, suggests that e-cigarettes may prove to be both an efficacious and effective aid to smoking cessation [10,11]. In so far that this is true, e-cigarettes may substantially improve public health because of their widespread appeal [6–9] and the huge health gains associated with stopping smoking [46]. This has to be offset against any detrimental effects that may emerge, as the long-term effects on health have not yet been established. However, the existing evidence suggests the associated harm may be minimal: the products contain low levels of carcinogens and toxicants [3] and no serious adverse event has yet been reported in any of the numerous experimental studies. Regardless, the harm will certainly be less than smoking, and thus of greater importance is the possible long-term effect of e-cigarettes on cigarette smoking prevalence beyond helping some smokers to quit. For example, it has been suggested that e-cigarettes might re-normalize smoking, promote experimentation among young people who otherwise may not have tried smoking or lead to dual use together with traditional cigarettes, and thereby deter some smokers from stopping [47]. The current data do not address these issues. However, the rise in e-cigarette prevalence in England since 2010 has coincided with continued reduction in smoking prevalence [48].

If e-cigarette use is proving more effective than NRT bought over-the-counter, a number of factors may contribute to this [49]. A greater similarity between using e-cigarettes and smoking ordinary cigarettes in terms of the sensory experience could be one factor. Greater novelty is another. It is also possible that users of e-cigarettes use their products more frequently or for a longer period than those using NRT without professional support. These are all issues that need to be examined in future research.

This study was not designed to assess the comparative effectiveness of e-cigarettes and NRT or other medications obtained on prescription or behavioural support. The evidence still favours the combination of behavioural support and prescription medication as providing the

greatest chance of success [33,34,37], which is currently offered free at the point of access by the NHS stop smoking services in the United Kingdom.

A major strength of the current study is the use of a large, representative sample of the English population. Additionally, the study benefits from having begun to track the use of e-cigarettes as an aid to cessation at a time when e-cigarettes were only an emerging research issue. The importance of adjusting for nicotine dependence in real-world studies of smoking cessation is illustrated by the difference in the ORs between the models with and without this adjustment. The optimal method of adjusting for dependence would be to assess this in all participants prior to their quit attempt. However, in a wholly cross-sectional study, we believe the particular method used to adjust for dependence, established in two previous studies, is valid [32,33]. One of the most commonly used alternative measures of dependence—HSI—relies upon the number of cigarettes smoked and time to first cigarette of the day [40]. When smokers relapse they tend to do so with reduced consumption, which can lead to a false estimation of prior dependence in cross-sectional studies. This potential confound was avoided in the primary analysis by using a validated measure involving ratings of current urges to smoke and statistical adjustment of the urges for the time since the quit attempt was initiated [39]. The value of strength of urges as a measure of dependence in cross-sectional research would be limited if different methods of stopping were linked differentially to lower or higher levels of urges in abstinent compared with relapsed smokers. For example, a method of stopping that led to a relatively higher reduction in urges could underestimate the effectiveness of that method by making it seem that those using it were less dependent. However, we have not previously found evidence in this population data set that urges to smoke in smokers versus quitters differs as a function of method [33], and it was true again in this study. Regardless, the pattern of results remained the same in both a sensitivity analysis that also included HSI and in a subgroup analysis that excluded very light smokers. It is unlikely, therefore, that differential dependence between the users of different treatments has led to a substantial over- or underestimation of the relative effectiveness of e-cigarettes in the current study. Nevertheless, future studies may be able to draw stronger inferences by including a broader array of dependence measures or assessing dependence prior to a quit attempt.

The study had several limitations. First, abstinence was not verified biochemically. In randomized trials, this would represent a serious limitation because smokers receiving an active treatment often feel social pressure to report abstinence. However, in population surveys the

social pressure and the related rate of misreporting is low and it is generally considered acceptable to rely upon self-reported data [38]. A related issue is the assessment of abstinence by asking respondents whether they were 'still not smoking'. This definition classified as abstinent those who had one or more lapses but resumed not smoking. This limitation would be serious if the rate of lapsing was associated with method of quitting, and should be assessed in future studies. By contrast, advantages of this measure were the assessment of prolonged abstinence, as advocated in the Russell Standard, and a clear relationship to the quit attempt in question. An alternative approach, with a view to survival analysis, may have been to assess the length of abstinence since quit date among all respondents, including those who had relapsed by the time of the survey. However, this assessment would have added noise and potential bias with smokers needing to recall the time of relapse and having different interpretations of their return to smoking (i.e. first lapse, daily but reduced smoking, or smoking at pre-quit level). The strength of our approach is that smokers only needed to know whether they were currently still not smoking.

Secondly, there was a reliance upon recall data. The assessment of the most recent quit attempt involved recall of the previous 12 months and introduced scope for bias. The bias associated with recall of failed quit attempts would be expected to reduce the apparent effectiveness of reported aids to cessation because quit attempts using such aids would be more salient than those that were unaided [31]. Therefore, recall bias should militate against finding a benefit of e-cigarettes compared with no aid to cessation. Consistent with this explanation, the effect size for e-cigarettes compared with no aid appeared lower in smokers who started their quit attempt more than 6 months ago than in smokers who started their quit attempt less than 6 months ago. Although the power to detect the associations in these subgroups was limited, the explanation that the lack of effect in the more distant attempts was related to differential recall bias is also supported by the absolute rate of non-smoking being higher in those making unaided attempts more than 6 compared with less than 6 months ago. Alternatively, the finding may reflect a reduced long-term effectiveness of e-cigarettes. Future longitudinal studies of e-cigarettes as aids to cessation in the general population may differentiate these explanations and would represent a valuable improvement upon the current study.

Thirdly, NRT over-the-counter and e-cigarettes both represent heterogeneous categories. In particular, there is considerable variability in nicotine vaporization between different types of e-cigarette [50,51]. Similarly, the simple definition of using one or the other aid to support an attempt is likely to have masked variability in how heavily, frequently and how long either NRT over-the-counter or

e-cigarettes were used by different smokers [12,52–54]. It is also possible that there were differences between the groups in their experience of unanticipated side effects. It is precisely because of all these factors—type/brand of NRT over-the-counter or e-cigarette, intensity and frequency of usage and experience of unanticipated side effects—that it is important to examine real-world effectiveness. However, it also means that we cannot make more exact statements about relative effectiveness of different products and ways in which they may be used. Given this huge variability it may be many years before one could accumulate enough real-world data to address these questions. Finally, the prevalence of e-cigarettes has been increasing in England over the study period and this may affect real-world effectiveness. Although the evidence does not yet suggest an 'early adopters' effect—the current results persisted after adjusting for the year of survey and in a subgroup analysis limiting the data to a period when e-cigarette usage had become prevalent—these findings will need to be revisited to establish whether or not the apparent advantage of e-cigarettes is sustained.

In conclusion, among smokers trying to stop without any professional support, those who use e-cigarettes are more likely to report abstinence than those who use a licensed NRT product bought over-the-counter or no aid to cessation. This difference persists after adjusting for a range of smoker characteristics such as nicotine dependence.

Declaration of interests

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final role in the study design; in the collection, analysis and interpretation of data; in the writing of the report; or in the decision to submit the paper for publication. All researchers listed as authors are independent from the funders and all final decisions about the research were taken by the investigators and were unrestricted.

Transparency declaration

J.B. affirms that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned have been explained.

STROBE statement

All authors declare that study hypotheses arose before any inspection of the data and that all STROBE recommendations were followed.

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Secondhand Exposure to Vapors From Electronic Cigarettes

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Abstract

Introduction: Electronic cigarettes (commonly referred as e-cigarettes) are designed to generate inhalable nicotine aerosol (vapor). When an e-cigarette user takes a puff, the nicotine solution is heated and the vapor taken into lungs. Although no sidestream vapor is generated between puffs, some of the mainstream vapor is exhaled by e-cigarette user. The aim of the study was to evaluate the secondhand exposure to nicotine and other tobacco-related toxicants from e-cigarettes.

Materials and Methods: We measured selected airborne markers of secondhand exposure: nicotine, aerosol particles (PM_{2.5}), carbon monoxide, and volatile organic compounds (VOCs) in an exposure chamber. We generated e-cigarette vapor from 3 various brands of e-cigarette using a smoking machine and controlled exposure conditions. We also compared secondhand exposure with e-cigarette vapor and tobacco smoke generated by 5 dual users.

Results: The study showed that e-cigarettes are a source of secondhand exposure to nicotine but not to combustion toxicants. The air concentrations of nicotine emitted by various brands of e-cigarettes ranged from 0.82 to 6.23 µg/m³. The average concentration of nicotine resulting from smoking tobacco cigarettes was 10 times higher than from e-cigarettes (31.60±6.91 vs. 3.32±2.49 µg/m³, respectively; $p = .0081$).

Conclusions: Using an e-cigarette in indoor environments may involuntarily expose nonusers to nicotine but not to toxic tobacco-specific combustion products. More research is needed to evaluate health consequences of secondhand exposure to nicotine, especially among vulnerable populations, including children, pregnant women, and people with cardiovascular conditions.

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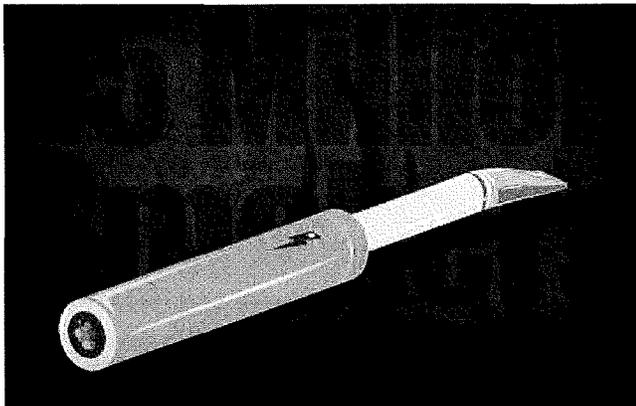
Smoking Kills, and So Might E-Cigarette Regulation

By Gilbert Ross, M.D.

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Filed under: Health & Medicine, Science & Technology

Smoking is a leading cause of death, and cessation treatments are largely ineffective, yet regulation threatens a promising new technology that might help smokers quit.



Anyone with a modicum of knowledge regarding public health will agree that the most important, devastating, and preventable issue facing America is the human toll of cigarettes. Yet our nation's main health regulator, the Food and Drug Administration (FDA), will issue regulations within the next few weeks that could harm our nation's 45 million smokers.

Smokers trying to quit have an extremely difficult time, yet a new technology which might ease their path — electronic cigarettes, or e-cigarettes — is facing relentless opposition from public health agencies such as the Centers for Disease Control, the FDA, and the American Cancer Society (which sponsors this week's Great American Smokeout to encourage quitting) — and their antipathy is certainly not based on science.

We do not yet know what the long-term health effects of e-cigarettes are, nor the benefits for smokers who switch or cut down on their daily quota of smokes via “vaping” (using e-cigarettes) since there is no smoke involved. But simple common sense would dictate that inhaling the fewer, less harmful ingredients of e-cigarettes as compared to inhaling the thousands of chemicals in the smoke from burnt tobacco, many of which have been shown to be carcinogenic, is highly likely to be healthier.

A tragic 450,000 Americans die from smoking each year. While the fraction of adult smokers has been in gradual decline since the groundbreaking 1964 surgeon general's report confirmed the

evidence of manifold smoking-related illnesses, the total number has not changed much and the decline in teen smoking initiation has stalled over the past few years. Although “cigarette smoke” is not listed as a cause of death per se, smokers whose lives are cut short die from a wide spectrum of illnesses, some chronic (cancers of many organs, COPD/chronic obstructive pulmonary disease), and some cruelly brief (heart attacks and strokes). If those who die prematurely from smoking were lumped together, they would constitute the third leading cause of death in America, after heart disease and cancer.

Most smokers understandably desire to quit. About half try each year, but a pitiful few — maybe 5 percent — succeed unaided or “cold turkey.” The addiction to smoking is extremely powerful, largely (but not solely) due to nicotine’s power. However, it is often believed by smokers, and even by some doctors, that it is the nicotine that is toxic and lethal. This is a dangerous myth. It has been proven that smokers smoke for the nicotine — but they die from the smoke. The FDA has approved various treatments to help smokers quit — NRT (nicotine replacement therapy) patches, gum, inhalers, and non-nicotine drugs such as bupropion and varenicline (Zyban and Chantix, respectively). The unfortunate fact is that adding one or more of these treatments to a smoker’s stated desire to quit increases his or her success rate — abstinence from cigarettes for one year — by about two- to three-fold, i.e. to 15 percent or less. These methods, which fail almost 9 times out of 10, provide an unacceptably low level of assistance in aiding escape from smoking’s deadly grip.

Over the course of the past few years, e-cigarettes (or “electronic nicotine delivery systems,” ENDS) have provided a ray of hope for an increasing number of desperate smokers. These devices use a battery to vaporize water and nicotine, which the user (“vaper”) inhales, along with vegetable glycerin and/or propylene glycol and flavoring. They often have a cigarette-like LED tip which glows red, or some other color if preferred, but without tobacco, without combustion, and without smoke. The ingredients noted are generally recognized as safe by regulatory agencies, and have been in common use for decades — although no long-term health studies have been done on their safety in combination with inhalational use.

Since 2007, when e-cigarettes were first imported from China, smokers have at first gradually, and more recently enthusiastically, become vapers. Solid data on long-term trends are only beginning to be accumulated, but the sales of e-cigarettes have doubled in each of the past few years, to the extent that a recent survey found that an astounding one-fifth of smokers had tried them — millions of people, in other words. How many have switched completely from deadly cigarettes? How many smokers also vape — “dual users”? None of this has been determined yet by randomized clinical trials. Although there are scant data even from observational studies, several small studies support the contention that vaping is likely to be more effective than NRT for smoking cessation, as well as for reducing the number of cigarettes smoked among those who have not yet quit.

The Upcoming FDA Decision

The Family Smoking Prevention and Tobacco Control Act, which granted the FDA oversight of tobacco in 2009, outlines a complex process for “modified risk tobacco products” (MRTPs) to be approved by the FDA. Such a product must undergo a lengthy and expensive trial process requiring demonstration that the product submitted reduces the harm of tobacco exposure not merely for the person using it, but for the population as a whole. Given the nefarious behavior of the tobacco industry over the 20th century, any proposal submitted to the FDA related to tobacco is going to have to strongly support any assertions with data.

Unfortunately, the Tobacco Control Act may become a detriment to public health if it is implemented to effectively ban e-cigarettes from the market. The Office of Management and Budget is currently deciding whether to designate e-cigarettes as a tobacco product to be regulated under the TCA, as a drug or medical device, requiring regulation from a different department of the FDA, or as neither such product. If e-cigarettes are designated as tobacco products requiring proof of modified risk, it is likely that the ramifications for millions of American vapers, and many more potential future ex-smokers, will be disastrous. E-cigarettes (at least those containing the nicotine smokers crave) would be exiled from the market while expensive, lengthy testing took place. Ironically, the industry's small businesses would suffer while Big Tobacco would profit, since it has also gotten into the e-cigarette market, and since larger companies would be the only ones who could afford to cut through the regulatory thicket. Meanwhile, some ex-smokers who have become vapers will find a way to secure their e-cigarette nicotine, via online or black market sources. Many, however, will revert to the deadly, toxic cigarettes from which they thought they had, at last, escaped.

There is, however, a better approach: the government could decline to classify e-cigarettes as tobacco products and allow their continued marketing, with the states establishing reasonable oversight — as many have already — for age limits, manufacturing standards, accurate ingredient listing, and warning labels. As a result, many lives will be saved from cigarette-related disease and death.

The World Health Organization predicts that the death toll from cigarettes could reach 1 billion this century, if current trends continue. The European Union only last month flouted the anti-e-cigarette campaigners and gave millions of European vapers a pass to keep on vaping. Given the current abysmal rate of successful quitting with the approved methods, the FDA should take the courageous, science-based, and compassionate course.

Effectively excluding e-cigarettes from the market via stringent regulation would have the effect of killing smokers and protecting cigarette and pharmaceutical markets. E-cigarettes, a far safer form of nicotine delivery, should not be submitted to tougher regulation than cigarettes.

Americans should not have to die from misguided regulation.

Gilbert Ross, MD, is medical and executive director of the American Council on Science and Health.

FURTHER READING: Ross also writes "The Deadly Crusade Against E-cigarettes." Edward Tenner describes "Markets, Risk, and Fashion: The Hindenburg's Smoking Lounge." Roger Bates contributes "An Invaluable Insecticide" and "The Case for DDT." Mark J. Perry shares "Unintended Consequences of Cigarette Taxes" and "Markets in Everything: Roll-Your-Own Cigarettes."

Image by: Dianna Ingram / Bergman Group

Electronic Cigarettes As a Smoking-Cessation Tool

Results from an Online Survey

Michael B. Siegel, MD, MPH, Kerry L. Tanwar, BA, Kathleen S. Wood, MPH

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Background: Electronic cigarettes (e-cigarettes) are battery-powered devices that deliver nicotine without any combustion or smoke. These devices have generated much publicity among the smoking-cessation community and support from dedicated users; however, little is known about the efficacy of the device as a smoking-cessation tool.

Purpose: This study aimed to examine the effectiveness of e-cigarettes for smoking cessation using a survey of smokers who had tried e-cigarettes.

Methods: Using as a sampling frame a cohort of all first-time purchasers of a particular brand of e-cigarettes during a 2-week period, a cross-sectional, online survey was conducted in 2010 to describe e-cigarette use patterns and their effectiveness as a smoking-cessation tool. There were 222 respondents, with a survey response rate of 4.5%. The primary outcome variable was the point prevalence of smoking abstinence at 6 months after initial e-cigarette purchase.

Results: The primary finding was that the 6-month point prevalence of smoking abstinence among the e-cigarette users in the sample was 31.0% (95% CI □ 24.8%, 37.2%). A large percentage of respondents reported a reduction in the number of cigarettes they smoked (66.8%) and almost half reported abstinence from smoking for a period of time (48.8%). Those respondents using e-cigarettes more than 20 times per day had a quit rate of 70.0%. Of respondents who were not smoking at 6 months, 34.3% were not using e-cigarettes or any nicotine-containing products at the time.

Conclusions: Findings suggest that e-cigarettes may hold promise as a smoking-cessation method and that they are worthy of further study using more-rigorous research designs.

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Introduction

Electronic cigarettes (e-cigarettes) are battery-powered devices that deliver nicotine without any combustion or smoke. Use and awareness of e-cigarettes has dramatically increased over the past 3 years.¹⁻³ Ayers et al.,³ in this issue of the American Journal of Preventive Medicine, report that Internet searchers for e-cigarettes in the U.S. now exceed those for any other smoking alternative, nicotine replacement, or smoking-cessation product. Although e-cigarettes have generated much support from dedicated users, little is known about the efficacy of the device as a smoking-cessation tool.

Most smoking-cessation methods focus on one component of smoking: nicotine addiction. However, even with the assistance of medications that treat nicotine addiction, the success rate for quitting remains low. Based on a Cochrane review of seven studies⁴⁻⁹ that measured smoking cessation using nicotine replacement therapy (NRT), the average 6-month point prevalence of smoking abstinence is only 17.8%, and the 6-month point prevalence of smoking abstinence in the pooled data from these studies is only 11.9%.

Several studies^{10,11} have suggested that physical and behavioral stimuli—such as merely holding a cigarette—can reduce the craving to smoke, even in the absence of nicotine delivery. Given that both nicotine and smoking-related cues appear to influence cigarette craving, e-cigarettes may present a unique opportunity to promote smoking cessation. Two preliminary studies¹²⁻¹⁴ provide evidence that e-cigarette use suppresses the urge to smoke.

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Results from two recent surveys^{15,16} suggest that e-cigarettes may be effective in helping smokers quit. However, both of these surveys relied on convenience samples of e-cigarette users.

This paper reports the results of a survey conducted using a non-convenience sampling frame. Compared with previous studies, which used convenience samples, this survey is based on a sample of all first-time purchasers of a particular brand of e-cigarettes.

Methods

An anonymous Internet-based, cross-sectional survey was conducted among a cohort of first-time purchasers of e-cigarettes from a leading e-cigarette distributor to determine the effectiveness of e-cigarettes for smoking cessation.

Recruitment

A leading e-cigarette distributor (Blu) provided investigators with e-mail addresses of a consecutive sample of first-time Blu e-cigarette purchasers. This sample represented the first 5000 customers who purchased Blu e-cigarettes over a 2-week period beginning July 1, 2009, when Blu commenced its first, continuous operation. Subjects from this customer list were sent a recruitment e-mail. The e-mail invitation was sent to potential subjects in March 2010, that is, 7 months after their initial e-cigarette purchase.

Of the 5000 e-mail addresses to which the survey was sent, 4884 were valid. In total, 222 e-cigarette purchasers responded to the survey, resulting in a response rate of 4.5%. Of the 222 respondents, six were deleted because they did not meet the definition of a "smoker": having smoked 100 or more cigarettes in their lifetime. Therefore, the final sample consisted of 216 respondents, all of whom indicated that they had tried e-cigarettes.

Survey and Data Collection

Those who opted to participate in the study accessed the survey via a secure link in the recruitment e-mail. The current study was approved by the IRB at the Boston University Medical Center.

Data Analysis

The primary hypothesis tested in the present study was the effectiveness of e-cigarettes in smoking cessation, defined as the point prevalence of abstinence from cigarette smoking at 6 months after the first purchase of Blu e-cigarettes. For this estimate, 95% CIs were calculated using standard methods for the estimation of the variance of a proportion.¹⁷

Results

Participant Characteristics and Smoking History

There were more men (71.5%) than women (28.5%) in the study (Table 1). The majority of respondents had smoked for 6 or more years (81.1%), and nearly two

Table 1. Demographic information, smoking characteristics, and cessation/ reduction of tobacco use after e-cigarette use

Variable	n (%)
DEMOGRAPHIC INFORMATION	
Gender	
Male	153 (71.5)
Female	61 (28.5)
Age (years)	
18–24	41 (19.1)
25–44	114 (53.0)
45–64	48 (22.3)
≥ 65	12 (5.6)
SMOKING CHARACTERISTICS	
Smoking history (years smoked)	
≤ 5	32 (14.7)
6–15	77 (35.5)
16–30	67 (30.9)
≥ 30	41 (18.9)
Number of previous quit attempts	
0	17 (7.9)
1–2	59 (27.4)
3–5	90 (41.9)
≥ 5	49 (22.8)
CESSATION/ REDUCTION OF TOBACCO USE AFTER E-CIGARETTE USE	
Reported reducing nicotine use	
Yes	106 (49.3)
No	109 (50.7)
Reduced number of tobacco cigarettes per day after e-cigarette use	
Yes	143 (66.8)
No	71 (33.2)
Quit/ abstained for a period of time	
Yes	104 (48.8)
No	109 (51.2)

thirds (64.7%) of participants reported having made three or more previous quit attempts.

Cessation or Reduction of Tobacco After E-Cigarette Use

More than two thirds of respondents (66.8%) reported having reduced the number of tobacco cigarettes they

smoked per day after trying e-cigarettes, and nearly half (49.3%) reduced their nicotine use (Table 1). Nearly half (48.8%) of respondents indicated that they quit smoking for a period of time after trying e-cigarettes.

E-Cigarette Use Patterns and 6-Month Smoking Status

Thirty-one percent (31.0%) of respondents were not smoking at the 6-month point (95% CI 24.8%, 37.2%; Table 2). Of those who were not smoking at 6 months, 56.7% were using e-cigarettes, 9.0% were using tobacco-free nicotine products, and 34.3% were completely nicotine-free.

Among subjects who were not using e-cigarettes at the time of the survey, only 26.8% were nonsmokers (Table 2). However, among current e-cigarette users, 34.5% were nonsmokers. Smoking abstinence rates generally increased with higher frequency of e-cigarette use, with more than two thirds (70.0%) of respondents using e-cigarettes more than 20 times per day being nonsmokers at 6 months.

Table 2. How e-cigarette use patterns relate to 6-month smoking status

Use pattern	% (95% CI) not smoking
Total: smoking status at 6-month point (n=216)	31.0 (24.8, 37.2)
Number of times used per day	
No current e-cigarette use (n=97)	26.8 (17.9, 35.7)
□ 5 (n=50)	28.0 (15.4, 40.6)
5–10 (n=31)	35.5 (18.4, 52.6)
11–15 (n=16)	31.3 (8.2, 54.3)
16–20 (n=12)	33.3 (6.3, 60.4)
□ 20 (n=10)	70.0 (41.2, 98.8)
Weekly pattern of e-cigarette use	
No current e-cigarette use (n=97)	26.8 (17.9, 35.7)
Only uses some days (n=71)	21.1 (11.5, 30.8)
Everyday use (n=48)	54.2 (39.9, 68.5)
Nicotine use of those who are not smoking at 6-month point (n=67) (n [%])	
Nicotine-free	23 (34.3)
Using tobacco-free nicotine products	6 (9.0)
Using only e-cigarettes	38 (56.7)

Discussion

The primary finding was a 6-month point prevalence of smoking abstinence among the e-cigarette users in the sample of 31.0%. This compares favorably to the average 6-month point prevalence of smoking abstinence of 17.8% in prior studies and to the 6-month point prevalence of smoking abstinence of 11.9% in the pooled data from these studies.^{4–9}

Of those respondents who were not smoking at the 6-month point, more than one third (34.3%) were also nicotine-free. This suggests that e-cigarettes can help decrease nicotine dependence, rather than maintain or increase nicotine addiction as some opponents have argued.¹

A large percentage of respondents reported a reduction in the number of cigarettes they smoked (66.8%) and almost half reported abstinence from smoking for a period of time (48.8%). These results are notable because smokers who reduce the amount of cigarettes smoked are more likely to quit smoking,¹⁸ and a reduction in the amount of cigarettes smoked can lower the individual's risk of smoking-related illnesses.¹⁹

There are a number of important limitations of this study. First, because of the low survey response rate, the sample is not representative of all smokers who have tried e-cigarettes. Further, because of lack of information on the survey nonrespondents, the factors related to nonresponse could not be assessed. It is possible that smokers who had less success with e-cigarettes were also less likely to complete the survey. This would bias the results toward overestimating the 6-month abstinence rate. Second, self-reported abstinence was not verified using biochemical methods. It is possible that respondents over-reported smoking abstinence because of perceived social pressure. Third, only users of one brand of e-cigarettes were surveyed. Thus, these results cannot be generalized to the use of all e-cigarette brands.

Because of these study limitations, these findings must be viewed as suggestive, rather than definitive. Although the findings suggest that e-cigarettes may hold promise as a smoking-cessation method, further studies with more-rigorous research designs are warranted.

The distinct and unique advantage of e-cigarettes is that they allow individuals to utilize one device that can simultaneously address nicotine withdrawal, psychological factors, and behavioral cues that serve as barriers to smoking abstinence. The finding that most individuals who used e-cigarettes at least reduced the number of tobacco cigarettes they smoked suggests that if proven safe, e-cigarettes may be a potentially important tool for harm reduction, especially among smokers who have found currently available pharmaceutical smoking-cessation options to be ineffective. The present study suggests that

this alternative approach to smoking cessation is worthy of further investigation.

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Jacob Sullum Contributor

I cover the war on drugs from a conscientious objector's perspective.

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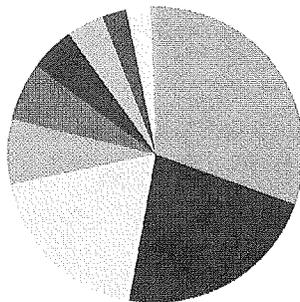
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Survey Shows Adults Who Use E-Cigarettes To Quit Smoking Prefer Supposedly Juvenile Flavors

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At a [Senate hearing](#) last month, Jay Rockefeller noted that electronic cigarette fluid is available in a wide variety of flavors—conclusive evidence, to his mind, that e-cigarette companies want to hook children on nicotine. “I am an adult,” the West Virginia Democrat said. “Would I be attracted to Cherry Crush, Chocolate Treat, Peachy Keen, Vanilla Dreams? No, I wouldn’t.”

Call it the Rockefeller Rule: If an e-cigarette flavor does not appeal to this particular 77-year-old senator, it could not possibly appeal to anyone older than 17. Rebutting that claim, Jason Healy, founder and president of BlueCigs, cited a customer survey that found “the average age of a cherry smoker is in the high 40s.” [Survey results](#) released today by [E-Cigarette Forum](#), an online gathering spot for vaping enthusiasts, reinforce Healy’s point, showing that grownups prefer the flavors that Rockefeller insists are strictly for kids.



WHAT FLAVOR DO YOU USE MOST

- 30.55% Fruit
- 22.3% Tobacco
- 18.86% Bakery/Dessert
- 7.10% Other (inc. Flavorless & DIY)
- 6.50% Menthol (Menthol/Mint/Peppermint etc...)
- 4.91% Savoury/Spice
- 3.98% Candy
- 2.66% Menthol Tobacco
- 2.61% Beverage flavors
- 0.55% Whole Tobacco Alkaloid

e-cigarette forum

(Image: E-Cigarette Forum)

The survey, conducted in late June and early July, included more than 10,000 members of E-Cigarette Forum, 78 percent of whom live in the United States. Their ages ranged from 18 to “65 and over,” with 74 percent between 22 and 54. When they were asked which flavor they used most, 22 percent said tobacco, while an additional 3 percent said menthol tobacco. In other words, three-quarters of these adult vapers favor flavors other than tobacco, including fruit (31 percent), bakery/ dessert (19 percent), and savory/ spice (5 percent).

That make sense, because the proliferation of flavors—The New York Times reports that “more than 7,000 flavors are now available and, by one estimate, nearly 250 more are being introduced every month”—is especially evident among vapers who, like most of the participants in this survey, use devices with refillable tanks, rather than e-cigarettes that are either entirely disposable or take disposable cartridges. Refillable vaporizers, available mainly online or in specialized outlets, are less likely to interest teenagers than the cheaper “cigalikes” sold in supermarkets and convenience stores.



(Image: Vape Lounge)

The new survey also provides further evidence that e-cigarettes help smokers quit, a proposition that Rockefeller and other critics question. Eighty-nine percent of the respondents reported that they had smoked at least 10 cigarettes a day before they started vaping, and 88 percent said they were not currently smokers.

Those findings are similar to the results of another survey focusing on people who participate in online vaping forums, reported last April in the International Journal of Environmental Research and Public Health. That study, which included more than 19,000 vapers from around the world, found that almost all of them (99.5 percent) were smokers when they started vaping. Four-fifths of them had stopped smoking completely, while the rest had reduced their cigarette consumption, on average, from 20 to four per day.

It should be emphasized that neither of these studies was designed to capture a representative sample of all vapers. Instead they focus on the most enthusiastic among them, whom you would expect to have had especially

satisfying experiences with e-cigarettes. The high success rates in these surveys therefore are unlikely to be seen among the broader group of smokers who try to quit with e-cigarettes, let alone among smokers who merely try the product out. But these surveys do indicate that e-cigarettes have helped many smokers quit.



"You're what's wrong with this country." (Image: Senate Commerce, Science, & Transportation Committee)

It borders on bizarre that critics like Rockefeller continue to question the existence of those former smokers, even while arguing that e-cigarettes should be restricted or banned based on the entirely hypothetical risk that vaping will lead to smoking among teenagers who otherwise never would have tried tobacco. But what do you expect from a politician who thinks a sample of one—himself—is perfectly adequate to reach sweeping conclusions about a product's intended use?

Notably, two-thirds of the ex-smokers in the E-Cigarette Forum survey said nontobacco flavors were important in helping them quit. Survey data reported in the International Journal of Environmental Research and Public Health last December likewise indicate that flavor variety is important in quitting. That study, which involved about 4,500 vapers, found that they tended to prefer tobacco-flavored fluid initially but later switched to other flavors. Most reported using more than one flavor on a daily basis and said the variety made the experience more interesting and enjoyable.

Nontobacco flavors may assist in quitting because learning to associate your nicotine fix with a new taste creates an additional barrier to backsliding: Returning to conventional cigarettes would mean getting used to the flavor of tobacco smoke again. Alternatively, the flavor of tobacco may trigger an urge to smoke.

More than nine out of 10 vapers in the E-Cigarette Forum survey said they worried that government regulations demanded by save-the-children alarmists like Rockefeller will remove products they use from the market. It's not hard to see why. "Why in heaven's name are you going ahead and marketing these things and selling these things?" Rockefeller asked Healy and another e-cigarette executive during last month's hearing. "I don't know how you go to sleep at night....You're what's wrong with this country."

Rockefeller's research methods begin and end with his own prejudices. The Food and Drug Administration, in deciding how to regulate e-cigarettes, should aspire to higher standards.

TESTS FOR THE CHRONIC TOXICITY OF PROPYLEXE GLYCOL AND TRIETHYLENE GLYCOL ON MONKEYS AND RATS BY VAPOR INHALATION AND ORAL ADMINISTRATION

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Abstract

With a view to determining the safety of employing the vapors of propylene glycol and triethylene glycol in atmospheres inhabited by human beings, monkeys and rats were exposed continuously to high concentrations of these vapors for periods of 12 to 18 months. Equal numbers of control animals were maintained under physically similar conditions. Long term tests of the effects on ingesting triethylene glycol were also carried out. The doses administered represented 50 to 700 times the amount of glycol the animal could absorb by breathing air saturated with the glycol.

Comparative observations on the growth rates, blood counts, urine examinations, kidney function tests, fertility and general condition of the test and control groups, exhibited no essential differences between them with the exception that the rats in the glycol atmospheres exhibited consistently higher weight gains. Some drying of the skin of the monkeys' faces occurred after several months continuous exposure to a heavy fog of triethylene glycol. However, when the vapor concentration was maintained just below saturation by means of the glycostat this effect did not occur.

Examination at autopsy likewise failed to reveal any differences between the animals kept in glycolized air and those living in the ordinary room atmosphere. Extensive histological study of the lungs was made to ascertain whether the glycol had produced any generalized or local irritation. None was found. The kidneys, liver, spleen and bone marrow also were normal.

The results of these experiments in conjunction with the absence of any observed ill effects in patients exposed to both triethylene glycol and propylene glycol vapors for months at a time, provide assurance that air containing these vapors in amounts up to the saturation point is completely harmless.

Footnotes

Received June 4, 1947.

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Electronic Cigarettes: A Policy Statement From the American Heart Association

Circulation October 14, 2014 130:1418- 1436

[Full Text](#) [Full Text \(PDF\)](#)

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JR September 1, 1974 53:1132- 1137

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The Rest of the Story: Tobacco News Analysis and Commentary

...Providing the whole story behind tobacco news.

Thursday, October 31, 2013

First Study to Examine E-Cigarette Gateway Hypothesis Can Find Only One Nonsmoker Who Initiated with E-Cigs and Went on to Smoke

In the first study to examine the hypothesis that electronic cigarettes are a gateway for youth to become addicted to cigarettes, Dr. Ted Wagener from the University of Oklahoma Health Sciences Center reports being able to find only one young person who initiated nicotine use with e-cigarettes and then went on to smoke cigarettes, out of a sample of 1,300 college students.

The study has not yet been published, but it was presented Tuesday at the annual meeting of the American Association for Cancer Research in Washington, D.C.

According to Brenda Goodman's HealthDay article summarizing the study: "E-cigarettes don't appear to entice teens to try smoking tobacco, a new study says. ... Last month, the U.S. Centers for Disease Control and Prevention warned that "vaping," or inhaling the nicotine vapors from e-cigarettes, might be a dangerous new fad that could set teens up for smoking. In just one year, the number of kids in grades six through 12 who said they'd ever tried an e-cigarette more than doubled, rising from 3.3 percent to 6.8 percent. Among the 2.1 percent who said they were current e-cigarette users, more than three-quarters said they also smoked regular cigarettes. Given that overlap, many health experts worried that e-cigarettes might be acting like a gateway drug, sucking kids more deeply into nicotine addiction, and law officials urged the U.S. Food and Drug Administration to regulate e-cigarettes as tobacco products."

"The new study suggests that may not be the case. Researchers surveyed 1,300 college students about their tobacco and nicotine use. The average age of study participants was 19. "We asked what the first tobacco product they ever tried was and what their current tobacco use looked like," said researcher Theodore Wagener, an assistant professor of general and community pediatrics at the University of Oklahoma Health Sciences Center, in Oklahoma City. Overall, 43 students said their first nicotine product was an e-cigarette. Of that group, only one person said they went on to smoke regular cigarettes. And the vast majority

About Me

Michael Siegel

Dr. Siegel is a Professor in the Department of Community Health Sciences, Boston University School of Public Health. He has 25 years of experience in the field of tobacco control. He previously spent two years working at the Office on Smoking and Health at CDC, where he conducted research on secondhand smoke and cigarette advertising. He has published nearly 70 papers related to tobacco. He testified in the landmark Engle lawsuit against the tobacco companies, which resulted in an unprecedented \$145 billion verdict against the industry. He teaches social and behavioral sciences, mass communication and public health, and public health advocacy in the Masters of Public Health program.

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who started with e-cigarettes said they weren't currently using any nicotine or tobacco."

"It didn't seem as though it really proved to be a gateway to anything," said Wagener, who presented his findings at a meeting of the American Association for Cancer Research, in National Harbor, Md."

The Rest of the Story

This study provides preliminary evidence that electronic cigarettes are not currently serving as a major gateway to cigarette smoking. Of course, more studies of this nature, as well as longitudinal studies, are necessary to firmly answer this question. And importantly, this only reflects the current situation and things can change at any time. It is important that we remain vigilant and closely monitor youth electronic cigarette use over time.

I should also make it clear that in no way am I arguing that sales and marketing restrictions are not needed. In fact, I am hoping that the FDA will promulgate regulations that do strictly regulate the sale and marketing of electronic cigarettes to youth.

What this evidence does highlight is how unfortunate it was that CDC Director Dr. Thomas Frieden disseminated to the public a conclusion about this research question, telling the public that we already know the answer and that electronic cigarettes are a gateway to tobacco addiction. Dr. Frieden stated that: "many kids are starting out with e-cigarettes and then going on to smoke conventional cigarettes."

Unfortunately, this premature speculation (or conclusion, as the above statement does not seem to be speculative) led to widespread media dissemination to the public of the news that electronic cigarettes are a gateway to tobacco addiction. These articles are already having an effect on policy makers throughout the country.

In a Forbes magazine online column today, Jacob Sullum explains how many tobacco control advocates, including Dr. Frieden, "jumped all over CDC survey data indicating that the percentage of teenagers who have tried e-cigarettes doubled (from 3.3 percent to 6.8 percent) between 2011 and 2012." Sullum writes: "Many teens who start with e-cigarettes may be condemned to struggling with a lifelong addiction to nicotine and conventional cigarettes," CDC Director Tom Frieden worried. But the survey data [the CDC data] provided no evidence that e-cigarettes are a gateway to the conventional kind, and a new study [the Wagener study] casts further doubt on that hypothesis."

The issue of whether electronic cigarettes serve as a gateway to youth tobacco addiction is a very serious one. It should not be taken lightly. If these products lead to increased cigarette smoking among youth then this harm would offset the benefits of enhanced smoking cessation and electronic cigarettes would no longer have net public health benefits. So this is a crucial research question.

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But I emphasize that it is a "question." It does a disservice to the public to draw pre-determined conclusions, as Dr. Frieden did in telling the public that we already have the answer: kids are starting out with e-cigarettes and going on to smoke conventional cigarettes.

Our public policies must be science-based. But when one draws pre-determined conclusions, rather than rely on the scientific evidence, this does not lead to evidence-based policies. My fear is that because of a strong pre-existing ideology against electronic cigarettes because they simulate the physical actions of smoking, tobacco control groups are drawing conclusions based on ideology rather than on science.

Posted by Michael Siegel at 9:14 AM 22 Comments 

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22 Comments

The Rest of the Story

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H • 2 year ago

Good to see a follow up on yesterday's panel discussion with this recent study. It was unfair for Tim to question your commitment to public health and to suggest that you merely nit pick or drill down on isolated statements. I've never read your blog as an example of "gotcha politics/journalism" but rather a single minded focus on demanding accountability from both the industry and public health. That you give more attention to public health is a function of there being adequate criticism of the industry already and keeping one's own house in order.

Clearly, the words of the Director of the CDC hold a lot of weight with the public which is exactly why the CDC must be careful in its pronouncements. His carefully crafted statement echoed throughout most media channels for the past two months and it is the authoritative takeaway on e-cigs and youth that the public received.

Sure there may be some isolated sentence on your blog that could be stated better, but it was absurd to compare the Director's public comment to a professor's blog. As excellent as your writing and substance is, it doesn't have the same authority in the public's mind nor receive the same media coverage. (I'm sure you're aware of your relative status and recognize that this was not a put down.)

Hope to see an update once the study is released.

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enemy_guest • 3 year ago

"Our public policies must be science-based. But when one draws pre-determined conclusions, rather than rely on the scientific evidence, this does not lead to evidence-based policies. My fear is that because of a strong pre-existing ideology against electronic cigarettes

because they simulate the physical actions of smoking, tobacco control groups are drawing conclusions based on ideology rather than on science."

you believe in "science-based" policy on the e-cig thing a ma jig yet ideology based when it comes to your SHS scam ??? you can't have it both ways siegel....

2 1/2 years ago • Reply • Share



Derek Yach • a year ago

Important early evidence suggesting that the theoretical fear of kids starting on e-cigs migrating to tobacco products may not be warranted. More studies in different settings and if longer duration will help.

2 1/2 years ago • Reply • Share



sheila • Derek Yach • a year ago

Make sure the patch and gum pushers, who did the SHS "studies" don't do the e cig "studies" or you are screwed.

12 1/2 years ago • Reply • Share



Harry • a year ago

Here's a fine bit of nonsense:

"Raising the minimum sales age to 21 would reduce smoking among 14 to 17 year olds by two-thirds and cut rates by a little over half for 18 to 20 year olds, the health department said."

It's as though the easily-persuaded have been so brainwashed by lies that they'll now accept anything put out by an entity that goes under the title Health Department.

[http://in.reuters.com/article/...](http://in.reuters.com/article/)

3 1/2 years ago • Reply • Share



Sir_JayR • Harry • a year ago

So, 1/3 of the 14-17 year olds will still smoke.

The 18-20 year old young adults can go off and fight a war, and 40% of them use tobacco on the battlefield to increase vigilance and reduce combat stress and weight gain. Trying to police tobacco use in the sandbox would tie up too many scarce resources. But when these young warriors return home the NYC Tobacco Police would have them buy their smokes in New Jersey,

Welcome home,

7 1/2 years ago • Reply • Share



Harry • a year ago

"The issue of whether electronic cigarettes serve as a gateway to youth tobacco addiction is a very serious one. It should not be taken lightly. If these products lead to increased cigarette smoking among youth then this harm would offset the benefits of enhanced smoking cessation and electronic cigarettes would no longer have net public health benefits. So this is a crucial research question."

You can't possibly know, doctor, whether there'd be a net offset in the direction you state. Or is that what you mean by "public policies must be science-based"?

4 1/2 years ago • Reply • Share



Uma Kirk • 1 year ago

That one is an easy study. In a controlled lab setting, of course, hand 10 new never smoked an eGo Twist, with a Kanger T3 clearomizers or a Kanger ProTank2 and an assortment of Flavors to try @ 0-mg). Do the same with 10 always smoked, except with 12-16mg. At the end of day 2, hand each groupie a cigarette. Repeat at the end of one week.

Be handy with a mop & bucket first though...

1 0 0 0 • Reply • Share



epiphany • 2 years ago

It's really time to start denormalizing the anti-smokers at Tobacco Control. The first step is to use language appropriate to the various whopper lies they use. In pointing out a lie, it is necessary to use descriptive language of both the liar and the lie he tells. So, here, you refer to Frieden as an ideologue. That word carries with it an impression that he has a lofty mission that is for the good of us all. Clearly, Frieden does not have a lofty mission. He has a financial mission with ties to the drug companies who pay for his research and support his self-serving mission. So, start there by calling the so-called scientist what he is: a liar. There is no idealism in this movement, just greed and a lust for power. The continuing popularity of e cigs is not a threat to health. It is a threat to funding, nothing more and nothing less.

5 0 0 0 • Reply • Share



Sir_JayR • epiphany • 2 years ago

The better term is "confabulator".

Just like (Insular) stroke patients who confabulate (make up stories) to justify their new perceptions.

2 0 0 0 • Reply • Share



ladyraj • 2 years ago

Oh yes, the classic "gateway" argument. How does one defend against this nonsense association? By definition the association is made by pairing an initiating variable with a purported outcome variable. Using this logic I could proclaim that taking a bath is a gateway to drowning. lol

I can see it now....a child eats candy cigarettes and later in life that child begins using candy flavored e-cigs and eventually starts actually smoking cigarettes. Yep multiple gateways...they are everywhere, evidently!

6 0 0 0 • Reply • Share



Diane • ladyraj • 2 years ago

Marijuana was once the gateway drug to crack, cocaine and heroin. Makes me wonder what those in tobacco control is really smoking.

11 0 0 0 • Reply • Share



FXR • 2 years ago

Public Health is a gateway to the dark ages.

The science is settled !

7 0 0 0 • Reply • Share



Rehan Zajb • 2 years ago

eCig-Cigarette does not contain the over 4000 POISONOUS substances and harmful CHEMICALS found in real cigarettes that

cause heart attack and cancer, such as nicotine, tar, carbon monoxide, acetone, sulfuric acid & more.

You can ENJOY the eCig Cigarette in places where regular cigarettes are PROHIBITED, even in bed.

Electronic Cigarettes

2 months ago • Reply • Share



Rehan Zaib • 9 years ago

Electronic cigarettes are sparking lots of skepticism from public health types worried they may be a gateway to regular smoking.

But the cigarettes, which use water vapor to deliver nicotine into the lungs, may be as good as the patch when it comes to stop-smoking aids, a study finds.

Electronic Cigarette Pakistan

2 months ago • Reply • Share



Sean Ben • 7 months ago

The smoke free safe smoking alternative device that don't contain the tar ash carcinogens and any such harmful ingredients in it like the normal cigs.

<http://www.atmotechnology.com>

2 months ago • Reply • Share



thomas • 6 months ago

This blog post is really great; the standard stuff of the post is genuinely amazing.

<http://www.nitrovapes.com/prod...>

2 months ago • Reply • Share



sameer bhatia • 6 months ago

Superb blog i really like it thanks for share and visit this site its so wonderful sites.

electronic cigarette

Thank you

Sameer Bhatia

2 months ago • Reply • Share



Albert einstien • 4 months ago

It's my fortune to go to at this blog and realize out my required stuff that is also in the quality.

2 months ago • Reply • Share



Guest • 4 months ago

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2 months ago • Reply • Share



Albert einstien • 4 months ago

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him/her to go to this site, continue the fussy job.

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Daniel Kwok • 2 months ago

If you are being attentive to learn several strategies then you ought to browse this article, I am certain you'll get much additional from this article. electronic cigarettes

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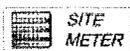
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Vapers Nightly News

Saturday, 19 January 2013

The Anti-Tobacco Activist's Foundation is a Lie

1. The Anti-Tobacco Activists Know that their Ulterior Motives are Flawed, and so they take advantage of a Complex Debate

Prof Stan Glantz and several of his colleagues submitted a public comment to the FDA docket regarding a "Report to Congress on Innovative Products and Treatments for Tobacco Dependence". Glantz and his colleagues made note of the fact that electronic cigarettes were successfully ruled by The US Courts in 2010 to be excluded from FDA regulations, and regulated as "tobacco products" specifically because electronic cigarettes were not being marketed with therapeutic claims.

However, companies such as Sottera (owner of NJOY), and SFATA (an ecig trade association founded by V2cigs), are claiming that their products are "treatments for nicotine dependence". This was criticised by TVECA, another ecig trade association that wishes to keep electronic cigarettes classified as tobacco products. Glantz argues that if electronic cigarette companies are marketing their products with therapeutic claims, the FDA should regulate electronic cigarettes as drug devices under the Food Drug and Cosmetic Act. Glantz also believes the FDA should restrict consumer advocate associations from making such claims, essentially aiming to stifle free political speech.

This is a very deceitful and insidious move by Glantz in attempt to restrict public access to knowledge about the usefulness of electronic cigarettes.

For decades, anti-tobacco activists and Governments have worked hard and spent a lot of money on social engineering, attempting to de-normalize the activity of tobacco smoking. Glantz's number one dilemma with electronic cigarettes, as has been argued by many anti-tobacco activists and the World Health Organization, is that the mere appearance of electronic cigarette usage looks like tobacco smoking. Electronic cigarette usage, despite an overwhelming number of individual testimonies claiming that it has been beneficial in smoking cessation, is therefore perceived by the anti-tobacco activists to be a severe threat to their efforts to de-normalize tobacco smoking. Anti-tobacco activists, when arguing this point, often attempt to persuade public opinion by using emotional claims regarding the persuasion of children to use electronic cigarettes, at which they ultimately lead to their "gateway to tobacco smoking" fallacy.

This argument by anti-tobacco activists is nothing less than absurd. As Michael Ryan, co-director of E-Lites, pointed out in a recent interview whilst holding up a glass of water;

"if somebody sees me drinking a glass of water, does that mean they're going to go out and drink a glass of vodka because it looks like it?"

The reality is that electronic cigarette use does not normalize tobacco smoking. It normalizes electronic cigarette use.

Glantz understands that his main argument against electronic cigarettes is flawed, and hence has no real foundation to argue against electronic cigarette use. So instead, Glantz is taking advantage of the internal dispute within the electronic cigarette industry over whether electronic cigarettes should be classified as medical devices or tobacco products. He is seeking to use this unresolved debate to his advantage in hindering the spread of public knowledge of electronic cigarettes as a safe and effective alternative to tobacco smoking, and prevent further growth of the industry and public consumption.

If electronic cigarettes are classified as medical devices, then, as Glantz claims, they will have to undergo extensive longitudinal studies. It was speculated by Prof Carl Phillips that possibly;

"Glantz's real motive is that a longitudinal study would take much longer than clinical trials, and he just wants to stall"

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Glantz also makes the outrageous claim that due to the overwhelming individual submissions to the FDA by electronic cigarette users about their use of the devices for smoking cessation, the companies that sold them their products, and political associations that aided their use, are engaging in false advertisement - that the publication of personal testimonies on successful smoking cessation by electronic cigarettes is not free political speech - it is commercial speech which can be regulated.

Glantz has essentially argued that the electronic cigarette users who have submitted their personal testimonies to the FDA, are merely pawns of the electronic cigarette industry and consumer advocate associations, brainwashed into falsely believing that the products they use are of benefit to their health.

If electronic cigarettes are classified as tobacco products, then they could be subject to strict regulations, including the banning of nicotine liquids (loose juice) and on-line sales, which would have a devastating impact of the industry. Companies that primarily sell via retail stores and sell only pre-filled, non-refillable cartomizers won't be affected to the same extent. It should be noted that most of the companies that TVECA represent are companies that would not be affected by strict restrictions of the Tobacco regulations.

Either way, Glantz seeks to benefit by preserving his ideology that the only way to cease tobacco smoking is to use Nicotine Replacement Therapies (NRTs) or quit cold turkey - a very false and dangerous perception of the tobacco smoking epidemic.

2. There is no useful "Placebo" for Electronic Cigarettes

If one were to look closely at Glantz's reasoning that there is no scientific evidence that electronic cigarettes aid in smoking cessation, they would see that his grasp of science is indeed tenuous.

This week Glantz came under heavy criticism by two prominent pro-Tobacco Harm Reduction Public Health Professors, Micheal Siegel and Carl V Phillips, when he publicly announced that he believes that individual testimonies by electronic cigarette users are not evidence of electronic cigarettes as useful in smoking cessation. He has also begun censoring commentary from his university blog by individuals who contradict his arguments with their personal accounts on how electronic cigarettes have aided them in tobacco smoking cessation.

In his distorted reasoning Glantz references the "Placebo effect", indicating that since no studies have been conducted to test whether electronic cigarettes are more effective than the apparent 'placebo control' of the electronic cigarette, then there is no evidence yet that electronic cigarettes do work as smoking cessation aids.

Glantz then continued ;

"If and when there are high quality longitudinal studies showing that e-cigarettes as actually used actually help people quit smoking conventional cigarettes, I will modify my opinions on e-cigarettes as cessation aids"

This comment clearly demonstrates Glantz's lack of understanding about electronic cigarettes in aiding smoking cessation, and quite possibly science in general. Professors Phillips and Siegel wrote extensively on Glantz's referencing of a placebo control for testing electronic cigarette effectiveness.

Phillips wrote ;

"...while [clinical studies] are great for studying people's biology under fairly simple circumstances (e.g., for assessing most disease treatment options), they are generally quite poor for studying anything else, like behavior. Something like smoking cessation involves the effects of countless complicated real-world factors that are absent from an artificial clinical setting"

Phillips also makes note of what a placebo actually is, and explains the Hawthorn effect ;

"When a placebo is referred to without a research context, it generally refers to an actual treatment method, in which someone is cured of a disease by intentionally tricking them into believing they are receiving a treatment with known benefits..."

"..In clinical studies where some subjects are just given a sugar pill, there is perhaps some placebo effect. However, this is actually probably dwarfed by the "Hawthorne effect", the tendency of people to behave differently just because they know they are being studied, regardless of whether anything is being done to them."

Phillips also makes note that the Hawthorn effect would have most likely affected clinical studies of NRT products ;

"in the real clinical studies, extra cessation ... would mostly result from people who had been seriously thinking about quitting one of these days, and who — because they know that someone is watching them to see if it happens right now — go ahead and do it."

and noted that ;

"both placebo and Hawthorne effects are much more likely when the outcome of interest is decision-based rather than biological"

Phillip's also points out that Glantz was most likely confusing the placebo effect with the Hawthorn effect, and was claiming that electronic cigarette use in aid of smoking cessation was being subject to the same false positives as is thought to occur in NRT clinical trials.

Nevertheless, as Phillips mentions, that in NRT trials, people do become abstinent for a finite time at a much higher rate than smokers on average. But the effect is basically the same for those people on the NRT placebo.

And here lies the major difference between clinical testing of NRTs and Electronic cigarettes. Since NRTs are a chemical treatment, testing whether a particular drug being administered affects a particular behaviour, the subject being tested can be given a treatment that did not contain the substance (i.e a placebo).

With electronic cigarettes, you cannot administer a placebo control.

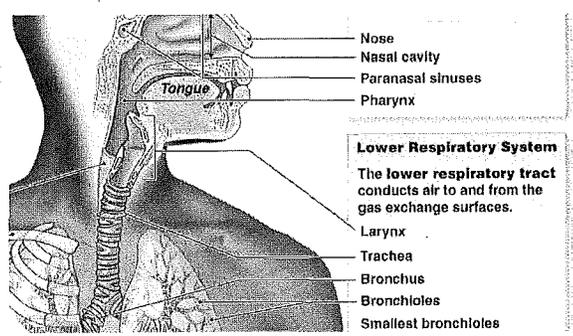
Electronic cigarette usage is far more complex than the administration of a drug. Electronic cigarette usage is behavioural and involves multiple factors such as the placing of a physical object in the mouth, the inhalation and exhalation of visible gas, the sensation of warm air in the mouth, the sensation of a throat hit, taste, smell, and obviously arm and hand movements. You cannot provide a fake alternative to test the effectiveness of this activity in smoking cessation.

In essence, the subjects cannot be tricked in the same manner that they can in an NRT trial.

3. Electronic cigarette use involves a number of factors, each as essential as each other

Of course, nicotine is a major aspect of electronic cigarette use, however, what most anti-tobacco/anti-ecig activists appear to be completely unaware of, is that apart from it's stimulative effects, nicotine contributes to another major and essential aspect of electronic cigarette use.

Part of the smoking simulation is what is called the "throat hit". It is the very brief sensation at the back of the throat as a person inhales the vapor or smoke. The science behind throat hit is still obscure. It may be caused by the sensation of the nicotine chemical reacting with the tissue lining of the Pharynx (back of the throat). Alternatively, it may be caused by the forcing of vaporised nicotine molecules into tighter spaces of the lower respiratory track (larynx and Trachea). In either case, the "throat hit" is an essential and critical aspect of a successful electronic cigarette product.



Nicotine is very much the main contributor to throat hit. An e-juice containing zero milligrams of nicotine will produce absolutely no throat hit. As a result, an electronic cigarette e-juice containing a zero nicotine could never be used as placebo control in a clinical setting.

There are, however, products on the market that have attempted to mimic the throat-hit provided by nicotine. These include FlavourArt's Flash, Totally Wicked' Diablo Loco, and Hangsen's Throat Hit E Liquid. It is suspected that these products use Capsaicin (chemical responsible for Chili spiciness) as their main component. Some electronic cigarette users have reported that Pure Grain alcohol can also be used to achieve a simulated nicotine-like throat hit.

Reviews of all these products however have not been very positive, as they appear to be providing more of a chemical burn sensation rather than the very unique kind of throat hit that nicotine provides. They also affect the flavor of the vapor, with some users claiming they can taste the peppery-ness of the Capsaicin.

Hence, as of yet, no suitable placebo exists to test whether nicotine has to be an essential part of electronic cigarette use. If a suitable throat hit replacement were to be designed or discovered, the stimulant effects of nicotine consumed via electronic cigarettes could be tested in double blind placebo controlled experiments. As of now, since only nicotine can provide the desired throat hit that electronic cigarette users desire, nicotine is therefore essential to electronic cigarette use.

The topic of nicotine alone is beside the point of this particular discussion, and in any case, the anti-tobacco/anti-ecig activist's real problem with electronic cigarettes use is the appearance of it, rather than the substance being consumed.

What's actually being questioned here is the evidence for electronic cigarette usage as a whole, as being effective in smoking cessation. As noted previously, electronic cigarette use involves a number of factors. Each factor is as essential as each other to making what is essentially electronic cigarette use. Factors such as flavor, cloudiness of the vapor exhaled, temperature of the vapor, as well as nicotine concentration, all make up what is essentially electronic cigarette use.

Most importantly, each factor's involvement varies depending on the product and/or user self-set ups. Even the color of the electronic cigarette device can be considered an essential part of the use. In other words, Personal Customization is vital for electronic cigarettes to work, which is why it is critical that products such as liquids containing various levels of nicotine (aka "loose juice"), various flavorings, various refillable cartridge types, and various battery types must remain available to consumers.

4. What is Currently being Tested?

This post is not to make light of what clinical studies could provide. As one of Phillips' responders (Rory Morrison) wrote;

"just having lots of success stories is enough to assess that something works, but is not that useful in quantifying how well it works, or how well it works compared to something else, which method is the one for a commissioner...to recommend? the one with the most success stories? the one with the best-written ones? the most entertaining ones?"

Further, as Siegel noted ;

"Obviously, we also need clinical studies that document the cessation rates and the amount of smoking reduction achieved with electronic cigarettes. But to deny that the case reports are part of the overall scientific evidence is to ignore the science"

Indeed, a clinical study (pg16) funded by Health Research Council of New Zealand is being conducted on electronic cigarettes. In this study, 653 Participants are being tested, whereby 290 participants will use electronic cigarettes containing 16mg/ml cartridges, 290 participants will use 21mg nicotine Patches, and 73 will use electronic cigarettes with cartridges containing 0mg nicotine, all over a 12 week period. The participants will be using electronic cigarette devices and cartridges provided by PGM International Ltd, which means they are most certainly using the Elusion 510 model.

Participants included in this study are smokers of 10 or more cigarettes per day, and who have been smoking for longer than one year. They are people over the age of 18 and who want to quit smoking. The primary test for smoking cessation of the participants will be by the measuring of carbon monoxide level exhaled, which is a marker for evaluating smoking abstinence. However, as a secondary measurement, self reports of continuous abstinence at 1, 3 and 6 months after quit day will be recorded.

This secondary measurement of electronic cigarette usage is interesting. In criticism of Glantz's claim that personal testimonies of successful smoking cessation with electronic cigarettes are not scientific evidence, Siegel writes ;

"While case reports are obviously not the highest standard of scientific evidence, they are undeniably a valid form of scientific evidence. In the case of electronic cigarettes, the fact that millions of vapers are using these products with success is undoubtedly a valid piece of scientific evidence that these

products are useful as alternatives to smoking"

Is this study actually a good test for electronic cigarette efficacy in smoking cessation? It is probably not the kind of study that tests electronic cigarettes to their full potential as most electronic cigarette enthusiasts would explain. The key challenges listed in this study include frequent battery failure and participant withdrawal from the trial. Most electronic cigarette enthusiasts would suspect that these challenges are due to the quality design of PGM's Elusion e-cigarette device. It might be speculated that perhaps the withdrawal of participants from the trial could be due to insufficient knowledge about electronic cigarettes, media publications falsely exaggerating the dangers of electronic cigarettes based on unpublished non-peer reviewed studies, and even a dislike of the electronic cigarette flavoring, battery charge time, and throat hit sensation - particularly in the sample of participants using the Omg cartridges.

Understandably, in order keep all samples consistent for testing purposes, Personal Customization of the electronic cigarettes is not part of this study, so as mentioned above, essential aspects of electronic cigarette use are not being properly tested.

However, it is a start. This is the only electronic cigarette efficacy trial to be embarked upon to date. By early September 2012, more than 50% of participants had been randomized. Prior to this study, there had been one published pilot study showing that 54% of smokers were able to quit smoking or to cut down their smoking by more than half. This is contrary to Glantz's claim that "such studies simply do not exist".

5. The False Dichotomy

The whole topic of 'evidence for the efficacy of electronic cigarettes as a smoking cessation aid' is clearly obscure. As noted in a previous forum post, aside from studies that show the electronic cigarette vapor contains only minuscule amounts of toxins, and a few important medical studies on a small sample number of patients showing that electronic cigarettes are significantly safer than tobacco cigarettes, individual testimonies are perhaps the strongest evidence we have.

However, some may question the need for electronic cigarettes to be proven as smoking cessation aids in the first place. They may also ask why the devices and nicotine containing liquids can't simply be regulated as their own form of recreation product, just as caffeine or alcohol is.

There really is no need for electronic cigarettes and nicotine liquids to be classified as either a tobacco or medical product. This is a false dichotomy constructed by the anti-tobacco groups, and those who seek to profit by falsely labeling the behavior of tobacco smoking as a disease in and as itself.

As Carl Phillips notes;

Smoking causes disease, of course, but it is obviously a consumer behavior, not a disease.

Pharmaceutical NRT producers, particularly, profit from this, both with the sale of their cure for this disease, as well as by politically hindering the growth of their market competitors; the electronic cigarette industry.

There is really no need for electronic cigarettes to be proved as smoking cessation product. Smoking cessation is actually a product of electronic cigarette usage. Only in the false conception that tobacco smoking is a disease, does the electronic cigarette's smoking cessation property become a therapeutic device, and therefore subject to regulations imposed on therapeutics.

Perhaps it's not the numerous absurd and trivial arguments spouted by the anti-tobacco/anti-ecig activists that we should be focusing on, but the underlying cultural propaganda on which they survive. Their entire approach to solving the tobacco smoking epidemic is founded on a misconception, a lie, and it is this foundation that should be attacked, rather than the trivial arrows they keep firing at us.

Posted by Vapers Nightly News at 15:31

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4 comments:



Michael J. McFadden 20 January 2013 10:33

"There really is no need for electronic cigarettes and nicotine liquids to be classified as either a tobacco or medical product. This is a false dichotomy constructed by the anti-tobacco groups, and those who seek to profit by falsely labeling the behavior of tobacco smoking as a disease in and as itself."

Excellent article overall, but I want to focus on the importance of this particular statement near its end. This emphasis on "labeling," and in particular, *negative* labeling, is just a manifestation of the entire complex of Antismoker psychopathology.

Products like nicotine gum and e-cigarette nicotine liquids should not be labeled in such ways any more than coffee and Coca-Cola should be similarly labeled because of their caffeine content. The drive for derogatory language and labeling stems from the need to support the negative imagery that supports the general world of antismoking psychology.

While it's clearly a very superficial summary of a much more complex subject, Stephanie Stahl's analysis of ASDS (AntiSmokers' Dysfunction Syndrome) is wonderfully done and well worth reading. See:

<http://wispofsmoke.net/recovery.html>

Aside from the psychological aspects of course there's also the practical end of things. Successfully labeling e-cigarettes as either "tobacco" or "medical" immediately puts them under a level of government control that will allow them to be heavily limited or taxed, thereby removing them from the reach of smokers who might like to switch to them or from people who might simply try them and enjoy them. For many Antismokers, the mere idea of people "looking" like they're doing something that resembles smoking sets off a wave of frantic concern, even if the activity is fairly or totally harmless and absent of annoying side effects for others. And the threat that their money streams could dry up as people avoid tobacco taxes in making such a switch is a profound threat for many of these so-called "activists" who depend on millions of dollars of grant money as well.

The motivations behind the antismoking movement are complex and multi-faceted in their basis, and need to be understood and appreciated by anyone working against them or in favor of substitutes such as e-cigarettes or snus. It would be simpler if it were a case of a unitary conspiracy with an easily targeted core (sort of like what Antismokers have tried to imagine with their rantings against "Big Tobacco" over the years) but it's not: it's a hydra-headed complex of many different people and groups with vastly different motivations ... *all* of which need to be addressed by those working to put it back into a reasonable box.

There's nothing inherently "wrong" with people "enjoying" cigarettes, e-cigarettes, or snus. There are pronouncedly concerning negative side-effects when they do so with cigarettes, far fewer such side-effects with snus, and quite possibly virtually *no* such negative side effects with e-cigarettes. People should have the freedom to make their own choices with regard to such enjoyments in life and the risks they entail without unreasonable government interference, and the current movement by the "establishment" regarding vaping is definitely one of setting the stage for such interference far into the future.

It needs to be stopped.

Michael J. McFadden
Author of "Dissecting Antismokers' Brains"

Reply



Vapers Nightly News 20 January 2013 19:17

Thank You for your comment MJM.

I think you are absolutely right about the so-called "activists" who depend on millions of dollars. It's blatant self-preservation. In fact, I think some of them see electronic cigarettes as a blessing to themselves, as they now have new fodder to play with and something new to write about in their grant applications.

I will say that, while I don't think electronic cigarettes and nicotine containing liquids should be classified as the tobacco or medical products, I do believe there should be some Governmental involvement, and that sales taxes are indeed required. Obviously, not to the same excessive tax levels as that placed on combustion tobacco products, but enough to regulate the industry and

uphold AEMSA's product standards (www.aemsa.org).

A small sales tax to pay for regulating against dodgy vendors is both beneficial and a small price to pay for legitimacy.

Lastly, a post on the ECF forum by Bill Godshall I believe is noteworthy in regards to the topic of labeling of smoking as "a disease".

Godshall writes ;

"...I also think a competent lawyer for an e-cigarette company can convince the federal courts that since "smoking" is not a disease or disorder, claiming that an e-cigarette can help someone quit smoking is not a "therapeutic claim". In fact, that's why the FDA has approved drugs for treating "tobacco dependence", not for treating "smoking". And I'm not aware of any e-cigarette company that has ever claimed their products treat "tobacco dependence". "

<http://www.e-cigarette-forum.com/forum/legislation-news/371175-stan-glantz-attacks-e-cigarette-industry-because-thousands-vapers-sent-comments-fda.html#post8362646>

Reply



Michael J. McFadden 23 January 2013 08:56

VNN, yes, I've always found the Antis' ability to avoid cognitive dissonance through doublethink to be fascinating. The question of "addiction" is particularly notable for this. Note how they'll claim, in quick succession, without ever noticing the internal contradictions:

- 1) Nicotine is the most addictive drug on the face of the earth.
- 2) Smokers should have no difficulty at all simply skipping their regular doses while in smoke-banned facilities. What's the big deal, right?
- 3) The "treatment" to give up this most addictive drug is for Big Pharma to sell smokers MORE of the addictive drug in its NRT products.

That final point brought me to this idea that I plan to make millions from!

===

A NEW form of gum therapy:

c*H*ick-o-lets!

Heroin gum for those seeking to kick the comparatively mild habit of heroin! Available in candy flavors at your local pharmacy, and no prescription or age-limits involved! Buy a bagful now! Perfect for stocking stuffers! And, as Jessica Simpson might say, it's "like having a party in my mouth!"

- MJM

Reply

jessica robert 13 February 2013 02:44

Yes it is correct that Electronic Cigarettes INC are a great achievement as compare to traditional cigarette and it is best for those people who are addicted in smoking.

Reply

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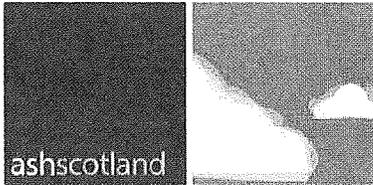
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10/22/2014

Vapers Nightly News: The Anti-Tobacco Activist's Foundation is a Lie

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Taking action on smoking and health

ASH Scotland Electronic cigarettes/ E-cigarettes May 2014

Key points:

- electronic cigarettes (e-cigarettes) are battery-powered devices that heat a liquid often containing nicotine and flavourings into an inhalable form – awareness and use of e-cigarettes among adult smokers and ex-smokers has risen rapidly in Scotland and the UK over recent years with negligible current use among adults who have never smoked
- because they are new products there is no direct evidence on the long-term safety of e-cigarettes themselves; analysis of the emissions from e-cigarettes finds many fewer potentially hazardous chemicals than in tobacco smoke, with those that exist typically in much lower quantities – most experts expect e-cigarettes to prove considerably less harmful to the user than tobacco smoking
- although e-cigarettes use does result in ‘second-hand vapour’ to some extent, these levels are likely to be very low and there is as yet no scientific consensus that such exposures pose a general risk to the health of bystanders
- e-cigarettes have been shown to deliver nicotine to the body effectively, though this varies by device type and configuration – current e-cigarettes seem to deliver nicotine more slowly than smoking tobacco
- there is little high-quality research on e-cigarette for stopping or as a substitute to smoking tobacco; one better quality randomised controlled trial from New Zealand found an e-cigarette with relatively poor nicotine delivery was about as effective as a medicinal nicotine patch, while a well-designed observational study from England found smokers who attempted to stop using an e-cigarette were more likely to be abstinent from smoking than those who quit using medicinal nicotine bought over-the-counter, or no aid
- the limited data on e-cigarette use among young people does not suggest a strong ‘gateway to smoking’ effect in the UK at present, but research on the issue is sparse and there is apparent disagreement and confusion over what a ‘gateway’ effect would look like were it to exist – researchers have recently highlighted the need for common standards and understanding in this area
- other issues to be addressed relating to e-cigarettes include adequate safety controls to prevent accidental injury, monitoring of trends in ‘dual use’ (e-cigarette use combined with continued smoking), regulation of marketing activity, and the involvement of the tobacco industry in the e-cigarette market
- Under new European regulations, by May 2016, e-cigarettes will be subject to either voluntary medicines regulation if they want to make claims to treat or prevent disease, or for products that do not seek to make therapeutic claims, a range of new controls on product quality, safety, and marketing.

What are e-cigarettes?

'Electronic cigarette' (e-cigarette) is the most commonly used term for a family of non-tobacco, non-medicinal, nicotine delivery devices that have become increasingly popular in recent years in Scotland and the rest of the UK. E-cigarettes come in a wide variety of different configurations, and are made and sold by many different manufacturers. Most e-cigarettes share common features of basic operation and have a battery (varying in size, type, capacity, and voltage) that is used to pass a current through a resistance coil (the atomiser) that is in contact with a fluid. The heat from the coil generates an aerosol from the fluid, without combustion, which is then able to be inhaled by the user (the aerosol is often referred to as 'vapour' hence the term 'vaping' is often used to describe e-cigarette use). The fluid used in most e-cigarettes normally consists of a carrier liquid of propylene glycol or glycerine (or a combination of the two), often nicotine (in a variety of concentrations), and frequently additives to enhance the palatability of the aerosol, such as flavourings¹.

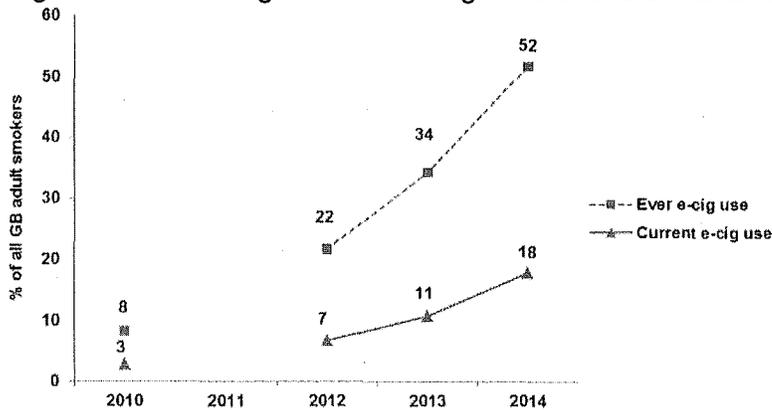
Physically, some types of e-cigarettes are made to resemble tobacco cigarettes with the 'filter' part of the e-cigarette being a cartridge containing the heating element and fluid (the 'cartomiser'), while the battery is typically made to look like the tobacco-containing part of a traditional cigarette. These are sometimes referred to in the UK as 'first generation' e-cigarettes or 'cigalikes'² and are either sold as disposable, or with replaceable pre-filled sealed cartridges. 'Second and third generation'² e-cigarettes typically do not resemble tobacco cigarettes and often have larger batteries and refillable liquid reservoirs (often called 'clearomisers' or 'tank' systems) or other more advanced features (such as variable voltage systems to alter the 'vaping' experience). In contrast to cigarette-like e-cigarettes where the whole cartridge normally needs to be replaced when it is empty, these e-cigarettes allow the user to refill the device with any of the different types of liquid (often referred to as 'e-liquid' or 'e-juice') themselves without replacing the reservoir each time, a practice users report as more economical.

E-cigarettes are relatively new products and the market changes rapidly, because of this terminology is also rapidly changing and different terms are often used colloquially or in marketing to refer to the same products, or substantively similar products. Eg. the different terms 'e-cigarettes', 'e-shisha', 'vape pens', 'personal vapourisers' 'shisha pens' can often refer to the same technology. Most e-cigarettes currently on the market are manufactured in China, imported to their target markets, and sold to the consumer via third party resellers³.

Who uses e-cigarettes in Scotland/ Great Britain and what type of e-cigarette do they use?

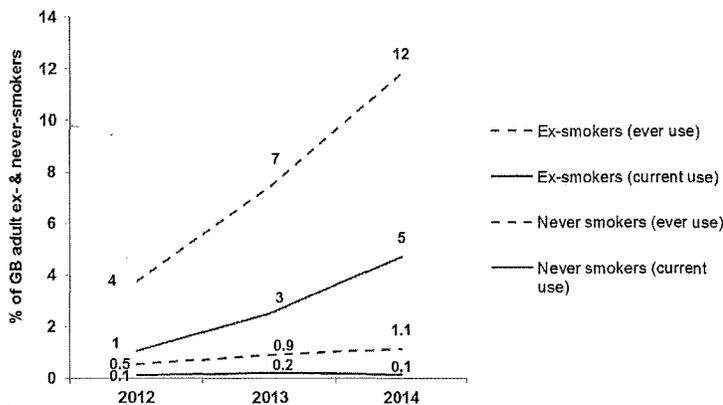
Adult awareness and use of e-cigarettes has increased rapidly in Scotland, as it has in the rest of the UK. In 2010 only 3% of adult (age 18+) smokers in Scotland reported using an e-cigarette, while by early 2014 this had risen to 17%⁴. The graphs below show patterns of e-cigarette use, by smoking status, among a large sample of adults in Great Britain⁵.

E-cigarettes use among current adult cigarette smokers in Great Britain (2010 -2014)



Unweighted base: GB adult smokers (2010, n=2297; 2012, n=2093; 2013, n=1895; 2014, n=1776)

E-cigarettes use among ex- and never smoking adults in Great Britain (2012 – 2014)

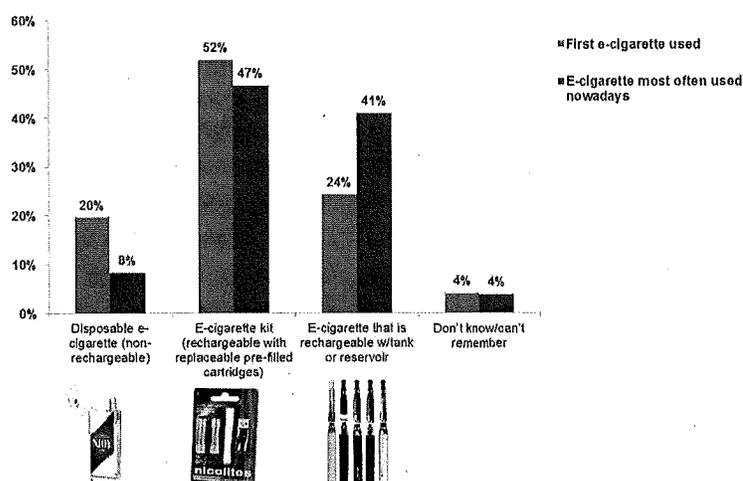


Unweighted base: GB adult ex-smokers (2012, n=4473; 2013, n=4303; 2014, n=4498), GB adult never smokers (2012, n=5886; 2013, n=5973; 2014, n=5995)

E-cig current use and experimentation among current and ex-smokers has increased rapidly over time, while current use among adult never tobacco cigarette smokers is, at present, negligible. This survey gives very similar estimates of e-cigarette use to the only other large general population survey of e-cigarette use among adults available at the present time⁶. The principal reasons e-cigarette users report for their use are as a stop-smoking aid, as an aid to prevent relapse to smoking, and to reduce smoking⁷. There are an estimated 2.1 million adult e-cigarette users in Great Britain in March 2014, approximately one-third being ex-smokers with the remaining two-thirds being current smokers⁷.

When looking at product choice among current e-cigarette users (both the type of e-cigarette they first used, and the type they are using now) in the graph below, most e-cigarette users started with a cigarette-like device (either disposable or rechargeable), but were more likely to report use of a rechargeable, refillable 'second generation' type device for the e-cigarette they are using now.

Type of e-cigarette first tried and type most often used now among current e-cigarette users in Great Britain (2014)



Unweighted base: GB adults who reported having tried e-cigarettes and still use them (n=498)

How hazardous are e-cigarettes to their users or bystanders?

E-cigarettes are new products, and as such there are no long term studies on the health effects of the products themselves. Because of this, judgements around the likely hazards of e-cigarettes are made from looking at chemical analysis and short-term studies on the products themselves and studies of long-term exposure to the chemicals present in e-cigarettes in other contexts.

Many e-cigarettes contain nicotine, the primary psychoactive dependence-inducing component of tobacco. Nicotine itself, in the doses smokers (or users of therapeutic nicotine replacement therapies – NRTs) are normally exposed to, is not considered especially harmful to health⁸. High quality controlled trials of short term treatment with therapeutic nicotine finds side-effects are common but normally mild and transient^{9,10}. Most trials only involve a short duration of NRT administration, with relatively short follow-up, however longer-term studies with extended duration of NRT use have not shown NRT to increase the risk of adverse cardiac outcomes¹¹ (when followed up for 5 years), nor cancer (when followed up for 12.5 years)¹².

Reviews of the many long-term studies of lower-toxicant smokeless tobacco products as used in some Scandinavian countries (that deliver nicotine, but also other chemicals such as tobacco-specific N-nitrosamines^{13,14,15}) find that use is not associated with cancer at most sites, or at sites where associations have been found, they are typically of lower magnitude than smoking^{16,17}. The use of these products may be associated with poorer cancer outcomes, once cancer has already been diagnosed¹⁸. Use of these products is not strongly associated with the incidence of cardiovascular disease^{19,20,21,22} though, as with cancer outcomes, it may be associated with greater likelihood of a fatal case^{19,20,22}.

Overall, nicotine delivered in forms other than via smoked tobacco does not have strong associations with disease, though there remains poor evidence in some groups (particularly during pregnancy, where there are potential developmental risks and a lack of good studies conducted in humans^{8,23,24}). Nicotine on its own is much less hazardous than smoking. Although public understanding of this in the UK appears to have improved over time, it remains poor as people tend to overestimate the risks posed by nicotine²⁵.

The carrier liquid used in many e-cigarettes is propylene glycol (PG). Toxicology reviews consider PG as presenting a low risk to human health²⁶, and its inclusion in other substances intended for human consumption (e.g. in food) has been approved by regulators for many years²⁷. Both PG and another commonly used carrier fluid vegetable glycerine (VG) are ingredients in an existing medical preparation of nicotine; the nicotine mouthspray²⁸. However, the type of exposure to PG/VG resulting from e-cigarettes use (long-duration high intensity inhalation of an aerosol generated by heat) does not have a precedent, and a review of the probable health effects of such exposure to PG/VG concludes that monitoring and surveillance of health outcomes is warranted²⁹.

Flavourings used in e-cigarettes to make use more palatable are often food additives³, that, while normally considered safe for oral consumption, may present health concerns when inhaled. A lab study of liquid cytotoxicity (being toxic to cells) of 35 e-liquids found that cytotoxicity was unrelated to nicotine content, but was correlated with the number and concentration of flavourings³⁰, suggesting this should be an area of continued investigation and monitoring.

As a result of the heating process, the constituents of the aerosol generated from e-cigarettes may be different from the constituents of the liquid. Because of this, the most informative analyses of the probable risk profile of e-cigarettes to the user are those that analyse the aerosol itself, as they examine levels of contaminants and other potentially harmful agents regardless of whether they come from a contamination of the liquid (or the use of a problematic flavourings), or arise as a by-product of heating. Several studies exist on this topic^{e.g. 31,32,33} including many unpublished lab reports, the results of which have been summarised in a recent systematic review²⁹.

These studies vary widely in methods, quality, and devices studies (and owing to the diversity and rapidly evolving nature of the e-cigarette market, cannot be taken to represent all devices). Substances tested for by these studies include polycyclic aromatic hydrocarbons (a family including several established carcinogens), volatile organic compounds (e.g. acrolein, acetaldehyde, formaldehyde) and metals (e.g. cadmium, lead). Overall, these studies tend to detect many fewer potentially hazardous chemicals than found in tobacco smoke with those that are found being at much lower quantities; however there is significant variation between devices³¹. Comparing the contaminants to commonly used standards for involuntary workplace exposures³⁴, the review²⁹ concludes that, based on studies to date, e-cigarette users are unlikely to be exposed to levels of contaminants that would warrant concern.

A recent study suggests that, when using higher voltage configurations e-cigarettes could be capable of producing similar levels of one carcinogen, formaldehyde, in comparable levels to those found in cigarette smoke³⁵. A commentary³⁶ on the research suggests that this is probably a result of the thermal breakdown of the carrier liquid that would be expected to occur at high temperatures, and notes that, when the devices are used at lower voltages, formaldehyde emissions are several magnitudes lower than tobacco smoke. These kind of analyses could have important implications for device design and safety.

Several studies^{e.g. 37,38,39} have attempted to examine likely exposure to bystanders from e-cigarette use (i.e. 'second-hand vapour'). These studies confirm that e-cigarette use results in emission and exposure to some toxins, as would be expected given the processes involved. Analyses of the emissions find pollutants are either at low concentrations compared to equivalent emissions from cigarette smoke, or below the limit of detection for

the measurement instruments used^{39,37}. In one study³⁷ nicotine in air was found at about one-tenth of the concentration present in second-hand tobacco smoke. Measurements of the concentration of respirable 'particulate matter' (often used as a marker of tobacco cigarette smoke^{e.g.40}) taken from these studies may not be directly comparable with the equivalent measurements of smoke generated by tobacco combustion. It is not clear if researchers working on the issue of 'second-hand vapour' have adequately calibrated measurement instruments to reflect differences in the physical properties of e-cigarette emissions (likely to be larger droplets in liquid state) when compared to the combustion generation carbon-based solid particles from traditional cigarettes⁴¹. While the small particles of second-hand smoke can linger for many hours in the air after a tobacco cigarette has been extinguished, it is likely the larger particles generated by e-cigarette use settle faster, which has implications for likely levels of bystander inhaled exposure⁴¹. Overall, there is not scientific consensus that second-hand exposure to e-cigarette emissions poses a general risk to the health of bystanders, though as with other forms of more common indoor air pollution it may cause irritation or other adverse reactions among some sensitive population sub-groups.

Do e-cigarettes help people quit smoking?

In order for e-cigarettes to be effective as an aid to help people stop smoking, or as a substitute for tobacco smoking, they should be able to deliver nicotine effectively. While an early study⁴² found the two brands tested did not deliver nicotine to their participants, subsequent studies^{43,44,45} have found e-cigarettes are capable of delivering nicotine (the early study involved first-time e-cigarette users and older technology, which is likely to explain its results). Comparison of different configuration of e-cigarettes in a recent evaluation⁴⁶ found that newer generation higher performance e-cigarettes were faster at delivering nicotine than older 'cigarette like' models, however both configurations of e-cigarettes were significantly slower at delivering nicotine than a conventional tobacco cigarette.

The evident commercial success of e-cigarettes has been driven by anecdotal reporting of many cases of successful smoking cessation and substitution among long-term tobacco smokers. This has also been found among surveys among (self-selecting) populations of dedicated e-cigarette users^{47,48} and a longitudinal study⁴⁹ has found low rates of relapse to smoking among this group (though this study has several weaknesses including very high loss to follow-up).

An issue common with these type of studies is their recruitment of participants from online e-cigarette enthusiast forums, where positive experiences with e-cigarettes will be over-represented. Several experimental studies enrolling participants from the general population (to overcome these issue of self-selection) have been conducted^{50,51,52,53,54}. These generally show favourable results for e-cigarettes in terms of cessation and cigarette reduction outcomes, however several of these studies are small, lack a control group, and are the product of only two research teams (one in Italy and another in New Zealand).

The most methodologically robust of these studies (from New Zealand⁵⁴) is a moderately sized randomised controlled trial that found approximate equivalency between the one brand of e-cigarette tested (an early model with relatively poor nicotine delivery⁵⁵) and a conventional NRT patch. While the primary analysis in this study was unable to conclude that e-cigarettes were superior to the NRT patch for cessation (in part due to the low overall cessation rates observed across all participants in the study), a secondary analysis of self-reported cessation suggested a marginally higher overall effect on cessation for e-cigarettes

compared to the NRT patch, with the time till relapse to smoking being twice as long in the e-cigarette group⁵⁵.

Outside of experimental studies that may impose artificial constraints on behaviour, the cessation effects of e-cigarettes have been examined in observational studies of e-cigarette use in the general population (i.e. examining outcomes in cessation between e-cigarette users and non-users in general health or tobacco control surveys)^{56,57,58,59}. These studies do not show strong associations between e-cigarette use and cessation from smoking. However, most of these studies were not designed with the intent of examining cessation outcomes, none adequately control for the many ways in which smokers who quit using a form of assistance differ from those who do not (e.g. differing nicotine dependence, a well-established issue in similar studies of medicinal NRT^{60,61}), or involve poor measurement of e-cigarette use (e.g. being unable to discriminate between the use of e-cigarettes in a concerted effort to stop/substitute for smoking and experimentation with no intent of sustained use). Recent research from a large general population survey England has made attempts to improve on the issues present in previous observational studies, and finds that smokers who attempted to stop using e-cigarettes were more likely to report abstinence from smoking compared to those who attempted to stop with NRT bought over-the-counter, or those who used no aid⁶².

Are e-cigarettes a gateway to smoking for young people?

A concern expressed around e-cigarettes is that they will act as an entry product to nicotine for children and young people – who would otherwise never have smoked – who would then go on to smoke tobacco due to their experiences with e-cigarettes. This is a difficult proposition to assess, and similar claims have been asserted, but also challenged, in relation to lower-risk smokeless tobacco^{63,64,65,66}. The difficulty arises because, although associations between starting one nicotine product use and subsequently going on to use another may be uncovered by research, the associations are not necessarily causal (i.e. it is the use of e-cigarettes that causes later smoking) and may be explained by shared risk factors that predispose individuals to engage in both behaviours⁶⁶.

Very limited data exists on e-cigarette use among young people in the UK, and no data currently exists for Scotland alone. One survey by ASH⁶⁷ of around 1,400 11 to 18 year olds in Great Britain in 2013 who were aware of e-cigarettes found that sustained use of e-cigarettes was rare, and, at the time of the survey, confined almost entirely to children who already have a history of use of tobacco cigarettes. However, because the sample was recruited via parents who were members of a commercial online survey panel, potential biases due to panel recruitment or accurate completion of the survey (e.g. if parents or householders were present while the survey was being completed by the young person) may exist. A convenience sample of 671 young people aged 13 to 18 in Wales that took part in an online survey for ASH Wales in late 2013/early 2014 found similar results⁶⁸.

A 2013 survey conducted with around 6,000 students aged 14 to 17 in Cheshire and Merseyside found around 13% of young people surveyed reported 'having accessed' e-cigarettes (this definition includes both 'having bought' and 'having tried' e-cigarette so gives no idea of intensity of usage) with most 'access' again concentrated in young people who have a history of smoking tobacco cigarettes. E-cigarette access was also strongly positively associated with another behavioural risk factor (alcohol consumption)⁶⁹. No data on e-cigarette use among young people in Scotland exists, though it will be reported in the large, nationally representative, SALSUS survey of 13 and 15 year olds which was conducted during 2013 and is due to report in November 2014⁷⁰.

Surveys from the United States conducted for the US Centres for Disease Control and Prevention (CDC)⁷¹ have shown an approximate doubling of both 'ever' and 'current' (within the last 30 days) use among middle and high school students between 2011 and 2012. CDC also report that, in 2012, around 7% of high school students who had ever used e-cigarettes reported never smoking conventional cigarettes. The same survey shows that tobacco cigarette smoking continued to decline during the 2011 and 2012 period⁷², and, as shown by a separate large survey of the US student population, has continued to decline throughout 2013⁷³, suggesting that, if a gateway effect does exist, it is not sizeable enough to change overall reductions in tobacco cigarette prevalence.

Recent cross-sectional surveys involving large datasets of e-cigarette use in Korean⁷⁴ and US⁷⁵ adolescents, found use was associated with cigarette smoking, attempts/intent to quit, but not with abstinence from conventional cigarettes. Because of the design and limitations of these studies, the findings are consistent with both the theory that e-cigarettes encourage tobacco cigarette use, and the opposing theory that e-cigarettes are being used as alternatives to smoking by the adolescent smokers that are most heavily addicted to nicotine or otherwise predisposed to engage in risky behaviours. Hence these findings are not enlightening as to whether gateway effects are happening in these populations.

Taken as a whole, the limited data available for the UK is not suggestive of a strong gateway effect at present as there appears to be limited sustained use among never smoking young people, though this should not be taken to conclude that such an effect could not exist (or even that it exists to some extent at present, but the current evidence is inadequate to detect it). Because the existence of 'gateway' effects is challenging to either confirm or deny and there is apparent disagreement on the issue, academics working in the area have recently made a call for clarity on the criteria needed for evidence to demonstrate either the existence or absence of a gateway effect, to set a standard upon which researchers could agree⁷⁶. Such an approach could facilitate a more balanced and evidence-led assessment of risks posed by a potential gateway effect to smoking, which could then be weighed against the potential benefits of e-cigarettes as a route away from smoking.

It is possible that the forthcoming 2013 SALSUS dataset in Scotland⁷⁰ – a large dataset containing rich information on other risk factors for smoking and substance use – could be used to help in setting this standard, by examining whether never smoking e-cigarette using young people possess many of the risk factors for tobacco smoking (i.e. to investigate whether, even if they did not currently smoke tobacco at the time they were trying e-cigarettes, they were nevertheless highly at risk for doing so).

Other issues

Accidental injury, quality control/ product defects

The fatal adult dose for nicotine was, until relatively recently, thought to be around 50 to 60mg⁷⁷. A current investigation into acute nicotine toxicity⁷⁸ suggests these values are too low by a substantial margin, and that the true value is likely to be instead in the region of 500 to 1,000mg. Even if these higher thresholds are accepted, the quantity of nicotine in a 10ml refill bottle of nicotine e-liquid at the higher strength end of currently available products still has the potential to be a hazard if ingested or otherwise absorbed, especially for children. In the US calls to poison centres involving e-cigarette liquid have increased in line with the increase in prevalence of e-cigarettes use⁷⁹. There is one suspected fatal case of poisoning from e-cigarette liquid in a child from Israel⁸⁰. This highlights the importance of proper packaging, labelling, and storage instructions for e-liquids.

As described previously, toxicant emissions from e-cigarettes appear to vary substantially by device configuration³¹. The quality of manufacture and materials used (e.g. in the quality of the wicking material used to supply liquid to the heating element, the composition of the metal heating element, purity of ingredients used in the liquid) are likely to impact on user exposure to undesirable toxicants, and there appears to be significant room for improvement in some devices³¹. As with other rechargeable battery-powered devices, safety during charging to avoid accidental fires and injury may be improved by the incorporation of adequate overcharge protection on the devices themselves, and the provision of clear instructions on charging by the manufacturer.

Dual use

'Dual use' – continued use of smoked tobacco alongside e-cigarettes – has been highlighted as a particular concern surrounding e-cigarettes. Because even low levels of continued smoking still confers substantial health risks, the magnitude of benefits that can be expected from reduced smoking alone (without cessation) are uncertain³². The introduction of e-cigarettes to the market could be problematic if it extended the duration of tobacco cigarette smoking in those who would otherwise have stopped entirely.

As this issue is related to the effectiveness of e-cigarettes as a cessation or substitute for tobacco smoking (because, if, on average, e-cigarettes cause more continued smoking than they prevent, this will start to become apparent in studies of e-cigarettes that examine cessation outcomes), the research already described in the section dealing with cessation applies to some extent to questions of dual use. Looking at other analogous products, in a systematic review of randomised controlled trials of medicinal NRT products among smokers who had no intention to quit smoking, dual use of NRT and smoking resulted in more, not less, abstinence from smoking at follow-up (approximately doubling quit rates³³). Continued monitoring of surveillance data and well-designed observational studies are necessary to determine if e-cigarettes are different in this regard from NRT.

At the population level, although the majority of e-cigarette use in Great Britain is dual use (approximately two-thirds of e-cigarette users being current smokers with the remainder being ex-smokers⁷), population level data from a large, regular survey in England⁶ shows that there has been a recent sharp decline in cigarette smoking prevalence, and an increase in quit attempts and success rates in quitting that correlate with the rise in popularity of e-cigarettes among smokers. While this cannot necessarily demonstrate that e-cigarettes are responsible for causing these outcomes, this data is inconsistent with a large effect of e-cigarette dual use in prolonging smoking.

Marketing and advertising

Concurrent with the growth of e-cigarette popularity has been a rapid growth in the general visibility of e-cigarette marketing through a variety of advertising channels^{34,35,36}. This has caused concern in that, even if the target of adverts are exclusively adult smokers, the relatively free rein that advertisers currently have regarding e-cigarettes means there are likely to be knock-on effects in generating interest in the product and e-cigarette brands among never smokers and young people. There is a well-established evidence base on the effects of tobacco advertising and promotion on adolescent smoking uptake³⁷, and given similarities in tone and technique of some e-cigarette advertising to tobacco cigarette advertising from previous decades, it is plausible widespread marketing of e-cigarettes will have the consequence (intended or unintended) of generating some degree of interest and trial in never smokers and young people. There are currently processes underway to attempt to bring more regulatory control to the marketing of e-cigarettes, see the section that follows on 'what regulations apply to e-cigarettes in the UK?'

The tobacco industry

The majority of the current e-cigarette market in the UK consists of a multitude of small and medium sized businesses and several larger companies that are independent of the tobacco industry. However, in recent years major international tobacco companies have either acquired existing e-cigarette companies, or brought new e-cigarette products to market themselves. This has provoked comment that tobacco industry motives in this field are unlikely to revolve around the sole goal of reducing health harms and saving lives⁸⁸. Analysis of tobacco industry documentation⁸⁹ has suggested that tobacco companies' involvement in harm reduction is an opportunistic tactical adaptation to the shifting policy environment on tobacco that it foresees will secure reputational benefits with policy makers and public health groups. These developments can be expected to raise new challenges around limiting tobacco industry involvement in, and interference with, public health policy.

What regulations apply to e-cigarettes in the UK?

In 2010, the UK Medicines Regulator, the Medicines and Healthcare products Regulatory Agency (MHRA) consulted on bringing all unlicensed nicotine products (including e-cigarettes) into their medicines regulatory framework⁹⁰. Following responses to the consultation, the MHRA conducted a period of scientific and market research and announced in June 2013 that it wanted to proceed with medicinal regulation, and that it expected all e-cigarettes in the UK would be regulated as medicines in line with the (at the time ongoing) negotiations on the European Tobacco Products Directive⁹¹ by 2016. In October 2013 during a key vote on the Directive at the European Parliament, mandatory medicinal regulation was rejected and an alternative system was proposed. European lawmakers agreed upon a 'two-track' system whereby e-cigarettes that make a therapeutic claim to treat or prevent disease (including smoking cessation claims) will be subject to regulation as medicines. All other e-cigarettes may remain on the market provided they meet certain requirements, including:

- a maximum nicotine concentration and volume for e-cigarette devices and refill containers, with requirements for child and tamper-proofing
- mandatory consumer warnings on e-cigarettes packaging with information on ingredients
- a requirement for manufacturers to notify countries before placing new products on the market, to provide details on the ingredients and emission of the products, and to provide data of sales volumes and profile of product consumers
- a ban on many forms of advertising (most forms of advertising that have a cross-border effect including television and radio advertising) – advertising that only has a local effect such as point of sale advertising or billboards will not be covered

These measures are expected to come into force in May 2016. The European Tobacco Products Directive will not set age of sale limits on e-cigarettes at the European level; this is a matter that individual countries must take forward and the Scottish Government has indicated its intent to legislate on this matter once it has identified the most appropriate means.

The MHRA continues to encourage manufacturers to voluntarily submit products for medicines regulation in the intervening period. E-cigarettes sold on the market at present must also be in compliance with existing regulations, such as general products safety legislation and the Chemicals (Hazard Information & Packaging for Supply) Regulations 2002

(CHIP) (which together require electronic cigarettes to function as intended, and be supplied with child-resistant packaging and toxic warning labels). Trading Standards has enforcement responsibility for ensuring compliance with existing regulations. The Committees of Advertising Practice, who write and maintain the codes that govern advertising in the UK have also recently (April 2014) consulted on how to modify advertising rules on e-cigarettes in the interim period before the European regulations come into force.

As e-cigarettes do not burn tobacco or another 'lit substance or mixture' they do not come under the legislation governing Scotland's smoke-free public places⁹². Individual public and private sector bodies in Scotland are responsible for creating and implementing their own policies on e-cigarette use.

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RESEARCH ARTICLE

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Acute effects of using an electronic nicotine-delivery device (electronic cigarette) on myocardial function: comparison with the effects of regular cigarettes

Konstantinos E Farsalinos*, Dimitris Tsiapras, Stamatis Kyrzopoulos, Maria Savvopoulou and Vassilis Voudris

Abstract

Background: Electronic cigarettes have been developed and marketed in recent years as smoking substitutes. However, no studies have evaluated their effects on the cardiovascular system. The purpose of this study was to examine the immediate effects of electronic cigarette use on left ventricular (LV) function, compared to the well-documented acute adverse effects of smoking.

Methods: Echocardiographic examinations were performed in 36 healthy heavy smokers (SM, age 36 ± 5 years) before and after smoking 1 cigarette and in 40 electronic cigarette users (ECIG, age 35 ± 5 years) before and after using the device with "medium-strength" nicotine concentration (11 mg/ml) for 7 minutes. Mitral flow diastolic velocities (E, A), their ratio (E/A), deceleration time (DT), isovolumetric relaxation time (IVRT) and corrected-to-heart rate IVRT (IVRTc) were measured. Mitral annulus systolic (Sm), and diastolic (Em, Am) velocities were estimated. Myocardial performance index was calculated from Doppler flow (MPI) and tissue Doppler (MPIt). Longitudinal deformation measurements of global strain (GS), systolic (SRe, SRa) and diastolic (SRe, SRa) strain rate were also performed.

Results: Baseline measurements were similar in both groups. In SM, IVRT and IVRTc were prolonged, Em and SRe were decreased, and both MPI and MPIt were elevated after smoking. In ECIG, no differences were observed after device use. Comparing after-use measurements, ECIG had higher Em ($P=0.032$) and SRe ($P=0.022$), and lower IVRTc ($P=0.011$), MPI ($P=0.001$) and MPIt ($P=0.019$). The observed differences were significant even after adjusting for changes in heart rate and blood pressure.

Conclusions: Although acute smoking causes a delay in myocardial relaxation, electronic cigarette use has no immediate effects. Electronic cigarettes' role in tobacco harm reduction should be studied intensively in order to determine whether switching to electronic cigarette use may have long-term beneficial effects on smokers' health.

Trial registration: Current Controlled Trials ISRCTN16974547

Keywords: Electronic cigarette, Smoking, Myocardial function, Diastolic function, Tobacco harm reduction, Nicotine

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Background

Smoking is a major risk factor for cardiovascular disease [1,2]. Although several pharmaceutical products are available for smoking cessation, long term quit-rates are relatively low [3]. Therefore, tobacco harm reduction strategy and products have been developed, with the main goal to reduce the amount of harmful substances administered to the human body.

Electronic cigarettes have been introduced to the market in recent years as an alternative-to-smoking habit. They consist of a battery-part, a cartridge containing liquid and an electrical resistance that is heated by activation of the battery and evaporates the liquid. The liquid usually contains glycerol, propylene glycol, water, nicotine and a variety of flavours that the user can choose. By using this device, nicotine is delivered to the upper and lower respiratory tract without any combustion involved. Millions of people are using electronic cigarettes worldwide; however, lack of clinical research has raised global debate, controversy and serious public health concerns [4].

Several studies have shown that, even in healthy smokers, acute smoking inhalation has significant adverse effects on left ventricular (LV) myocardial function that can be detected by echocardiography [5-7]. No study has ever evaluated the effects of electronic cigarette use on cardiac function; thus, the purpose of the current study was to investigate the acute effects of using an electronic cigarette ad lib for 7 minutes on haemodynamic parameters and myocardial function, compared to the effects of smoking a tobacco cigarette.

Methods

Study sample

The study sample consisted of consecutive healthy subjects visiting our hospital for routine examinations that volunteered to participate. All participants were asymptomatic, had normal physical examination and resting electrocardiogram and were not taking any medications. Smokers (group SM) were included if they were smoking for at least 5 years and were consuming at least 15 cigarettes per day. The reason for including only heavy smokers was that a study examining the characteristics of electronic cigarette consumers showed that most electronic cigarette users were formerly heavy smokers [8]. Electronic cigarette users (group ECIG) were included if they had quit smoking and were using electronic cigarettes with nicotine-containing liquid for at least 1 month, according to self-report. To avoid potential compensatory effects from using lower nicotine-containing liquid, participants were included if they were daily consumers of similar "strength" liquids (9-12 mg/ml nicotine concentration) to that used in the study (11 mg/ml). Exclusion criteria were: presence of any major risk factor for cardiovascular disease (i.e. diabetes, hypertension, hyperlipidemia and

family history of premature coronary artery disease), history of endocrine disorders, body-mass index > 30 kg/m² and more than occasional alcohol intake. Additional exclusion criteria were derived from the echocardiography studies: elevated LV mass index (>115 g/m² for males and >95 g/m² for females), abnormal LV function (LV ejection fraction <55%) and more than mild valve regurgitation.

In total, 81 subjects were eligible to participate. Three smokers did not present for the scheduled evaluation. One electronic cigarette user was excluded because of moderate aortic regurgitation and ascending aorta dilatation due to bicuspid aortic valve. One smoker was excluded due to mildly depressed ejection fraction and hypokinesia of LV lateral wall. The final study sample consisted of 76 subjects, 40 electronic cigarette users (3 females) and 36 smokers (3 females). Written informed consent was obtained from all subjects for participation in the study, and the protocol was approved by the ethics committee of Onassis Cardiac Surgery Center.

Materials

All smokers were asked to use one commercially-available tobacco cigarette of the same nicotine (1.0 mg), tar (10 mg) and carbon monoxide (10 mg) yields. Electronic cigarette users were asked to use a commercially-available device with liquid containing 11 mg/ml nicotine concentration. The device used was an eGo-T battery (Nobacco, Athens, Greece) with an eGo-C atomiser (Alter Ego, Athens, Greece). It is considered a "second-generation" device. Unlike cigarette-like devices which consist of a small battery and a polyfil-containing atomiser (commonly called "cartomiser"), the electronic cigarette used in this study is a multi-piece system (Figure 1). It consists of a 650 mAh rechargeable lithium battery, delivering 3.5 volts to the atomiser (measured by a volt-meter), and an atomiser consisting of 4 parts: the tank which stores the liquid (capacity of approximately 1.1 ml), the atomiser body, the atomiser head which includes the resistance, and the atomiser cap. It is a manually-activated device, by pressing a button; it does not produce any vapour when not activated by the user.

The electronic cigarette liquid used in the study contained 11 mg/ml nicotine and is considered "medium strength" according to manufacturer's report (USA Mix Med, formerly known as MLB-Med, Nobacco, Athens, Greece). It is sold in 20 ml bottles. It was the only liquid tested by an independent laboratory (National Center for Scientific Research "Demokritos", mass spectrometry and dioxin analysis laboratory) at the time of study initiation [9]. According to the laboratory report, the contents were: propylene glycol (α -propylene glycol or 1,2-propanediol) in a concentration >60%, linalool (3,7-dimethylocta-1,6-dien-3-ol) in a concentration <5%, nicotine (<10%), tobacco essence (<5%), and methyl vanillin (4-hydroxy-

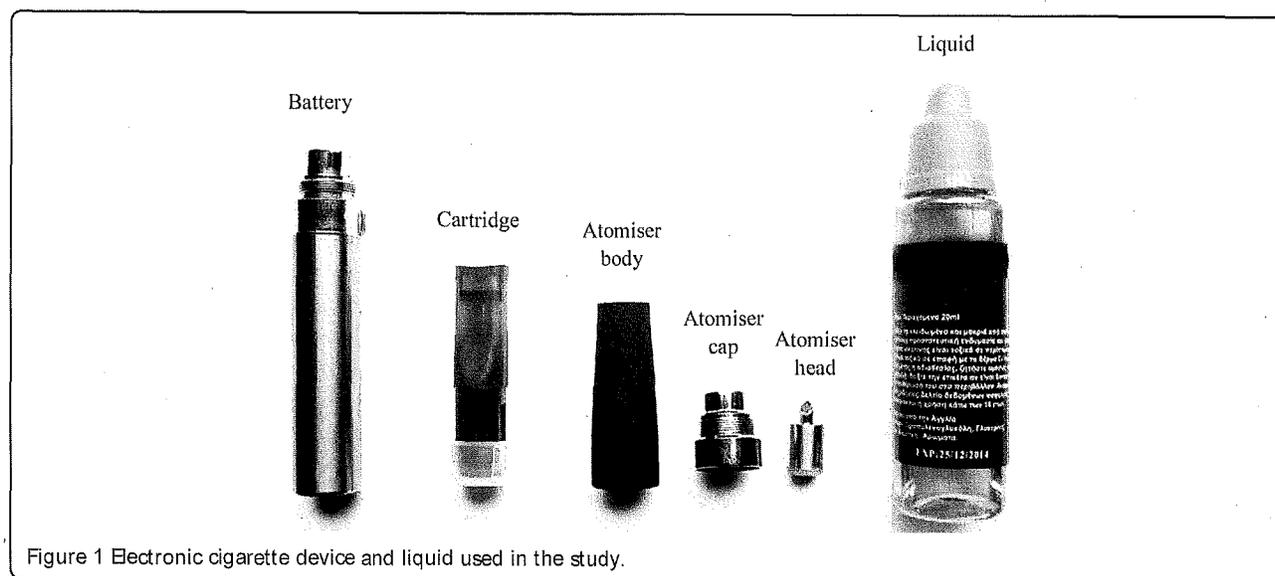


Figure 1 Electronic cigarette device and liquid used in the study.

3-methoxybenzaldehyde) at <1%. No tobacco-specific nitrosamines or polycyclic aromatic hydrocarbons were detected.

For every participant, a new cartridge and atomiser head was used. One of the researchers filled the cartridge with 1 ml of liquid; subsequently it was positioned in the atomiser and the participant started using it. The battery was fully charged before being used by each subject.

Study protocol

Participants presented to the echocardiographic laboratory after fasting and refraining from alcohol and caffeine consumption for 4 hours; they were also asked to refrain from smoking and electronic cigarette use for 4 hours before the study.

Participants were allowed to rest for 5 minutes before initiating the echocardiographic examination. A baseline echocardiographic examination was performed in smokers, who were then transferred to a room next to the echocardiography laboratory and smoked 1 tobacco cigarette. For electronic cigarette users, after the baseline echocardiogram they were asked to use the electronic cigarette device ad lib for 7 minutes in another room which was not used by smokers, to avoid environmental exposure to smoke. Subsequently, all participants returned to the echocardiography laboratory and, after 5 minutes of rest, a second echocardiogram was performed in both groups.

Heart rate and BP were measured before and during each echocardiographic examination. The Brinkman index was calculated (product of number of cigarettes smoked daily and years of smoking) according to participants' self-report. Echocardiograms were performed using a commercially available system (Vivid 7, GE Vingmed, Horten, Norway). Studies were digitally recorded on hard disk for

offline analysis using dedicated software (Echopac, GE Medical Systems, Horten, Norway) by a single, blinded to the protocol, experienced echocardiographer. Reported values represent the average of 3 consecutive beats.

Two-dimensional echocardiographic measurements

The echocardiographic examinations were performed according to recent guidelines [9]. LV dimensions, septal and posterior wall thickness were measured from standard 2-dimensional images at parasternal long-axis view. LV mass was indexed to body-surface area. Ejection fraction was evaluated from the apical four and two-chamber views using the Simpson's rule [10]. Left atrial (LA) antero-posterior diameter was also measured.

Doppler flow and tissue Doppler velocity measurements

From transmitral flow measurements, peak early (E) and late (A) velocities, their ratio (E/A) and E wave deceleration time (DT) were estimated. Ejection time was estimated by recording LV outflow tract velocity. By simultaneously recording aortic and mitral flows using continuous-wave Doppler the isovolumetric relaxation time (IVRT) was measured, and was then corrected to heart rate by dividing it with the square root of R-R interval (IVRTc).

Pulsed-wave Doppler tissue velocities were measured by placing a 1.5 mm sample volume at the lateral, septal, anterior and inferior insertion sites of the mitral leaflets. Systolic (S_m), early diastolic (E_m) and late diastolic (A_m) peak velocities were measured and averaged from the 4 sites. The ratio of early-to-late annular velocity (E_m/A_m) and early mitral flow to early diastolic mitral annular velocity (E/E_m) were also determined.

Myocardial performance index was measured by two methods (Figure 2): using Doppler flow velocity

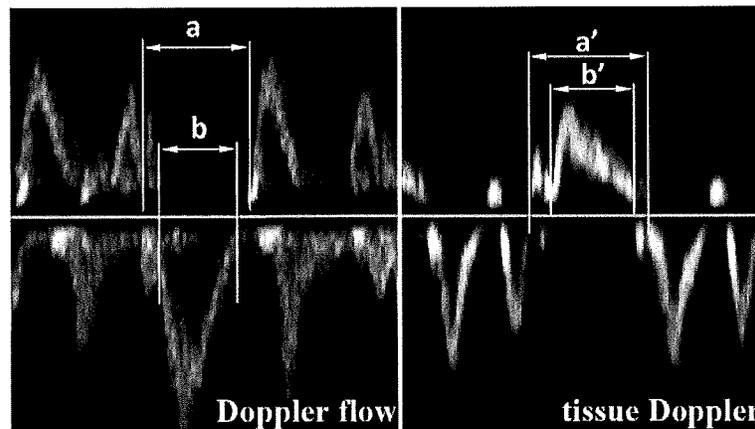


Figure 2 Myocardial performance index, measured by two methods: (1) Doppler flow velocity measurements of mitral inflow and left ventricular outflow tract; the index was derived by the formula: $MPI = (a-b)/b$, and (2) Pulsed-wave tissue Doppler measurements of mitral annulus velocity; the index was derived from the formula: $MPI_t = (a'-b')/b'$.

measurements as described by Tei et al. [11] (MPI) and using pulsed-wave tissue Doppler measurements of mitral annulus velocities (MPI_t) [12].

To check for reproducibility of measurements, the intraobserver mean percent error (the absolute difference between two measurements divided by their mean) was calculated from 10 randomly selected studies 15 days later, analyzed by the same blinded echocardiographer who performed all measurements. The results were $5.1 \pm 2.9\%$ for IVRT; $3.5 \pm 2.5\%$ for MPI, $3.6 \pm 2.2\%$ for MPI_t and $2.6 \pm 1.9\%$ for Em.

Longitudinal deformation measurements

Longitudinal deformation measurements were performed by analyzing two-dimensional echocardiographic images using the method of speckle tracking echocardiography [13]. End-diastole was defined as the peak of the R wave on the electrocardiographic trace; end-systole (aortic valve closure) was defined from pulsed-wave Doppler tracing at the LV outflow tract as the end of systolic forward flow. Subjects with inadequate tracking of more than one LV segment in each view were excluded from the analysis. By averaging segmental values in all views, end-systolic global strain (GS) was measured. Global peak longitudinal systolic (SRs), early diastolic (SRe) and late diastolic (SRa) strain rate were measured. The intraobserver mean percent error of longitudinal deformation measurements in our laboratory was $3.1 \pm 1.5\%$ for GS, $3.6 \pm 1.8\%$ for SRs, $3.9 \pm 1.9\%$ for SRe and $3.6 \pm 2.0\%$ for SRa.

Statistical analysis

The Kolmogorov-Smirnov tests were applied to assess the normality of data; all parameters were normally distributed except from daily cigarette consumption. Continuous variables were expressed as mean \pm SD or

median (interquartile range). Categorical variables were expressed as number (percentage). Inter-group comparisons of baseline characteristics data were made by unpaired Student's t-test and Mann-Whitney test; Fisher's exact test was used for categorical variables.

Repeated measurements analysis of variance (ANOVA) was used in order to evaluate changes in parameters before and after smoking one cigarette or using the electronic cigarette device (before-use and after-use measurements). Changes in echocardiographic and deformation parameters that were significantly different between the two study groups from analysis of variance were further analyzed using linear regression analyses, in order to find if the effect of smoking was significant after adjusting for changes in heart rate and systolic BP. For every parameter, a different linear regression analysis was performed. Change (Δ) in parameter was the dependent variable; group (SM vs. ECIG) and change in heart rate and systolic BP were the independent variables. All P values reported are two-tailed. Statistical significance was set at 0.05 and analyses were conducted using SPSS statistical software (version 18.0, SPSS Inc., Chicago, USA).

A repeated measures ANOVA power analysis was conducted. For this design, 76 participants (40 in the smokers group and 36 in the electronic cigarette users group) achieved a power of 0.90 for the between-subjects main effect at an effect size of 0.30; a power of 0.90 for the within-subjects main effect at an effect size of 0.15; and a power of 0.90 for the interaction effect at an effect size of 0.15.

Results

Both groups had similar baseline characteristics (Table 1). Electronic cigarette users had quit smoking for 97 ± 50 days and were using electronic cigarettes for $100 \pm$

Table 1 Baseline characteristics of the study population

Characteristic	Smokers (n = 36)	Electronic cigarette users (n = 40)	P-value
Males n (%)	32 (88.9)	36 (90)	1.000 ^a
Age (years)	36 ± 5	35 ± 5	0.764
Body mass index (kg/m ²)	24.8 ± 2.3	25.3 ± 2.4	0.304
Body surface area (m ²)	2.03 ± 0.15	2.00 ± 0.18	0.322
Smoking duration (years)	16 ± 5	17 ± 5	0.571
Cigarette consumption (n/d) ^b	20 (20–26)	30 (20–35)	0.004 ^c
Brinkman index	371 ± 132	493 ± 228	0.005
Electronic cigarette use duration ^d		6 ± 4	
Systolic BP (mmHg)	123.0 ± 9.8	123.9 ± 8.6	0.653
Diastolic BP (mmHg)	75.8 ± 5.6	75.6 ± 6.1	0.834
Heart rate (beats/m)	67.5 ± 7.9	67.1 ± 10.3	0.841
Pressure-rate product	8308 ± 1235	8312 ± 1363	0.989
Glucose (mmol/l)	4.51 ± 0.34	4.44 ± 0.35	0.410
Total cholesterol (mmol/l)	4.85 ± 0.21	4.77 ± 0.30	0.177
LDL cholesterol (mmol/l)	2.99 ± 0.23	2.91 ± 0.26	0.175
HDL cholesterol (mmol/l)	1.38 ± 0.15	1.38 ± 0.18	0.943
Triglycerides (mmol/l)	1.05 ± 0.14	1.04 ± 0.18	0.693
Ejection fraction (%)	63 ± 5	62 ± 4	0.463
LA diameter (mm)	35 ± 4	34 ± 3	0.359
LV mass index (g/m ²)	64 ± 10	65 ± 13	0.663

BP, blood pressure; LVEDV, left ventricular end-diastolic volume; LVESV, left ventricular end-systolic volume; LDL, low-density lipoprotein; HDL, high-density lipoprotein; LA, left atrium.

^aFisher's exact test; ^bValues expressed as median (interquartile range);

^cMann-Whitney test; ^dDuration expressed in months.

49 days. They had higher lifetime smoking exposure, with Brinkman index 33% higher compared to smokers, due to higher daily cigarette consumption when they were smokers.

Changes in haemodynamic, Doppler echocardiography and longitudinal deformation measurements for the study groups are presented in Tables 2 and 3. Baseline measurements were similar between groups for all parameters.

After-use values of systolic BP, heart rate and pressure-rate product were elevated in the SM group but not in the ECIG group (Table 2). The overall change from baseline was significantly different between the two groups. In contrast, diastolic BP increased equally in both groups.

From Doppler flow echocardiographic measurements (Table 2), E velocity and DT remained unchanged after use in both groups. A velocity was increased and E/A was decreased in SM, but the overall change was not significantly different between the two groups ($P=0.317$ and $P=0.053$, respectively). IVRT, IVRTc and MPI were increased after smoking one cigarette in the SM group, and the degree of change was significantly different

between the two study groups ($P=0.001$, $P<0.001$ and $P=0.001$ respectively). The after-use levels of IVRTc and MPI were greater in SM compared to ECIG, as was shown by the between-groups analysis.

Concerning Doppler tissue velocity measurements (Table 3), Sm and Am remained unchanged after use in both groups. However, Em was significantly reduced in SM group after smoking. It was lower when compared to ECIG after using the device, and the degree of change was significantly different between the two groups ($P<0.001$). Em/Am was reduced and E/Em was increased in SM, but the difference of the overall change between the two groups was statistically significant for Em/Am only ($P=0.011$). MPIt increased after smoking in SM; the degree of change was significantly different between the two groups ($P<0.001$), with after-use levels being significantly higher in SM compared to ECIG ($P=0.019$).

Longitudinal deformation measurements (Table 3) were feasible in 37 electronic cigarette users and 34 smokers. No difference in GS, SRs and SRa was observed in ECIG and SM after use. However, SRe was significantly reduced in SM post-smoking, with the degree of change being statistically significant between groups ($P<0.001$).

The results of multiple linear regression analyses are displayed in Table 4. Even after adjusting for changes in systolic BP and heart rate, changes in IVRT, IVRTc, MPI, Em, MPIt and SRe were significantly higher in SM group.

Discussion

This is the first study to examine the acute effects of electronic cigarette use on myocardial function. No adverse effects on LV myocardial function were observed after using electronic cigarette with nicotine-containing liquid for 7 minutes. On the contrary, significant changes in diastolic function parameters were found after smoking 1 tobacco cigarette.

The acute adverse effects of smoking on myocardial relaxation were originally observed in coronary artery disease patients [14], with acute impairment of coronary vasomotion implicated as the main cause [15]. Such effects on diastolic function are also detected in healthy smokers [5-7]. Cigarette smoke contains significant amounts of free radicals, promoting oxidative stress and inflammation [16]. At the cellular level, decreased function of myocardial mitochondria [17] and DNA damage [18] has been observed. These mechanisms may be implicated in delaying myocardial relaxation from acute use and promoting atherosclerosis and cardiovascular disease from chronic use. In this study, several parameters commonly used for evaluating diastolic function [19] and longitudinal deformation measurements which are considered more sensitive in detecting pathology [20] were significantly altered after smoking inhalation.

Electronic cigarettes were invented in 2003, but awareness and use has significantly increased over the past

Table 2 Haemodynamic and Doppler flow measurements in electronic cigarette users (ECIG, n = 40) and smokers (SM, n = 36), before and after device and cigarette use respectively

Parameter	Before use	After use	Change	P-value ^a	P-value ^b
Systolic BP (mmHg)					
ECIG	123.9 ± 8.6	124.6 ± 9.9	0.7 ± 4.6	0.374	< 0.001
SM	123.0 ± 9.8	129.6 ± 9.2	6.6 ± 5.2	< 0.001	
P-value ^c	0.653	0.025			
Diastolic BP (mmHg)					
ECIG	75.6 ± 6.1	78.5 ± 5.9	3.0 ± 3.6	< 0.001	0.079
SM	75.8 ± 5.6	80.2 ± 5.8	4.4 ± 3.3	< 0.001	
P-value ^c	0.834	0.209			
Heart rate (beats/m)					
ECIG	67.1 ± 10.3	67.5 ± 10.6	0.4 ± 4.8	0.649	< 0.001
SM	67.5 ± 7.9	73.5 ± 6.8	5.9 ± 4.7	< 0.001	
P-value ^c	0.841	0.005			
Pressure-rate product					
ECIG	8312 ± 1363	8397 ± 1462	84 ± 708	0.456	< 0.001
SM	8308 ± 1235	9556 ± 1084	1248 ± 840	< 0.001	
P-value ^c	0.989	< 0.001			
E (cm/s)					
ECIG	70.1 ± 12.5	71.4 ± 13.2	1.2 ± 5.0	0.130	0.132
SM	72.9 ± 8.5	72.2 ± 10.2	-0.6 ± 6.1	0.565	
P-value ^c	0.268	0.756			
A (cm/s)					
ECIG	51.1 ± 10.2	52.7 ± 9.8	1.6 ± 5.6	0.083	0.317
SM	50.4 ± 8.8	53.3 ± 9.1	2.9 ± 5.7	0.007	
P-value ^c	0.774	0.764			
E/A					
ECIG	1.41 ± 0.29	1.37 ± 0.26	-0.03 ± 0.14	0.171	0.053
SM	1.49 ± 0.32	1.39 ± 0.30	-0.10 ± 0.16	0.001	
P-value ^c	0.235	0.809			
DT (ms)					
ECIG	173 ± 11	174 ± 14	1 ± 8	0.581	0.570
SM	170 ± 16	172 ± 16	3 ± 10	0.086	
P-value ^c	0.448	0.719			
IVRT (ms)					
ECIG	74.6 ± 9.5	73.6 ± 9.9	-1.0 ± 5.7	0.275	0.001
SM	73.0 ± 8.7	77.7 ± 13.5	5.6 ± 9.2	< 0.001	
P-value ^c	0.450	0.132			
IVRTc (ms)					
ECIG	78.9 ± 11.8	77.7 ± 11.6	-1.2 ± 6.9	0.286	< 0.001
SM	77.3 ± 10.1	86.1 ± 16.4	10.4 ± 10.1	< 0.001	
P-value ^c	0.524	0.011			

Table 2 Haemodynamic and Doppler flow measurements in electronic cigarette users (ECIG, n = 40) and smokers (SM, n = 36), before and after device and cigarette use respectively (Continued)

MPI					
ECIG	0.39 ± 0.07	0.38 ± 0.06	-0.01 ± 0.04	0.330	0.001
SM	0.40 ± 0.05	0.43 ± 0.06	0.03 ± 0.04	0.002	
P-value ^c	0.355	0.001			

BP, blood pressure; E, mitral flow early diastolic velocity; A, mitral flow late diastolic velocity; DT, deceleration time of early mitral flow; IVRT, isovolumetric relaxation time; IVRTc, IVRT corrected to heart rate; MPI, myocardial performance index estimated by Doppler flow echocardiography.

^aP-value for time effect.

^bRepeated measurements ANOVA. Effects reported are significant differences between the two groups in the degree of change in each particular variable.

^cP-value for group effect.

3 years [21]. They do not contain tobacco and their use does not involve combustion. However, lack of research on their health effects has generated significant controversy over their safety. FDA and WHO issued public statements in 2009, expressing concern and recommending that electronic cigarette use should be avoided. WHO has specifically asked for studies to be performed before regulation or even ban is imposed. Cahn and Siegel summarized the results of 16 studies evaluating the chemical composition of liquids used for electronic cigarettes [22]. Nitrosamines were found in only two of the studies, at levels similar to those present in nicotine patch; a recent review indicated that the levels of nitrosamines in electronic cigarettes were up to 1800 times lower compared to tobacco cigarettes [23]. The main constituents, besides nicotine, were propylene glycol and glycerine, which are also present in tobacco cigarettes; however, the combustion process from smoking leads to production of acrolein, acetaldehyde and formaldehyde, which promote oxidative stress and have cardiotoxic properties [24]. In electronic cigarettes, such chemicals may be formed from the heating process during liquid evaporation; however, the levels found were lower compared to tobacco cigarettes by orders of magnitude [25]. This may explain the results from laboratory studies, in which electronic cigarette vapour was significantly less cytotoxic compared to cigarette smoke on cultured cells [26,27]. Cardiotoxic substances like nitrosamines, heavy metals and polycyclic aromatic hydrocarbons were not detected in the liquid used in this study [9]. These parameters may explain the differences in diastolic function observed between smokers and electronic cigarette users after smoking and device use. Moreover, a study evaluating the effects of smoking compared to nicotine delivered by gum showed that nicotine alone did not cause acute changes in diastolic function [28]. It seems that nicotine absorption rate is lower from electronic compared to tobacco cigarette use [29], even when using new-generation devices [30]; the difference in haemodynamic response between the two groups may be attributed to this. However, haemodynamic parameters cannot explain the differences in diastolic function parameters,

since linear regression analyses revealed that changes in Doppler and deformation parameters were associated with cigarette smoking even after adjusting for changes in systolic BP and heart rate.

From a public health perspective, epidemiological studies have shown that tobacco harm reduction strategy and products may be promising regarding cardiovascular disease risk reduction [31]. Electronic cigarettes are unique since they are the only products that do not contain tobacco, while they mimic the act of smoking and provide motor and sensory stimulation. Thus, they may deal with both the chemical (nicotine delivery) and behavioural components of cigarette addiction [22] and studies indicate that they may be effective in promoting smoking cessation [32,33]. This study provides the first clinical evidence that electronic cigarettes have less acute adverse effects on myocardial function when compared to tobacco cigarettes.

Some limitations apply to this study. A small sample size was studied, and examination focused only on immediate effects. The results do not indicate that electronic cigarettes are absolutely safe for the cardiovascular system. Other parameters known to be adversely affected by acute smoking, such as coronary microvascular and endothelial function or vascular distensibility, were not examined. Moreover, the parameters examined are affected mainly by heart rate changes. Although heart rate was not included as a covariate in the repeated-measures ANOVA, the linear regression analysis showed that changes in diastolic function were significantly different between groups independently of the changes in heart rate and systolic BP. This can be explained by the small difference in post-use heart rate between groups of only 6 beats per minute. Studies on long-term effects are necessary; however, more time of use is needed before any such studies are published since electronic cigarettes were introduced to the market in recent years and there is a substantial delay between smoking initiation and development of clinically-evident disease. We asked subjects to use the electronic cigarette for 7 minutes. It is unknown whether more time of use could have had a different impact. However, timing was based on the approximate time of smoking 1 regular

Table 3 Tissue Doppler velocity and longitudinal deformation measurements in electronic cigarette users (ECIG, n = 40) and smokers (SM, n = 36), before and after device and cigarette use respectively*

Parameter	Before use	After use	Change	P-value ^a	P-value ^b
Sm (cm/s)					
ECIG	9.7 ± 1.6	9.9 ± 1.6	0.2 ± 0.7	0.171	0.613
SM	9.7 ± 1.4	9.7 ± 1.5	-0.8 ± 1.1	0.571	
P-value ^c	0.896	0.723			
Em (cm/s)					
ECIG	12.7 ± 1.9	12.9 ± 2.1	0.2 ± 0.7	0.095	< 0.001
SM	12.8 ± 2.1	11.9 ± 1.5	-0.7 ± 1.4	< 0.001	
P-value ^c	0.892	0.032			
Am (cm/s)					
ECIG	9.7 ± 1.7	9.9 ± 1.6	0.2 ± 0.8	0.122	0.441
SM	9.3 ± 1.2	9.4 ± 1.3	0.1 ± 0.6	0.801	
P-value ^c	0.212	0.099			
Em/Am					
ECIG	1.34 ± 0.29	1.33 ± 0.28	-0.01 ± 0.13	0.540	0.011
SM	1.40 ± 0.28	1.30 ± 0.24	-0.08 ± 0.13	0.004	
P-value ^c	0.408	0.655			
E/Em					
ECIG	5.60 ± 1.04	5.61 ± 1.11	0.01 ± 0.47	0.869	0.052
SM	5.83 ± 0.95	6.10 ± 0.98	0.29 ± 0.74	0.021	
P-value ^c	0.311	0.044			
MPit					
ECIG	0.48 ± 0.08	0.47 ± 0.09	-0.01 ± 0.04	0.080	< 0.001
SM	0.49 ± 0.06	0.52 ± 0.07	0.03 ± 0.05	0.004	
P-value ^c	0.654	0.019			
GS (%)					
ECIG	-21.1 ± 1.9	-21.5 ± 1.6	-0.4 ± 1.2	0.059	0.087
SM	-21.0 ± 2.6	-20.7 ± 3.1	0.2 ± 1.7	0.441	
P-value ^c	0.769	0.192			
S_{Ps} (s⁻¹)					
ECIG	-1.13 ± 0.10	-1.14 ± 0.11	-0.01 ± 0.07	0.362	0.613
SM	-1.08 ± 0.13	-1.10 ± 0.13	-0.2 ± 0.1	0.150	
P-value ^c	0.059	0.115			
S_{Pe} (s⁻¹)					
ECIG	1.47 ± 0.25	1.49 ± 0.23	0.01 ± 0.08	0.347	< 0.001
SM	1.43 ± 0.25	1.35 ± 0.24	-0.08 ± 0.12	< 0.001	
P-value ^c	0.493	0.022			
S_{Pa} (s⁻¹)					
ECIG	0.88 ± 0.20	0.89 ± 0.18	0.01 ± 0.08	0.462	0.441
SM	0.86 ± 0.14	0.88 ± 0.14	0.03 ± 0.09	0.111	
P-value ^c	0.536	0.796			

*Longitudinal deformation measurements were performed in 37 electronic cigarette users and 34 smokers.

Sm, mitral annulus systolic velocity; Em, mitral annulus early diastolic velocity; Am, mitral annulus late diastolic velocity; MPit, myocardial performance index estimated by tissue Doppler echocardiography; GS, global longitudinal strain; S_{Ps}, peak systolic strain rate; S_{Pe}, peak early diastolic strain rate; S_{Pa}, peak late diastolic strain rate.

^aP-value for time effect.

^bRepeated measurements ANOVA. Effects reported are significant differences between the two groups in the degree of change in each particular variable.

^cP-value for group effect.

Table 4 Results from linear regression analyses for the effect of group (smokers vs. electronic cigarette users) on changes (Δ) of Doppler echocardiography measurements, after adjusting for changes in systolic blood pressure and heart rate

Dependent variable	β^*	SE**	P-value
Δ IVRT (ms)	4.64	2.12	0.032
Δ IVRTc (ms)	5.46	2.34	0.022
Δ MPI	0.03	0.01	0.013
Δ Em (cm/s)	-0.87	0.25	0.001
Δ MPIt	0.04	0.01	0.001
Δ SFe (s^{-1})	-0.06	0.03	0.039

*Regression coefficient for the comparison of SM group to ECIG group, adjusted for changes in systolic blood pressure and heart rate.

**Standard Error.

cigarette; in fact, it took smokers 5 minutes to smoke one cigarette while electronic cigarette users were asked to use the device for a longer time. Additionally, experienced users were examined, who use the device more intensively than novice users [34]. Unfortunately, there are no other means of comparing electronic with tobacco cigarette use. Although plasma nicotine levels were not measured, the haemodynamic response observed suggests that the nicotine delivery rate from electronic cigarettes is lower and slower compared to tobacco cigarettes. This has been validated by studies performed recently [30,35]. The results of this study are not necessarily applicable to all liquids available in the market. If non-pharmaceutical grade nicotine is used, several tobacco impurities may be present and inhaled by the user. The same applies for other liquid constituents [21]. Finally, although all subjects were considered healthy based on history taking, clinical examination, resting ECG and echocardiogram, it cannot be excluded that some subjects may suffer from subclinical coronary artery disease. However, there was no indication to perform any additional examinations in the study population.

Conclusions

Although acute smoking inhalation caused a delay in LV myocardial relaxation in smokers, electronic cigarette use was found to have no such immediate effects in daily users of the device. This short-term beneficial profile of electronic cigarette compared to smoking, although not conclusive about its overall health-effects as a tobacco harm reduction product, provides the first evidence about the cardiovascular effects of this device. Since awareness and use of electronic cigarettes are continuously rising, more studies are urgently needed, focusing on the pathophysiological mechanisms of disease where smoking is implicated and ultimately on long-term effects. Such studies will provide additional scientific data to public health authorities so that they decide on the regulatory status of this product.

Competing interests

After this study was completed, the authors have performed studies using funds provided to the institution by e-cigarette companies.

Authors' contributions

KF was responsible for study conception and design. KF, DT and MS were responsible for data collection. SK was responsible for off-line measurements of echocardiographic parameters. KF, DT and W were responsible for statistical analysis and interpretation. KF, DT and W drafted the manuscript. All authors read and approved the manuscript.

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RESEARCH ARTICLE

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Peering through the mist: systematic review of what the chemistry of contaminants in electronic cigarettes tells us about health risks

Igor Burstyn

Abstract

Background: Electronic cigarettes (e-cigarettes) are generally recognized as a safer alternative to combusted tobacco products, but there are conflicting claims about the degree to which these products warrant concern for the health of the vapers (e-cigarette users). This paper reviews available data on chemistry of aerosols and liquids of electronic cigarettes and compares modeled exposure of vapers with occupational safety standards.

Methods: Both peer-reviewed and "grey" literature were accessed and more than 9,000 observations of highly variable quality were extracted. Comparisons to the most universally recognized workplace exposure standards, Threshold Limit Values (TLVs), were conducted under "worst case" assumptions about both chemical content of aerosol and liquids as well as behavior of vapers.

Results: There was no evidence of potential for exposures of e-cigarette users to contaminants that are associated with risk to health at a level that would warrant attention if it were an involuntary workplace exposures. The vast majority of predicted exposures are < <1% of TLV. Predicted exposures to acrolein and formaldehyde are typically <5% TLV. Considering exposure to the aerosol as a mixture of contaminants did not indicate that exceeding half of TLV for mixtures was plausible. Only exposures to the declared major ingredients – propylene glycol and glycerin – warrant attention because of precautionary nature of TLVs for exposures to hydrocarbons with no established toxicity.

Conclusions: Current state of knowledge about chemistry of liquids and aerosols associated with electronic cigarettes indicates that there is no evidence that vaping produces inhalable exposures to contaminants of the aerosol that would warrant health concerns by the standards that are used to ensure safety of workplaces. However, the aerosol generated during vaping as a whole (contaminants plus declared ingredients) creates personal exposures that would justify surveillance of health among exposed persons in conjunction with investigation of means to keep any adverse health effects as low as reasonably achievable. Exposures of bystanders are likely to be orders of magnitude less, and thus pose no apparent concern.

Keywords: Vaping, e-cigarettes, Tobacco harm reduction, Risk assessment, Aerosol, Occupational exposure limit

Background

Electronic cigarettes (also known as e-cigarettes) are generally recognized as a safer alternative to combusted tobacco products (reviewed in [1]), but there are conflicting claims about the degree to which these products warrant concern for the health of the vapers (e-cigarette users). A vaper inhales aerosol generated during heating

of liquid contained in the e-cigarette. The technology and patterns of use are summarized by Etter [1], though there is doubt about how current, complete and accurate this information is. Rather conclusive evidence has been amassed to date on comparison of the chemistry of aerosol generated by electronic cigarettes to cigarette smoke [2-8]. However, it is meaningful to consider the question of whether aerosol generated by electronic cigarettes would warrant health concerns on its own, in part because vapers will include persons who would not have been smokers and for whom the question of harm reduction

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from smoking is therefore not relevant, and perhaps more importantly, simply because there is value in minimizing the harm of those practicing harm reduction.

One way of approaching risk evaluation in this setting is to rely on the practice, common in occupational hygiene, of relating the chemistry of industrial processes and the emissions they generate to the potential worst case of personal exposure and then drawing conclusions about whether there would be interventions in an occupational setting based on comparison to occupational exposure limits, which are designed to ensure safety of unintentionally exposed individuals. In that context, exposed individuals are assumed to be adults, and this assumption appears to be suitable for the intended consumers of electronic cigarettes. "Worst case" refers to the maximum personal exposure that can be achieved given what is known about the process that generates contaminated atmosphere (in the context of airborne exposure considered here) and the pattern of interaction with the contaminated atmosphere. It must be noted that harm reduction notions are embedded in this approach since it recognizes that while elimination of the exposure may be both impossible and undesirable, there nonetheless exists a level of exposure that is associated with negligible risks. To date, a comprehensive review of the chemistry of electronic cigarettes and the aerosols they generate has not been conducted, depriving the public of the important element of a risk-assessment process that is mandatory for environmental and occupational health policy-making.

The present work considers both the contaminants present in liquids and aerosols as well as the declared ingredients in the liquids. The distinction between exposure to declared ingredients and contaminants of a consumer product is important in the context of comparison to occupational or environmental exposure standards. Occupational exposure limits are developed for unintentional exposures that a person does not elect to experience. For example, being a bread baker is a choice that does not involve election to be exposed to substances that cause asthma that are part of the flour dust (most commonly, wheat antigens and fungal enzymes). Therefore, suitable occupational exposure limits are created to attempt to protect individuals from such risk on the job, with no presumption of "assumed risk" inherent in the occupation. Likewise, special regulations are in effect to protect persons from unintentional exposure to nicotine in workplaces (<http://www.cdc.gov/niosh/docs/81-123/pdfs/0446.pdf>; accessed July 12, 2013), because in environments where such exposures are possible, it is reasonable to protect individuals who do not wish to experience its effects. In other words, occupational exposure limits are based on protecting people from involuntary and unwanted exposures, and thus can be seen as more stringent than the

standards that might be used for hazards that people intentionally choose to accept.

By contrast, a person who elects to lawfully consume a substance is subject to different risk tolerance, as is demonstrated in the case of nicotine by the fact that legally sold cigarettes deliver doses of nicotine that exceed occupational exposure limits [9]: daily intake of 20 mg of nicotine, assuming nearly 100% absorption in the lungs and inhalation of 4 m³ of air, corresponds to roughly 10 times the occupational exposure limit of 0.5 mg/m³ atmosphere over 8 hours [10]. Thus, whereas there is a clear case for applicability of occupational exposure limits to contaminants in a consumer product (e.g. aerosol of electronic cigarettes), there is no corresponding case for applying occupational exposure limits to declared ingredients desired by the consumer in a lawful product (e.g. nicotine in the aerosol of an electronic cigarette). Clearly, some limits must be set for voluntary exposure to compounds that are known to be a danger at plausible doses (e.g. limits on blood alcohol level while driving), but the regulatory framework should reflect whether the dosage is intentionally determined and whether the risk is assumed by the consumer. In the case of nicotine in electronic cigarettes, if the main reason the products are consumed is as an alternative source of nicotine compared to smoking, then the only relevant question is whether undesirable exposures that accompany nicotine present health risks, and the analogy with occupational exposures holds. In such cases it appears permissible to allow at least as much exposure to nicotine as from smoking before admitting to existence of new risk. It is expected that nicotine dosage will not increase in switching from smoking to electronic cigarettes because there is good evidence that consumers adjust consumption to obtain their desired or usual dose of nicotine [11]. The situation is different for the vapers who want to use electronic cigarettes without nicotine and who would otherwise not have consumed nicotine. For these individuals, it is defensible to consider total exposure, including that from any nicotine contamination, in comparison to occupational exposure limits. In consideration of vapers who would never have smoked or would have quit entirely, it must be remembered that the exposure is still voluntary and intentional, and comparison to occupational exposure limits is legitimate only for those compounds that the consumer does not elect to inhale.

The specific aims of this review were to:

1. Synthesize evidence on the chemistry of liquids and aerosols of electronic cigarettes, with particular emphasis on the contaminants.
2. Evaluate the quality of research on the chemistry of liquids and aerosols produced by electronic cigarettes.

3. Estimate potential exposures from aerosols produced by electronic cigarettes and compare those potential exposures to occupational exposure standards.

Methods

Literature search

Articles published in peer-reviewed journals were retrieved from PubMed (<http://www.ncbi.nlm.nih.gov/pubmed/>) available as of July 2013 using combinations of the following keywords: "electronic cigarettes", "e-cigarettes", "smoking alternatives", "chemicals", "risks", "electronic cigarette vapor", "aerosol", "ingredients", "e-cigarette liquid", "e-cig composition", "e-cig chemicals", "e-cig chemical composition", "e-juice electronic cigarette", "electronic cigarette gas", "electronic cigars". In addition, references of the retrieved articles were examined to identify further relevant articles, with particular attention paid to non-peer reviewed reports and conference presentations. Unpublished results obtained through personal communications were also reviewed. The Consumer Advocates for Smoke-free Alternatives Association (CASAA) was asked to review the retrieved bibliography to identify any reports or articles that were missed. The papers and reports were retained for analysis if they reported on the chemistry of e-cigarette liquids or aerosols. No explicit quality control criteria were applied in selection of literature for examination, except that secondary reporting of analytical results was not used. Where substantial methodological problems that precluded interpretation of analytical results were noted, these are described below. For each article that contained relevant analytical results, the compounds quantified, limits of detection, and analytical results were summarized in a spreadsheet. Wherever possible, individual analytical results (rather than averages) were recorded (see Additional file 1). Data contained in Additional file 1 is not fully summarized in the current report but can be used to investigate a variety of specific questions that may interest the reader. Each entry in Additional file 1 is identified by a Reference Manager ID that is linked to source materials in a list in Additional file 2 (linked via RefID); copies of all original materials can be requested.

Comparison of observed concentrations in aerosol to occupational exposure limits

For articles that reported mass or concentration of specific compounds in the aerosol (generated by smoking machines or from volunteer vapers), measurements of compounds were converted to concentrations in the "personal breathing zone",^a which can be compared to occupational exposure limits (OELs). The 2013 Threshold Limit Values (TLVs) [10] were used as OELs because they are the most up to date and are most widely recognized internationally when local jurisdictions do not establish their own regulations (see <http://www.ilo.org/safework/info/publications/>

WCMS_113329/lang-en/index.htm; accessed July 3, 2013). TLVs are more protective than that of US Occupational Safety and Health Administration's Permissible Exposure Limits because TLVs are much more often updated with current knowledge. However, all OELs generally agree with each other because they are based on the same body of knowledge. TLVs (and all other OELs) aim to define environmental conditions to which nearly all persons can be exposed to all day over many years without experiencing adverse health effects. Whenever there was an uncertainty in how to perform the calculation, a "worst case" scenario was used, as is the standard practice in occupational hygiene, where the initial aim is to recognize potential for hazardous exposures and to err on the side of caution. The following assumptions were made to enable the calculations that approximate the worst-case personal exposure of a vaper (Equation 1):

1. Air the vaper breathes consists of a small volume of aerosol generated by e-cigarettes that contains a specific chemical plus pristine air;
2. The volume of aerosols inhaled from e-cigarettes is small compared to total volume of air inhaled;
3. The period of exposure to the aerosol considered was 8 hours for comparability to the standard working shift for which TLVs were developed (this does not mean only 8 hours worth of vaping was considered but, rather, a day's worth of exposure was modeled as being concentrated into just 8 hours);
4. Consumption of 150 puffs in 8 hours (an upper estimate based on a rough estimate of 150 puffs by a typical vaper in a day [1]) was assumed. (Note that if vaping over 16 hours "day" was considered then air into which contaminants from vaping are diluted into would have to increase by a factor of 2, thereby lowering estimated exposure; thus, the adopted approach is entirely still in line with "worst case" assessment);
5. Breathing rate is 8 liters per minute [12,13];
6. Each puff contains the same quantity of compounds studied.

$$\frac{\text{mg}}{\text{m}^3} = \frac{1}{4} \frac{\text{mg}}{\text{puff}} \frac{\text{puffs}}{\text{hr day}} \frac{1}{\text{m}^3 \text{ air inhaled in 8 hr}}$$

oip

The only exception to this methodology was when assessing a study of aerosol emitted by 5 vapers in a 60 m³ room over 5 hours that seemed to be a sufficient approximation of worst-case "bystander" exposure [6]. All calculated concentrations were expressed as the most stringent (lowest) TLV for a specific compound (i.e. assuming the most toxic form if analytical report is ambiguous) and

expressed as "percent of TLV". Considering that all the above calculations are approximate and reflecting that exposures in occupational and general environment can easily vary by a factor of 10 around the mean, we added a 10-fold safety factor to the "percent of TLV" calculation. This safety factor accounts for considerable uncertainty about the actual number and volume of puffs since the number of puffs is hard to estimate accurately with reports as high as 700 puffs per day [14]. Details of all calculations are provided in an Excel spreadsheet (see Additional file 3).

No systematic attempt was made to convert the content of the studied liquids into potential exposures because sufficient information was available on the chemistry of aerosols to use those studies rather than making the necessary simplifying assumptions to do the conversion. However, where such calculations were performed in the original research, the following approach was used: under the (probably false – see the literature on formation of carbonyl compounds below) assumption of no chemical reaction to generate novel ingredients, composition of liquids can be used to estimate potential for exposure if it can be established how much volume of liquid is consumed in given 8 hours, following an algorithm analogous to the one described above for the aerosols (Equation 2):

$$\begin{aligned} \square \text{ mg} &= \text{m}^3 \square \frac{1}{4} \text{ mg} = \text{mL liquid} \square \text{ mL liquid} = \text{puff} \\ \square \text{ puffs} &= 8 \text{ hr day} \square \\ \square 1 &= \text{m}^3 \text{ air inhaled in 8 hr} \square \end{aligned}$$

□□

Comparison to cigarette smoke was not performed here because the fact that e-cigarette aerosol is at least orders of magnitude less contaminated by toxic compounds is uncontroversial [2-8].

The study adhered to the PRISMA guidelines for systematic reviews (<http://www.prisma-statement.org/>).

Results and discussion

General comments on methods

In excess of 9,000 determinations of single chemicals (and rarely, mixtures) were reported in reviewed articles and reports, typically with multiple compounds per electronic cigarette tested [2-8,15-43]. Although the quality of reports is highly variable, if one assumes that each report contains some information, this asserts that quite a bit is known about composition of e-cigarette liquids and aerosols. The only report that was excluded from consideration was work of McAuley et al. [24] because of clear evidence of cross-contamination – admitted to by the authors – with cigarette smoke and, possibly, reagents. The results pertaining to non-detection of tobacco-specific nitrosamines (TSNAs) are potentially

trustworthy, but those related to polycyclic aromatic hydrocarbons (PAH) are not since it is incredible that cigarette smoke would contain fewer PAHs, which arise from incomplete combustion of organic matter, than aerosol of e-cigarettes that do not burn organic matter [24]. In fairness to the authors of that study, similar problems may have occurred in other studies but were simply not reported, but it is impossible to include a paper in a review once it is known for certain that its quantitative results are not trustworthy. When in doubt, we erred on the side of trusting that proper quality controls were in place, a practice that is likely to increase appearance of atypical or erroneous results in this review. From this perspective, assessment of concordance among independent reports gains higher importance than usual since it is unlikely that two experiments would be flawed in the same exact manner (though of course this cannot be assured).

It was judged that the simplest form of publication bias – disappearance of an entire formal study from the available literature – was unlikely given the exhaustive search strategy and the contested nature of the research question. It is clearly the case that only a portion of all industry technical reports were available for public access, so it is possible that those with more problematic results were systematically suppressed, though there is no evidence to support this speculation. No formal attempt was made to ascertain publication bias in situ though it is apparent that anomalous results do gain prominence in typical reviews of the literature: diethylene glycol [44,45] detected at non-dangerous levels (see details below) in one test of 18 of early-technology products by the US Food and Drugs Administration (FDA) [23] and one outlier in measurement of formaldehyde content of exhaled air [4] and aldehydes in aerosol generated from one e-cigarette in Japan [38]. It must be emphasized that the alarmist report of aldehydes in experiments presented in [38] is based on the concentration in generated aerosol rather than air inhaled by the vaper over prolonged period of time (since vapors do not inhale only aerosol). Thus, results reported in [38] cannot be the basis of any claims about health risk, a fallacy committed both by the authors themselves and commentators on this work [45].

It was also unclear from [38] what the volume of aerosol sampled was – a critical item for extrapolating to personal exposure and a common point of ambiguity in the published reports. However, in a personal exchange with the authors of [38] [July 11, 2013], it was clarified that the sampling pump drew air at 500 mL/min through e-cigarette for 10 min, allowing more appropriate calculations for estimation of health risk that are presented below. Such misleading reporting is common in the field that confuses concentration in the aerosol (typically measured

directly) with concentration in the air inhaled by the vaper (never determined directly and currently requiring additional assumptions and modeling). This is important because the volume of aerosol inhaled (maximum ~8 L/day) is small compared to the volume of air inhaled daily (8 L/min); this point is illustrated in the Figure 1.

A similar but more extreme consideration applies to the exposure of bystanders which is almost certainly several orders of magnitude lower than the exposure of vapers. In part this is due to the absorption, rather than exhalation, of a portion of the aerosol by the vapers: there is no equivalent to the "side-stream" component of exposure to conventional cigarettes, so all of the exposure to a bystander results from exhalation. Furthermore, any environmental contamination that results from exhalation of aerosol by vaper will be diluted into the air prior to entering a bystander's personal breathing zone. Lastly, the number of puffs that affect exposure to bystander is likely to be much smaller than that of a vaper unless we are to assume that vaper and bystander are inseparable.

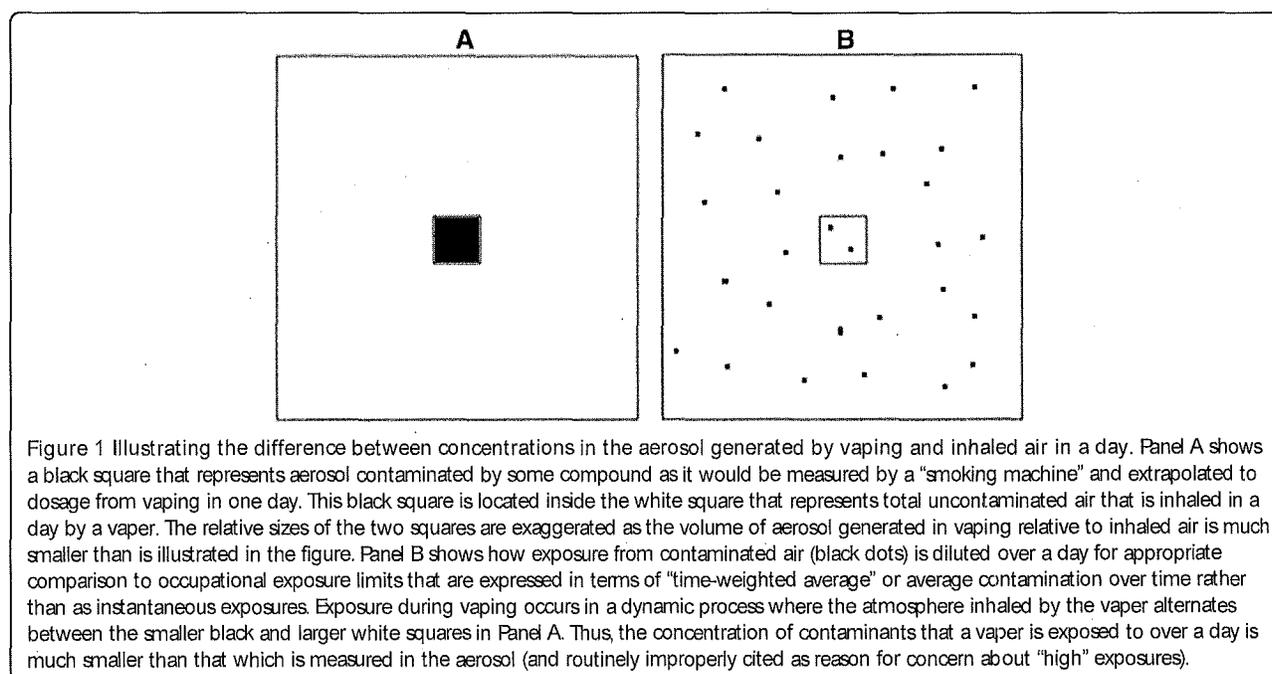
It is unhelpful to report the results in cigarette-equivalents in assessments that are not about cigarette exposure, as in [43], because this does not enable one to estimate exposures of vapers. To be useful for risk assessment, the results on the chemistry of the aerosols and liquids must be reported in a form that enables the calculations in Equations 1 and 2. It must be also be noted that typical investigations consisted of qualitative and quantitative phases such that quantitative data is available mostly on compounds that passed the qualitative screen. In the qualitative phase, presence of the

compounds above a certain limit of detection is determined. In the quantitative phase, the amount of only the compounds that are detected in the qualitative phase is estimated. This biased all reports on concentration of compounds towards both higher levels and chemicals which a particular lab was most adept at analyzing.

Declared Ingredients: comparison to occupational exposure limits

Propylene glycol and glycerin

Propylene glycol and glycerin have the default or precautionary 8-hour TLV of 10 mg/m³ set for all organic mists with no specific exposure limits or identified toxicity (http://www.osha.gov/dts/chemicalsampling/data/CH_243600.html; accessed July 5, 2013). These interim TLVs tend to err on the side of being too high and are typically lowered if evidence of harm to health accumulates. For example, in a study that related exposure of theatrical fogs (containing propylene glycol) to respiratory symptoms [46], "mean personal inhalable aerosol concentrations were 0.70 mg/m³ (range 0.02 to 4.1)" [47]. The only available estimate of propylene concentration of propylene glycol in the aerosol indicates personal exposure on the order of 3–4 mg/m³ in the personal breathing zone over 8 hours (under the assumptions we made for all other comparisons to TLVs) [2]. The latest (2006) review of risks of occupational exposure to propylene glycol performed by the Health Council of the Netherlands (known for OELs that are the most protective that evidence supports and based exclusively on scientific considerations rather than also accounting for feasibility as is the case for the



TLVs) recommended exposure limit of 50 mg/m³ over 8 hours; concern over short-term respiratory effects was noted [<http://www.gezondheidsraad.nl/sites/default/files/200702OSH.pdf>; accessed July 29, 2013]. Assuming extreme consumption of the liquid per day via vaping (5 to 25 ml/day and 50-95% propylene glycol in the liquid),^b levels of propylene glycol in inhaled air can reach 1-6 mg/m³. It has been suggested that propylene glycol is very rapidly absorbed during inhalation [4,6] making the calculation under worst case scenario of all propylene glycol becoming available for inhalation credible. It must also be noted that when consuming low-nicotine or nicotine-free liquids, the chance to consume larger volumes of liquid increases (large volumes are needed to reach the target dose or there is no nicotine feedback), leading to the upper end of propylene glycol and glycerin exposure. Thus, estimated levels of exposure to propylene glycol and glycerin are close enough to TLV to warrant concern. However, it is also important to consider that propylene glycol is certainly not all absorbed because visible aerosol is exhaled in typical vaping. Therefore, the current calculation is in the spirit of a worst case assumption that is adopted throughout the paper.

Nicotine

Nicotine is present in most e-cigarette liquids and has TLV of 0.5 mg/m³ for average exposure intensity over 8 hours. If approximately 4 m³ of air is inhaled in 8 hours, the consumption of 2 mg nicotine from e-cigarettes in 8 hours would place the vaper at the occupational exposure limit. For a liquid that contains 18 mg nicotine/ml, TLV would be reached upon vaping ~0.1-0.2 ml of liquid in a day, and so is achieved for most anyone vaping nicotine-containing e-cigarettes [1]. Results presented in [25] on 16 e-cigarettes also argue in favor of exceedance of TLV from most any nicotine-containing e-cigarette, as they predict >2 mg of nicotine released to aerosol in 150 puffs (daily consumption figure adopted in this report). But as noted above, since delivery of nicotine is the purpose of nicotine-containing e-cigarettes, the comparison to limits on unintended, unwanted exposures does not suggest a problem and serves merely to offer complete context. If nicotine is present but the liquid is labeled as zero-nicotine [25,44], it could be treated as a contaminant, with the vaper not intending to consume nicotine and the TLV, which would be most likely exceeded, is relevant. However, when nicotine content is disclosed, even if inaccurately, then comparison to TLV is not valid. Accuracy in nicotine content is a concern with respect to truth in advertising rather than unintentional exposure, due to presumed (though not yet tested) self-regulation of consumption by persons who use e-cigarettes as a source of nicotine.

Overall, the declared ingredients in the liquid would warrant a concern by standards used in occupational

hygiene, provided that comparison to occupational exposure limits is valid, as discussed in the introduction. However, this is not to say that the exposure is affirmatively believed to be harmful; as noted, the TLVs for propylene glycol and glycerin mists is based on uncertainty rather than knowledge. These TLVs are not derived from knowledge of toxicity of propylene glycol and glycerin mists, but merely apply to any compound of no known toxicity present in workplace atmosphere. This aspect of the exposure from e-cigarettes simply has little precedent (but see study of theatrical fogs below). Therefore, the exposure will provide the first substantial collection evidence about the effects, which calls for monitoring of both exposure levels and outcomes, even though there are currently no grounds to be concerned about the immediate or chronic health effects of the exposure. The argument about nicotine is presented here for the sake of completeness and consistency of comparison to TLVs, but in itself does not affect the conclusions of this analysis because it should not be modeled as if it were a contaminant when declared as an ingredient in the liquid.

Contaminants

Polycyclic aromatic hydrocarbons

Polycyclic aromatic hydrocarbons (PAH) were quantified in several reports in aerosols [5,6,43] and liquids [7,19,42]. These compounds include well-known carcinogens, the levels of which are not subject to TLV but are instead to be kept "as low as reasonably achievable" [10]. For PAH, only non-carcinogenic pyrene that is abundant in the general environment was detected at 36 ng/cartridge in 5 samples of liquid [7]; PAHs were not detected in most of the analyses of aerosols, except for chrysene in the analysis of the aerosol of one e-cigarette [43].

Tobacco-specific nitrosamines

The same risk assessment considerations that exist for PAH also hold for carcinogenic tobacco-specific nitrosamines (TSNAs) [48] for which no occupational exposure limits exist because (a) these exposures do not appear to occur in occupational settings often enough to warrant development of TLVs, and (b) it is currently accepted in establishing TLVs that carcinogens do not have minimal thresholds of toxicity. As expected, because the TSNAs are contaminants of nicotine from tobacco leaf, there is also evidence of association between nicotine content of the liquid and TSNA concentrations, with reported concentrations <5 ng/cartridge tested [7]. Smaller studies of TSNA content in liquids are variable, with some not reporting any detectable levels [18,33,35] and others clearly identifying these compounds in the liquids when controlling for background contamination (n = 9) [23]. Analyses of aerosols indicate that TSNAs are present in amounts that can result in doses of <ng/day [5,33] to

$\mu\text{g/day}$ [8] (assuming 150 puffs/day) (see also [43]). The most comprehensive survey of TSNA content of 105 samples of liquids from 11 manufactures indicates that almost all tested liquids (>90%) contained TSNA in $\mu\text{g/L}$ quantities [36]. This is roughly equivalent to 1/1000 of the concentration of TSNA in modern smokeless tobacco products (like snus), which are in the ppm range [48]. For example, 10 $\mu\text{g/L}$ (0.01 ppm) of total TSNA in liquid [36] can translate to a daily dose of 0.025–0.05 μg from vaping (worst case assumption of 5 ml liquid/day); if 15 g of snus is consumed a day [49] with 1 ppm of TSNA [48] and half of it were absorbed, then the daily dose is estimated to be 7.5 μg , which is 150–300 times that due to the worst case of exposure from vaping. Various assumptions about absorption of TSNA alter the result of this calculation by a factor that is dwarfed in magnitude compared to that arising from differences considered above. This is reassuring because smokeless tobacco products, such as snus, pose negligible cancer risk [50], certainly orders of magnitude smaller than smoking (if one considers the chemistry of the products alone). In general, it appears that the cautious approach in face of variability and paucity of data is to seek better understanding of the predictors of presence of TSNA in liquids and aerosols so that measures for minimizing exposure to TSNA from aerosols can be devised. This can include considering better control by manufactures who extract the nicotine from tobacco leaf.

Volatile organic compounds

Total volatile organic compounds (VOC) were determined in aerosol to be non-detectable [3] except in one sample that appeared to barely exceed the background concentration of 1 mg/m^3 by 0.73 mg/m^3 [6]. These results are corroborated by analyses of liquids [19] and most likely testify to insensitivity of employed analytic methods for total VOC for characterizing aerosol generated by e-cigarettes, because there is ample evidence that specific VOC are present in the liquids and aerosols.^c Information on specific commonly detected VOC in the aerosol is given in Table 1. It must be observed that these reported concentrations are for analyses that first observed qualitative evidence of the presence of a given VOC and thus represent worst case scenarios of exposure when VOC is present (i.e. zero-level exposures are missing from the overall summary of worst case exposures presented here). For most VOC and aldehydes, one can predict the concentration in air inhaled by a vaper to be <<1% of TLV. The only exceptions to this generalization are:

- (a) acrolein: ~1% of TLV (average of 12 measurements) [40] and measurements at a mean of 2% of TLV (average of 150 measurements) [41] and

- (b) formaldehyde: between 0 and 3% of TLV based on 18 tests (average of 12 measurements at 2% of TLV, the most reliable test) [40] and an average of 150 results at 4% of TLV [41].

Levels of acrolein in exhaled aerosol reported in [6] were below 0.0016 mg/m^3 and correspond to predicted exposure of <1% of TLV (Table 2). It must be re-emphasized that all calculations based on one electronic cigarette analyzed in [38] are best treated as qualitative in nature (i.e. indicating presence of a compound without any particular meaning attached to the reported level with respect to typical levels) due to great uncertainty about whether the manner in which the e-cigarette was operated could have resulted in overheating that led to generation of acrolein in the aerosol. In fact, a presentation made by the author of [38] clearly stated that the "atomizer, generating high concentration carbonyls, had been burned black" [40,41]. In unpublished work, [40] there are individual values of formaldehyde, acrolein and glyoxal that approach TLV, but it is uncertain how typical these are because there is reason to believe the liquid was overheated; considerable variability among brands of electronic cigarettes was also noted. Formaldehyde and other aldehydes, but not acrolein, were detected in the analysis one e-cigarette [43]. The overwhelming majority of the exposure to specific VOC that are predicted to result from inhalation of the aerosols lie far below action level of 50% of TLV at which exposure has to be mitigated according to current code of best practice in occupational hygiene [51].

Finding of an unusually high level of formaldehyde by Schripp *et al.* [4] – 0.5 ppm predicted vs. 15-minute TLV of 0.3 ppm (not given in Table 2) – is clearly attributable to endogenous production of formaldehyde by the volunteer smoker who was consuming e-cigarettes in the experimental chamber, since there was evidence of build-up of formaldehyde prior to vaping and liquids used in the experiments did not generate aerosol with detectable formaldehyde. This places generalizability of other findings from [4] in doubt, especially given that the only other study of exhaled air by vapers who were not current smokers reports much lower concentrations for the same compounds [6] (Table 2). It should be noted that the report by Romagna *et al.* [6] employed more robust methodology, using 5 volunteer vapers (no smokers) over an extended period of time. Except for benzene, acetic acid and isoprene, all calculated concentrations for detected VOC were much below 1% of TLV in exhaled air [6]. In summary, these results do not indicate that VOC generated by vaping are of concern by standards used in occupational hygiene.

Diethylene glycol and ethylene glycol became a concern following the report of their detection by FDA [44], but these compounds are not detected in the majority of

Table 1 Exposure predictions based on analysis of aerosols generated by smoking machines: volatile organic compounds

Compound	N [#]	Estimated concentration in personal breathing zone		Ratio of most stringent TLV (%)		Reference
		PPM	mg/m ³	Calculated directly	Safety factor 10	
Acetaldehyde	1	0.005		0.02	0.2	[5]
	3	0.003		0.01	0.1	[4]
	12	0.001		0.004	0.04	[8]
	1	0.00004		0.0001	0.001	[3]
	1	0.0002		0.001	0.008	[3]
	150	0.001		0.004	0.04	[40,41]
	1	0.008		0.03	3	[38]
Acetone	1	0.002		0.0003	0.003	[38]
	150	0.0004		0.0001	0.001	[40,41]
Acrolein	12	0.001		1	13	[8]
	150	0.002		2	20	[40,41]
	1	0.006		6	60	[38]
Butanal	150	0.0002		0.001	0.01	[40,41]
Crotonaldehyde	150		0.0004	0.01	0.1	[40,41]
Formaldehyde	1	0.002		0.6	6	[5]
	3	0.008		3	30	[4]
	12	0.006		2	20	[8]
	1	<0.0003		<0.1	<1	[3]
	1	0.0003		0.1	1	[3]
	150	0.01		4	40	[40,41]
Glyoxal	1	0.009		3	30	[38]
	150		0.002	2	20	[38]
o-Methylbenzaldehyde	12		0.006	6	60	[40,41]
	12		0.001	0.05	0.5	[8]
p,m-Xylene	12		0.00003	0.001	0.01	[8]
Propanal	3	0.002		0.01	0.1	[4]
	150	0.0006		0.002	0.02	[40,41]
	1	0.005		0.02	0.2	[38]
Toluene	12	0.0001		0.003	0.03	[8]
Valeraldehyde	150		0.0001	0.0001	0.001	[40,41]

[#]Average is presented when N > 1.

tests performed to date [3,15,17,19,23]. Ten batches of the liquid tested by their manufacture did not report any diethylene glycol above 0.05% of the liquid [42]. Methods used to detect diethylene glycol appear to be adequate to be informative and capable of detecting the compound in quantities <<1% of TLV [15,17,23]. Comparison to TLV is based on a worst case calculation analogous to the one performed for propylene glycol. For diethylene glycol, TLV of 10 mg/m³ is applicable (as in the case of all aerosols with no known toxicity by inhalation), and there is a recent review of regulations of this compound conducted for the Dutch government by the Health Council

of the Netherlands (jurisdiction with some of the most strict occupational exposure limits) that recommended OEL of 70 mg/m³ and noted lack of evidence for toxicity following inhalation [http://www.gezondheidsraad.nl/sites/default/files/200703OSH.pdf; accessed July 29; 2013]. In conclusion, even the quantities detected in the single FDA result were of little concern, amounting to less than 1% of TLV.

Inorganic compounds

Special attention has to be paid to the chemical form of compounds when there is detection of metals and other

Table 2 Exposure predictions for volatile organic compounds based on analysis of aerosols generated by volunteer vapers

Compound	N [#]	Estimated concentration in personal breathing zone (ppm)	Ratio of most stringent TLV (%)		Reference
			Calculated directly	Safety factor 10	
2-butanone (MEK)	3	0.04	0.02	0.2	[4]
	1	0.002	0.0007	0.007	[6]
2-furaldehyde	3	0.01	0.7	7	[4]
Acetaldehyde	3	0.07	0.3	3	[4]
Acetic acid	3	0.3	3	30	[4]
Acetone	3	0.4	0.2	2	[4]
Acrolein	1	<0.001	<0.7	<7	[6]
Benzene	3	0.02	3	33	[4]
Butyl hydroxyl toluene	1	4E-05	0.0002	0.002	[6]
Isoprene	3	0.1	7	70	[4]
	3	0.009	0.03	0.3	[4]
Limonene	3	0.009	0.03	0.3	[4]
	1	2E-05	0.000001	0.00001	[6]
m,p-Xylen	3	0.01	0.01	0.1	[4]
Phenol	3	0.01	0.3	3	[4]
Propanal	3	0.004	0.01	0.1	[4]
Toluene	3	0.01	0.07	0.7	[4]

[#]Average is presented when N > 1.

elements by inductively coupled plasma mass spectrometry (ICP-MS) [8,26]. Because the parent molecule that occurs in the aerosol is destroyed in such analysis, the results can be misleading and not interpretable for risk assessment. For example, the presence of sodium (4.18 µg/10 puffs) [26] does not mean that highly reactive and toxic sodium metal is in the aerosol, which would be impossible given its reactivity, but most likely means the presence of the ubiquitous compound that contains sodium, dissolved table salt (NaCl). If so, the corresponding daily dose of NaCl that arises from these concentrations from 150 puffs is about 10,000 times lower than allowable daily intake according to CDC (<http://www.cdc.gov/features/dssodium/>; accessed July 4, 2013). Likewise, a result for presence of silica is meaningless for health assessment unless the crystalline form of SiO₂ is known to be present. When such ambiguity exists, a TLV equivalence calculation was not performed. We compared concentrations to TLVs when it was even remotely plausible that parent molecules were present in the aqueous solution. However, even these are to be given credence only in an extremely pessimistic analyst, and further investigation by more appropriate analytical methods could clarify exactly what compounds are present, but is not a priority for risk assessment.

It should also be noted that one study that attempted to quantify metals in the liquid found none above 0.1-0.2 ppm levels [7] or above unspecified threshold [19]. Table 3 indicates that most metals that were detected were present at <1% of TLV even if we assume that the

analytical results imply the presence of the most hazardous molecules containing these elements that can occur in aqueous solution. For example, when elemental chromium was measured, it is compared to TLV for insoluble chromium IV that has the lowest TLV of all chromium compounds. Analyses of metals given in [43] are not summarized here because of difficulty with translating reported units into meaningful terms for comparison with the TLV, but only mercury (again with no information on parent organic compound) was detected in trace quantities, while arsenic, beryllium, chromium, cadmium, lead and nickel were not. Taken as the whole, it can be inferred that there is no evidence of contamination of the aerosol with metals that warrants a health concern.

Consideration of exposure to a mixture of contaminants

All calculations conducted so far assumed only one contaminant present in clean air at a time. What are the implications of small quantities of various compounds with different toxicities entering the personal breathing zone at the same time? For evaluation of compliance with exposure limits for mixtures, Equation 3 is used:

$$OEL_{mixture} = \frac{1}{n} \sum_{i=1}^n \frac{C_i}{TLV_i} \quad (3)$$

where C_i is the concentration of the ith compound (i = 1, ..., n, where n > 1 is the number of ingredients present in a mixture) in the contaminated air and TLV_i is the TLV for the ith compound in the contaminated air; if

Table 3 Exposure predictions based on analysis of aerosols generated by smoking machines: inorganic compounds[#]

Element quantified	Assumed compound containing the element for comparison with TLV	N ^{##}	Estimated concentration in personal breathing zone (mg/m ³)	Ratio of most stringent TLV (%)		Reference
				Calculated directly	Safety factor 10	
Aluminum	Respirable Al metal & insoluble compounds	1	0.002	0.2	1.5	[26]
Barium	Ba & insoluble compounds	1	0.00005	0.01	0.1	[26]
Boron	Boron oxide	1	0.02	0.1	1.5	[26]
Cadmium	Respirable Cd & compounds	12	0.00002	1	10	[8]
Chromium	Insoluble Cr (IV) compounds	1	3E-05	0.3	3	[26]
Copper	Cu fume	1	0.0008	0.4	4.0	[26]
Iron	Soluble iron salts, as Fe	1	0.002	0.02	0.2	[26]
Lead	Inorganic compounds as Pb	1	7E-05	0.1	1	[26]
		12	0.000025	0.05	0.5	[8]
Magnesium	Inhalable magnesium oxide	1	0.00026	0.003	0.03	[26]
Manganese	Inorganic compounds, as Mn	1	8E-06	0.04	0.4	[26]
Nickel	Inhalable soluble inorganic compounds, as Ni	1	2E-05	0.02	0.2	[26]
		12	0.00005	0.05	0.5	[8]
Potassium	KOH	1	0.001	0.1	1	[26]
Tin	Organic compounds, as Sn	1	0.0001	0.1	1	[26]
Zinc	Zinc chloride fume	1	0.0004	0.04	0.4	[26]
Zirconium	Zr and compounds	1	3E-05	0.001	0.01	[26]
Sulfur	SO ₂	1	0.002	0.3	3	[26]

[#]The actual molecular form in the aerosol unknown and so worst case assumption was made if it was physically possible (e.g. it is not possible for elemental lithium & sodium to be present in the aerosol); there is no evidence from the research that suggests the metals were in the particular highest risk form, and in most cases a general knowledge of chemistry strongly suggests that this is unlikely. Thus, the TLV ratios reported here probably do not represent the (much lower) levels that would result if we knew the molecular forms.

^{##}Average is presented when N > 1.

OEI_{mixture} > 1, then there is evidence of the mixture exceeding TLV.

The examined reports detected no more than 5–10 compounds in the aerosol, and the above calculation does not place any of them out of compliance with TLV for mixture. Let us imagine that 50 compounds with TLVs were detected. Given that the aerosol tends to contain various compounds at levels, on average, of no more than 0.5% of TLV (Tables 1 and 3), such a mixture with 50 ingredients would be at 25% of TLV, a level that is below that which warrants a concern, since the “action level” for implementation of controls is traditionally set at 50% of TLV to ensure that the majority of persons exposed have personal exposure below mandated limit [51]. Pellerino et al. [2] reached conclusions similar to this review based on their single experiment: contaminants in the liquids that warrant health concerns were present in concentrations that were less than 0.1% of that allowed by law in the European Union. Of course, if the levels of the declared ingredients (propylene glycol, glycerin, and nicotine) are considered, the action level would be met, since those ingredients are present in the concentrations that are near the action level. There are no known synergistic actions of the examined mixtures, so Equation 3 is therefore applicable. Moreover, there is

currently no reason to suspect that the trace amounts of the contaminants will react to create compounds that would be of concern.

Conclusions

By the standards of occupational hygiene, current data do not indicate that exposures to vapors from contaminants in electronic cigarettes warrant a concern. There are no known toxicological synergies among compounds in the aerosol, and mixture of the contaminants does not pose a risk to health. However, exposure of vapors to propylene glycol and glycerin reaches the levels at which, if one were considering the exposure in connection with a workplace setting, it would be prudent to scrutinize the health of exposed individuals and examine how exposures could be reduced. This is the basis for the recommendation to monitor levels and effects of prolonged exposure to propylene glycol and glycerin that comprise the bulk of emissions from electronic cigarettes other than nicotine and water vapor. From this perspective, and taking the analogy of work on theatrical fogs [46,47], it can be speculated that respiratory functions and symptoms (but not cancer of respiratory tract or non-malignant respiratory disease) of the vapor is of primary interest. Monitoring upper airway irritation of vapors and experiences of

unpleasant smell would also provide early warning of exposure to compounds like acrolein because of known immediate effects of elevated exposures (<http://www.atsdr.cdc.gov/toxprofiles/tp124-c3.pdf>; accessed July 11, 2013). However, it is questionable how much concern should be associated with observed concentrations of acrolein and formaldehyde in the aerosol. Given highly variable assessments, closer scrutiny is probably warranted to understand sources of this variability, although there is no need at present to be alarmed about exceeding even the occupational exposure limits, since occurrence of occasional high values is accounted for in established TLVs. An important clue towards a productive direction for such work is the results reported in [40,41] that convincingly demonstrate how heating the liquid to high temperatures generates compounds like acrolein and formaldehyde in the aerosol. A better understanding about the sources of TSNA in the aerosol may be of some interest as well, but all results to date consistently indicate quantities that are of no more concern than TSNA in smokeless tobacco or nicotine replacement therapy (NRT) products. Exposures to nicotine from electronic cigarettes is not expected to exceed that from smoking due to self-titration [11]; it is only a concern when a vaper does not intend to consume nicotine, a situation that can arise from incorrect labeling of liquids [25,44].

The cautions about propylene glycol and glycerin apply only to the exposure experienced by the vapers themselves. Exposure of bystanders to the listed ingredients, let alone the contaminants, does not warrant a concern as the exposure is likely to be orders of magnitude lower than exposure experienced by vapers. Further research employing realistic conditions could help quantify the quantity of exhaled aerosol and its behavior in the environment under realistic worst-case scenarios (i.e., not small sealed chambers), but this is not a priority since the exposure experienced by bystanders is clearly very low compared to the exposure of vapers, and thus there is no reason to expect it would have any health effects.

The key to making the best possible effort to ensure that hazardous exposures from contaminants do not occur is ongoing monitoring of actual exposures and estimation of potential ones. Direct measurement of personal exposures is not possible in vaping due to the fact the aerosol is inhaled directly, unless, of course, suitable biomarkers of exposure can be developed. The current review did not identify any suitable biomarkers, though cotinine is a useful proxy for exposure to nicotine-containing liquids. Monitoring of potential composition of exposures is perhaps best achieved through analysis of aerosol generated in a manner that approximates vaping, for which better insights are needed on how to modify "smoking machines" to mimic vaping given that there are documented differences in inhalation patterns [52] that depend

on features of e-cigarettes [14]. These smoking machines would have to be operated under a realistic mode of operation of the atomizer to ensure that the process for generation of contaminants is studied under realistic temperatures. To estimate dosage (or exposure in personal breathing zone), information on the chemistry of the aerosol has to be combined with models of the inhalation pattern of vapers, mode of operation of e-cigarettes and quantities of liquid consumed. Assessment of exhaled aerosol appears to be of little use in evaluating risk to vapers due to evidence of qualitative differences in the chemistry of exhaled and inhaled aerosol.

Monitoring of liquid chemistry is easier and cheaper than assessment of aerosols. This can be done systematically as a routine quality control measure by the manufacturers to ensure uniform quality of all production batches. However, we do not know how this relates to aerosol chemistry because previous researchers did not appropriately pair analyses of chemistry of liquids and aerosols. It is standard practice in occupational hygiene to analyze the chemistry of materials generating an exposure, and it is advisable that future studies of the aerosols explicitly pair these analyses with examination of composition of the liquids used to generate the aerosols. Such an approach can lead to the development of predictive models that relate the composition of the aerosol to the chemistry of liquids, the e-cigarette hardware, and the behavior of the vaper, as these, if accurate, can anticipate hazardous exposures before they occur. The current attempt to use available data to develop such relationships was not successful due to studies failing to collect appropriate data. Systematic monitoring of quality of the liquids would also help reassure consumers and is best done by independent laboratories rather than manufactures to remove concerns about impartiality (real or perceived).

Future work in this area would greatly benefit from standardizing laboratory protocols (e.g. methods of extraction of compounds from aerosols and liquids, establishment of "core" compounds that have to be quantified in each analysis (as is done for PAH and metals), development of minimally informative detection limits that are needed for risk assessment, standardization of operation of "vaping machine", etc.), quality control experiments (e.g. suitable positive and negative controls without comparison to conventional cigarettes, internal standards, estimation of % recovery, etc.), and reporting practices (e.g. in units that can be used to estimate personal exposure, use of uniform definitions of limits of detection and quantification, etc.), all of which would improve on the currently disjointed literature. Detailed recommendations on standardization of such protocols lie outside of scope of this report.

All calculations conducted in this analysis are based on information about patterns of vaping and the content

of aerosols and liquids that are highly uncertain in their applicability to "typical" vaping as it is currently practiced and says even less about future exposures due to vaping (e.g. due to development of new technology). However, this is similar to assessments that are routinely performed in occupational hygiene for novel technology as it relied on "worst case" calculations and safety margins that attempt to account for exposure variability. The approach adopted here and informed by some data is certainly superior to some currently accepted practices in the regulatory framework in occupational health that rely purely on description of emission processes to make claims about potential for exposure (e.g. [53]). Clearly, routine monitoring of potential and actual exposure is required if we were to apply the principles of occupational hygiene to vaping. Detailed suggestions on how to design such exposure surveillance are available in [54].

While vaping is obvious not an occupational exposure, occupational exposure standards are the best available option to use. If there were a standard for voluntary consumer exposure to aerosols, it would be a better fit, but no such standard exists. The only candidate standard is the occupational standard, which is conservative (more protective) when considered in the context of voluntary exposures, as argued above, and any suggestion that another standard be used needs to be concrete and justified.

In summary, analysis of the current state of knowledge about the chemistry of contaminants in liquids and aerosols associated with electronic cigarettes indicates that there is no evidence that vaping produces inhalable exposures to these contaminants at a level that would prompt measures to reduce exposure by the standards that are used to ensure safety of workplaces. Indeed, there is sufficient evidence to be reassured that there are no such risks from the broad range of the studied products, though the lack of quality control standards means that this cannot be assured for all products on the market. However, aerosol generated during vaping on the whole, when considering the declared ingredients themselves, if it were treated in the same manner as an emission from industrial process, creates personal exposures that would justify surveillance of exposures and health among exposed persons. Due to the uncertainty about the effects of these quantities of propylene glycol and glycerin, this conclusion holds after setting aside concerns about health effects of nicotine. This conclusion holds notwithstanding the benefits of tobacco harm reduction, since there is value in understanding and possibly mitigating risks even when they are known to be far lower than smoking. It must be noted that the proposal for such scrutiny of "total aerosol" is not based on specific health concerns suggested by compounds that resulted in exceedance of occupational exposure limits, but is instead a conservative posture in the face of unknown consequences of inhalation of appreciable

quantities of organic compounds that may or may not be harmful at doses that occur during vaping.

Key conclusions:

- Even when compared to workplace standards for involuntary exposures, and using several conservative (erring on the side of caution) assumptions, the exposures from using e-cigarettes fall well below the threshold for concern for compounds with known toxicity. That is, even ignoring the benefits of e-cigarette use and the fact that the exposure is actively chosen, and even comparing to the levels that are considered unacceptable to people who are not benefiting from the exposure and do not want it, the exposures would not generate concern or call for remedial action.
- Expressed concerns about nicotine only apply to vapers who do not wish to consume it; a voluntary (indeed, intentional) exposure is very different from a contaminant.
- There is no serious concern about the contaminants such as volatile organic compounds (formaldehyde, acrolein, etc.) in the liquid or produced by heating. While these contaminants are present, they have been detected at problematic levels only in a few studies that apparently were based on unrealistic levels of heating.
- The frequently stated concern about contamination of the liquid by a nontrivial quantity of ethylene glycol or diethylene glycol remains based on a single sample of an early-technology product (and even this did not rise to the level of health concern) and has not been replicated.
- Tobacco-specific nitrosamines (TSNA) are present in trace quantities and pose no more (likely much less) threat to health than TSNA from modern smokeless tobacco products, which cause no measurable risk for cancer.
- Contamination by metals is shown to be at similarly trivial levels that pose no health risk, and the alarmist claims about such contamination are based on unrealistic assumptions about the molecular form of these elements.
- The existing literature tends to overestimate the exposures and exaggerate their implications. This is partially due to rhetoric, but also results from technical features. The most important is confusion of the concentration in aerosol, which on its own tells us little about risk to health, with the relevant and much smaller total exposure to compounds in the aerosol averaged across all air inhaled in the course of a day. There is also clear bias in previous reports in favor of isolated instances of highest level of chemical detected

across multiple studies, such that average exposure that can be calculated are higher than true value because they are "missing" all true zeros.

- Routine monitoring of liquid chemistry is easier and cheaper than assessment of aerosols. Combined with an understanding of how the chemistry of the liquid affects the chemistry of the aerosol and insights into behavior of vapers, this can serve as a useful tool to ensure the safety of e-cigarettes.
- The only unintentional exposures (i.e., not the nicotine) that seem to rise to the level that they are worth further research are the carrier chemicals themselves, propylene glycol and glycerin. This exposure is not known to cause health problems, but the magnitude of the exposure is novel and thus is at the levels for concern based on the lack of reassuring data.

Endnotes

^aAtmosphere that contains air inhaled by a person.

^bThis estimate of consumption was derived from informal reports from vaping community; 5 ml/day was identified as a high but not rare quantity of consumption and 25 ml/day was the high end of claimed use, though some skepticism was expressed about whether the latter quantity was truly possible. High-quality formal studies to verify these figures do not yet exist but they are consistent with report of Etter (2012).

^cThe term "VOC" loosely groups together all organic compounds present in aerosol and because the declared ingredients of aerosol are organic compounds, it follows that "VOC are present".

Additional files

Additional file 1: Summary of chemical analyses of e-cigarettes extracted from the literature.

Additional file 2: Key to identifying articles listed in Additional file 1.

Additional file 3: Calculations conducted to compare reported results to threshold limit values. Spreadsheet that implemented calculations summarized in the article.

Competing interests

Funding for this work was provided by The Consumer Advocates for Smoke-free Alternatives Association (CASAA) Research Fund. CASAA is an all-volunteer, donation-funded, non-profit organization devoted to defending consumer access to and promoting tobacco harm reduction; it is a consumer (not industry) advocacy NGO. For more information, see <http://casaa.org/>. CASAA exercised no editorial control over the author's writing or analysis the author, not the funder, had full control of the content.

Authors' information

IB is trained in both occupational hygiene and epidemiology and thus is an expert in bring information that these two fields contribute to risk assessment and policy-making. IB does not and never has used any tobacco products. Current research was completed by him as independent research contract during otherwise unpaid summer months. IB is an Associate Professor at Drexel University and felt obliged to disclose his primary academic appointment but this work was completed outside of the structures of Drexel University.

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Estimating the Harms of Nicotine-Containing Products Using the MCDA Approach

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Key Words

Smoked tobacco products · Oral tobacco products · Electronic cigarettes · Multi criteria decision analysis · Harm assessment · ENDS (electronic nicotine delivery systems)

Abstract

Background: An international expert panel convened by the Independent Scientific Committee on Drugs developed a multi-criteria decision analysis model of the relative importance of different types of harm related to the use of nicotine-containing products. **Method:** The group defined 12 products and 14 harm criteria. Seven criteria represented harms to the user, and the other seven indicated harms to others. The group scored all the products on each criterion for their average harm worldwide using a scale with 100 defined as the most harmful product on a given criterion, and a score of zero defined as no harm. The group also assessed relative weights for all the criteria to indicate their relative importance. **Findings:** Weighted averages of the scores pro-

vided a single, overall score for each product. Cigarettes (overall weighted score of 100) emerged as the most harmful product, with small cigars in second place (overall weighted score of 64). After a substantial gap to the third-place product, pipes (scoring 21), all remaining products scored 15 points or less. **Interpretation:** Cigarettes are the nicotine product causing by far the most harm to users and others in the world today. Attempts to switch to non-combusted sources of nicotine should be encouraged as the harms from these products are much lower. © 2014 S. Karger AG, Basel

Introduction

The recreational use of tobacco remains one of the principal causes of chronic ill health and early death worldwide. The tobacco epidemic was largely reflected in more affluent Western countries but, increasingly, the illnesses associated with tobacco use have spread to the developing world [1]. Cigarettes are considered to be the most harm-

ful tobacco product although other forms of tobacco used recreationally may also result in harm to the user [2].

It is now widely accepted that the compulsive use of tobacco reflects the development of dependence upon the nicotine present in tobacco and many of the pharmacological interventions that are employed to aid smoking cessation target this dependence [3, 4]. However, in experimental animals, nicotine does not have the potent addictive properties that are required to explain the powerful addiction to tobacco experienced by many habitual smokers [5, 6]. Thus, it has been proposed that other pharmacologically active substances present in tobacco smoke and the conditioned sensory stimulation associated with inhaling tobacco smoke have a significant role in the development of dependence upon tobacco [7–10]. Pharmacological nicotine replacement products (NRT) were introduced as aids to smoking cessation in the late 1970s and continue to be used extensively in the treatment of tobacco dependence. Experience with these preparations suggests that their use is not associated with an increased risk of chronic obstructive pulmonary disease, lung cancer or cardiovascular disease [3, 11] although there are reports that nicotine may be metabolized to compounds that are potentially carcinogenic [12, 13]. Furthermore, studies with experimental animals suggest that the ingestion of nicotine during pregnancy can have adverse effects on the brain development of the fetus and the vulnerability of the progeny to nicotine dependence [14, 15]. Relatively little direct information is available for the effects of maternal nicotine on human development and behaviour. However, smokeless tobacco has been found to have a negative effect [16] and Bruin et al. [17] have argued that the possibility of adverse effects for both the mother and fetus of NRT use during pregnancy should not be disregarded. Thus, individual researchers have expressed differing opinions on the safety of pharmacological nicotine. Nevertheless, some 40 years' experience with NRT preparations suggest that they are safe and are not associated with significant adverse medical consequences [4]. This conclusion is consistent with the compelling evidence that many of the adverse health effects of inhaling tobacco smoke are caused by other components of the smoke such as nitrosamines, carbon monoxide and nitric oxide [18, 19]. Thus, despite some differences in opinion, it seems that tobacco use lends itself rather better than many other forms of addiction to a harm reduction approach using pharmacological interventions including therapeutic nicotine preparations.

Most attention with regard to the harmful effects of tobacco use has focused on cigarettes and the evidence that they cause chronic illness and early death is compelling.

However, other forms of tobacco use also need to be considered. There is good evidence, for example, that Swedish snus, a form of refined oral tobacco which is low in nitrosamines, is at worst only weakly associated with an increased risk of cancer or cardiovascular disease [20]. By contrast, other smokeless unrefined oral tobacco products seem to be associated with significantly more harm to the user [21]. For example, the chronic use of gutkha, a form of smokeless tobacco popular with members of the Asian community, is associated with the development of disorders of the oral mucosa and oral cancer [22]. Water pipes, widely used in the Middle East, are finding increasing favour in Western society. The potential toxic effects of water pipe smoke have not yet been fully evaluated although some concerns have been expressed about the potential adverse consequences for health of using this form of tobacco [23, 24]. Our understanding of the potential hazards associated with using electronic nicotine delivery systems (ENDS, e.g. E-cigarettes) is at a very early stage. These delivery systems are seen as an acceptable form of recreational nicotine use with a minimal potential for second-hand environmental contamination. Nevertheless, there is concern that these devices should not be introduced in an unregulated way until potential associated harms are adequately evaluated [25].

There remains a need for policy makers to become better informed of the relative harms of nicotine delivery systems in order to build a regulatory framework that minimizes harm. The aim of the current study was to convene a group of experts with expertise in the field of nicotine and tobacco research from different disciplines (animal and behavioural pharmacology, toxicology, medicine, psychiatry, policy and law) that could discuss and agree on the harmfulness of nicotine-containing products using a multi-criteria decision analysis (MCDA) model and, thus, provide a sound framework within which policy makers might work.

Methods

Study Design

The Independent Scientific Committee on Drugs selected experts from several different countries to ensure a diversity of expertise and perspective, as evident from the author list. The MCDA process [26] was conducted during a 2-day facilitated workshop held in London in July 2013. The MCDA model for the harm of psychoactive drugs developed by the Independent Scientific Committee on Drugs in 2010 [27] provided a starting point for this nicotine harm study, as it covered all the potential parameters of harm that might potentially be caused by any drug.

The MCDA process is a way to compare variables of harm in widely different areas where traditional metrics are not available. It works through a series of eight stages: (1) establishing context;

(2) agreeing on the products to be evaluated and producing definitions of these; (3) agreeing on the criteria on which the products were to be compared; (4) scoring the products on each criterion; (5) weighting the criteria; (6) calculating weighted scores to give an overall index of the harm of each product; (7) examining results and resolving any inconsistencies, and (8) exploring the sensitivity of the indices to different assessments of scores and weights.

The Context

The group recognized that there are regional and national differences in actual and perceived harm of nicotine products, so participants agreed to take a worldwide perspective and consider average harm.

The Nicotine Products

After considering many nicotine products and the criteria for comparing the products, the group discussed steps 2 and 3 above in a reciprocal and iterative way so that the final set of products was substantially different from one another in important ways. Table 1 gives the final agreement about the products and their definitions.

The Criteria of Harms

The group reviewed the 16 criteria that had first been agreed by the UK Advisory Council on the Misuse of Drugs [28] and used by the Independent Scientific Committee on Drugs in their 2010 decision conference on 20 psychoactive drugs [27]. All but two criteria were retained but where necessary were redefined to be relevant to nicotine products. The two that were dropped were drug-specific and drug-related mental impairment as it was thought that there was little evidence for these with any of the nicotine products.

The criteria against which the products were evaluated are shown at the extreme right of the harm tree in figure 1. The main objective was to determine an ordering of the products at the 'Product harms' node. The next level to the right provides separate harm groupings of the criteria: 'To users' (harm to those who are using the product) and 'To others' (harm as a consequence of the use of the product to others both directly and indirectly). Assessments of the harms for all products were made against the criteria given at the extreme right of the value tree. The final definitions are shown in table 2.

Scoring the Products

The group scored all products on all criteria. The scoring system used points out of 100, with 100 assigned to the most harmful product on a given criterion and zero representing 'no harm'.

In scaling the products, care is required to ensure that each successive point on the scale represents equal increments of harm. Thus, if a product is scored at 50, then it should be half as harmful as the product scored 100. Because zero represents no harm, this scale can be considered a ratio scale, which makes possible ratio comparisons of the weighted scales.

Weighting

Some criteria are more important expressions of harm than others, so weighting of the criteria is required. 'Swing weighting' provides weights that are meaningful in MCDA. As an analogy, both Fahrenheit and Celsius scales contain 0–100 portions, but the swing in temperature from 0 to 100 on the Fahrenheit scale is, of course, a smaller swing in temperature than 0–100 on a Celsius scale; it takes 5 Celsius units to equal 9 Fahrenheit units. The purpose of weighting is to ensure that the units of harm on the different harm

scales are equivalent, thus enabling weighted scores to be compared and combined across the criteria. Weights are scale factors.

To assess scale factors two steps in thinking must be separated. First, it is necessary to think about the difference in harm between the most and least harmful products on that criterion. The next step is to think about how much that difference in harm matters in a given context. 'How big is the difference in harm and how much do you care about that difference?' This is the question that was posed in comparing the 0-to-100 swing in harm on one scale with the 0-to-100 swing on another scale, assuming the harm is a worldwide average.

Swing weights for the User criterion were assessed first; the largest swing, on Product-specific morbidity, the difference between cigarettes and nasal sprays was assigned a weight of 100. Next, weights were judged for the criteria at the Other node: the largest swing, the difference between cigarettes and small cigars for Economic cost, was set at 100. Finally, those two 100's were compared by judging their swing weights. The swing for Product-re-

Table 1. The 12 products considered during the decision conference and their definitions

Cigarettes	manufactured and hand-rolled cigarettes in which the tobacco is wrapped in paper
Cigars	smoked cigars: roll of tobacco wrapped in tobacco leaf
Little and small cigars	used like a cigarette wrapped in tobacco leaf, sometimes with a filter (a product that has emerged in response to the US tobacco taxation system and would, in most jurisdictions be considered cigarettes)
Pipes	a tube with a small bowl at one end for smoking tobacco
Water pipe	a pipe where tobacco smoke is bubbled through water
Smokeless refined	non-snus (and other) smokeless refined tobacco products used orally, including moist chewing tobacco and snuff (common in USA)
Smokeless unrefined	non-snus (and other) smokeless unrefined tobacco products used orally, including chewing tobacco and dry snuff (products common in SE Asia)
Snus	a low nitrosamine and non-fermented smokeless tobacco product (popular in Scandinavia and now in USA)
ENDS	electronic nicotine delivery system products, e.g. e-cigs (electronic cigarettes either cigarette-like or personal vaporizers)
Oral products	oral nicotine delivery products (including NRT products)
Patch	dermal nicotine delivery products
Nasal sprays	nasal nicotine delivery products

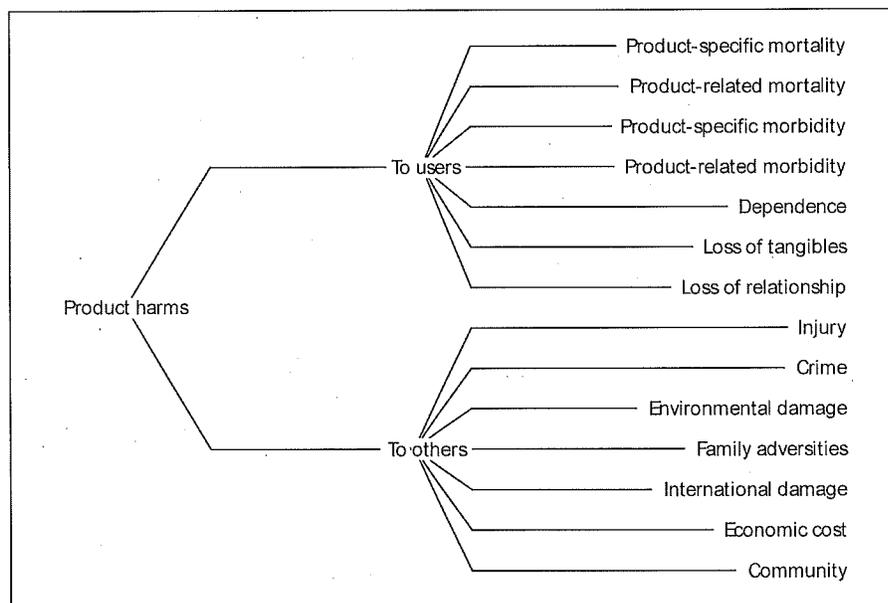


Fig. 1. Evaluation criteria organized by harms to users and harms to others.

Table 2. Definitions of the evaluation criteria for the nicotine products

Name	Description
Product-specific mortality	deaths directly attributed to product misuse or abuse as in the case of accidental and deliberate poisoning
Product-related mortality	deaths indirectly attributed to the product, e.g. death due to cancer, respiratory illness, cardiovascular disease and fire
Product-specific morbidity	damage (morbidity, chronic ill health) to physical health directly attributed to product misuse or abuse, e.g. ulcers, lung disease, heart disease
Product-related morbidity	damage to physical health indirectly attributed to product misuse or abuse, e.g. burns, allergies
Dependence	extent to which the product creates a propensity or urge to continue use despite adverse consequences and causes withdrawal symptoms on cessation
Loss of tangibles	extent of loss of tangible things (e.g. income, housing, job)
Loss of relationships	extent of loss of relationships with family and friends
Injury	the extent to which the product increases chances of injuries to others both directly and indirectly, e.g. traffic accident, fetal harm, second-hand smoke, accidental poisoning, burns
Crime	the extent to which the use of the product increases criminal behaviour (e.g. smuggling) directly or indirectly (at the population level, not the individual)
Environmental damage	the extent to which the use and production of this product causes environmental damage locally, e.g. fires, competition for arable land, cigarette stub pollution
Family adversities	the extent to which the use of the product causes family adversities, e.g. economic well-being, future prospects of children
International damage	the extent to which the use of the product contributes to damage at an international level, e.g. deforestation, contraband as criminal activity, counterfeiting
Economic cost	the extent to which the use of the product results in effects that create direct costs to countries (e.g. health-care costs, customs) and indirect costs (e.g. loss of productivity, absenteeism)
Community	the extent to which the use of the product creates decline in social cohesion and decline in the reputation of the community

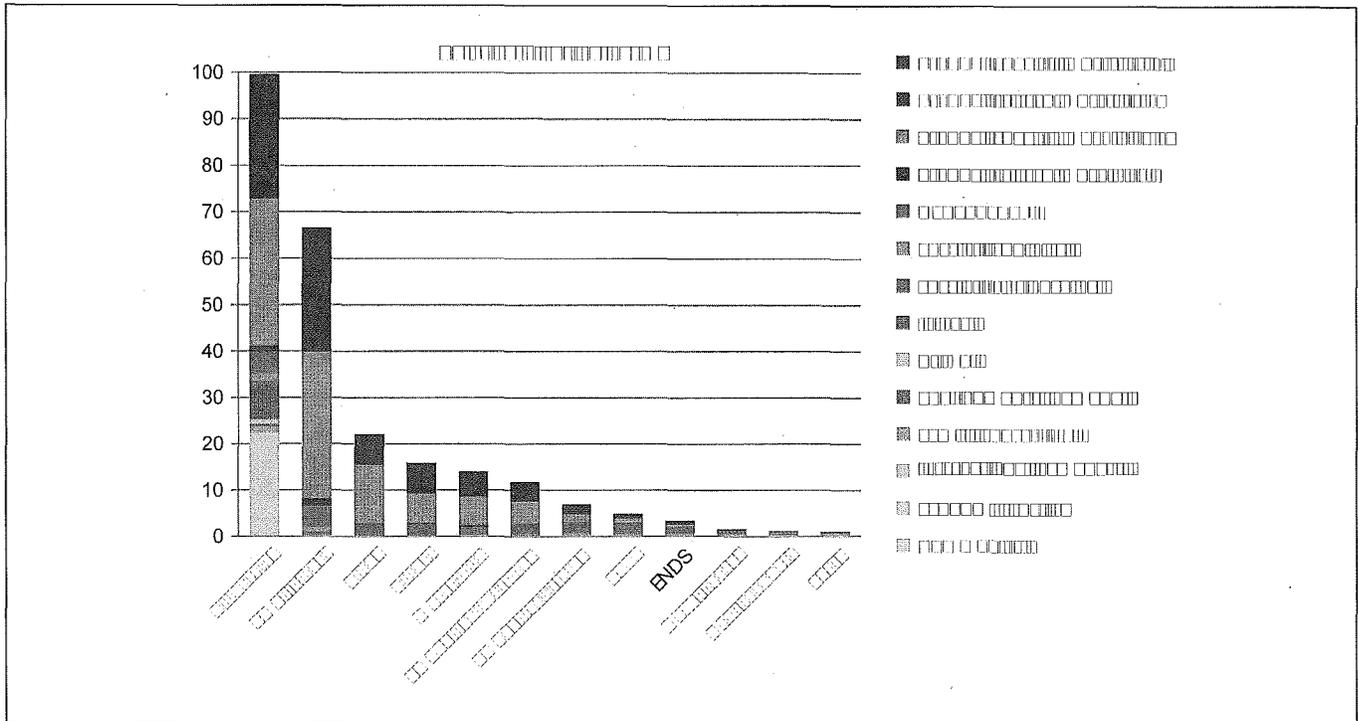


Fig. 2. Overall weighted scores for each of the products. Cigarettes, with an overall harm score of 99.6, are judged to be most harmful, and followed by small cigars at 67. The heights of the coloured portions indicate the part scores on each of the criteria. Product-related mortality, the upper dark red sections, are substantial contribu-

tors to those two products, and they also contribute moderately to cigars, pipes, water pipes, and smokeless unrefined. The numbers in the legend show the normalized weights on the criteria. Higher weights mean larger differences that matter between most and least harmful products on each criterion.

lated morbidity was weighted as the larger harm that matters, so its weight of 100 was retained. The swing for Economic cost was assessed as 70% of that, so the original weights for all the Economic criteria were multiplied by 0.70.

As scores and weights were agreed, they were input to the Hiview computer program¹, which normalized the weights so they summed to 100, calculated the weighted scores and displayed the results.

Results

Figure 2 shows the overall weighted scores of the nicotine products as stacked bar graphs. Cigarettes and small cigars are each several times more harmful than any of the other products. Similarly coloured sections of the bar graphs show a given criterion's weighted harm value as it contributes to the overall weighted scores of the nicotine products. Thus, Product-related mortality and Product-

specific morbidity are the main harms for cigarettes and small cigars, while Economic cost is also a substantial contributor to the overall harm for cigarettes.

The stacked bar graphs can also be shown for their separate contributions of harm 'To users' and harm 'To others'. Figure 3 gives the harm to users as the blue section, and harm to others as red. Harm to others makes a substantial contribution only to cigarettes, and virtually none to the other 11 products.

Why are cigarettes considered the most harmful? Figure 4 shows the contribution that each criterion makes to cigarettes' total weighted score. Each row in the display gives the part-score for that criterion (Wtd Diff), and it is the sum of those part scores that gives the overall score of 99.6. These part-scores determine the relative heights of each of the coloured bands for the cigarettes' bar graph in figure 4. Note that cigarettes were assigned harm scores of 100 on 12 of the 14 criteria, but that just five of those 14 collectively contribute a score of 92.7, nearly as much as the total of 99.6.

Both cigarettes and small cigars score 100 on three of the most important criteria: Product-specific morbidi-

¹ An MCDA computer program first developed at the London School of Economics and Political Science and now available from Catalyze Ltd., www.catalyze.co.uk.

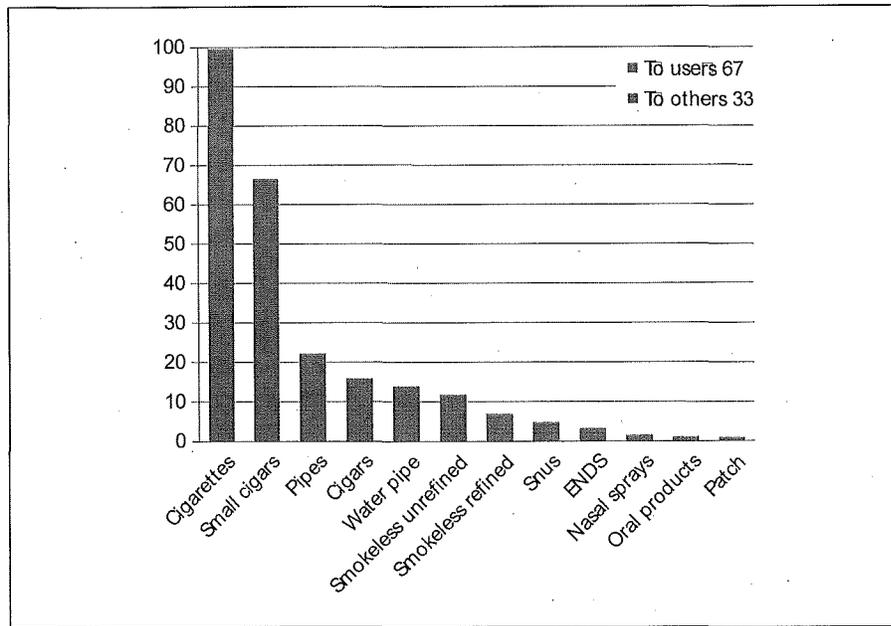


Fig. 3. The products ordered by their overall harm scores, with the stacked bar graphs showing the contribution to the overall score of harms to users and harm to others. The numbers in the legend show the sums of the normalized weights at each node.

Compare minus

	Model Order	Cum Wt	Diff	Wtd Diff	Sum
TO USERS	Product spec morb	31.5	100	31.5	31.5
TO USERS	Product rel morb	26.8	100	26.8	58.4
TO OTHERS	Economic cost	22.1	100	22.1	80.4
TO OTHERS	Injury	7.6	100	7.6	88.0
TO USERS	Dependence	4.7	100	4.7	92.7
TO USERS	Loss of tangibles	1.6	100	1.6	94.3
TO USERS	Product rel morb	1.6	95	1.5	95.8
TO OTHERS	Family adversities	1.3	100	1.3	97.1
TO OTHERS	Crime	0.9	100	0.9	98.0
TO USERS	Loss of relationship	0.6	100	0.6	98.7
TO OTHERS	Environmental damage	0.6	100	0.6	99.3
TO OTHERS	International damage	0.3	100	0.3	99.6
TO USERS	Product spec morb	0.3	0	0.0	99.6
TO OTHERS	Community	0.0	100	0.0	99.6
		100.0		99.6	

Fig. 4. The relative harms of cigarettes. The cumulative weight (Cum Wt) column shows the normalized weight for each criterion. The harm score for cigarettes, shown in the Diff column, on each criterion is multiplied by the cumulative weight of the corresponding criterion to give a weighted score (i.e., a part-score), shown in the Wtd Diff column. The lengths of the green bars are proportional to the weighted scores, so the longer the green bars, the more that harm matters for its effects from cigarettes.

ty, Product-related mortality and Dependence. Those three are harms to the users, criteria which do not take account of the extent of usage worldwide. However, cigarettes also score 100 on Economic cost and Injury, which are harms to others that do take account of global usage. It is those two criteria that account for the difference in the total scores of cigarettes compared to small cigars.

Discussion

Perhaps not surprisingly, given their massively greater use as compared with other products, cigarettes were ranked the most harmful, followed by small cigars as two thirds as harmful. It is only the relative lack of harm to others that positioned small cigars at two thirds the harm of cigarettes. For both these products the bulk of the

harm came from morbidity and mortality areas such as cancer, respiratory and cardiovascular disease, followed by Economic cost, Injury and Dependence. There was a big drop in harm from small cigars (67% of maximum relative harm, MRH) to pipes 22%. Within the tobacco products there was a gradual reduction in harm from water pipe, smokeless unrefined, smokeless refined to snus that has 5% of MRH. Among the purer non-tobacco vehicle products ENDS were rated to have only 4% of MRH and for the even purer NRTs the MRH was only rated at about 2%. Thus there is wide variability in harm among the combustible tobacco-based products, from cigarettes (100%) to water pipe (14%) and even more within the tobacco-based category, from cigarettes (100%) to snus (5%). Not surprisingly the purest products, NRTs, with few other ingredients than nicotine were the least harmful and pose little risk for intrinsic harm when used for the treatment of tobacco dependence. Indeed their use would bring significant benefits not just to users but also to non-smokers and society as a whole.

Clearly this exercise speaks to a continuum of harm from nicotine-containing products with cigarettes at one end and NRT products at the other end. The differences between the products are substantial and if policy actions could help to switch use away from cigarettes and other smoked products to purer nicotine products, such as NRT products, massive public health gains would occur.

There is also some evidence that the cigarettes are the most dependence-forming product and products with less harm also may be less dependence-forming [9]. An analogue can be found with alcohol where most countries have policies that steer consumption as much as possible to alcohol-containing beverages with a low alcohol content.

A limitation of this study is the lack of hard evidence for the harms of most products on most of the criteria. That is why we adopted the decision conferencing process: the group of experts worked face-to-face in a peer-review setting with impartial facilitation, sharing relevant data, knowledge and experience to ensure that all perspectives were heard. It is the combination of impartial facilitation, modelling (in this case, MCDA), and information technology (projecting the MCDA model for the group to observe as it was constructed and explored) that enables a group to outperform its members, thus providing the best collective expertise of the experts [28]. Another weakness might be the kind of sample of experts. There was no formal criterion for the recruitment of the

experts although care was taken to have raters from many different disciplines.

Even if data were available for all the harms of all the products on all the criteria, judgements would still be required to assess swing-weights. While the magnitude of harm of the most harmful product on each criterion can be informed by data, how much that worst-best difference matters requires an act of judgement. In this way, MCDA separates matters of fact from value judgements. As value judgements are at the heart of political debate, it might be instructive to engage in a public consultation exercise to allow different constituencies to express their views about the weights. This could be a first step in initiating a structured deliberative discourse about nicotine-containing products, as the politicians, the law and the public might weight the harm criteria differently [29]. In addition, including the benefits of using nicotine products along with the harmful criteria might provide insights into the nature of the benefit-harm balance.

The results of this study suggest that of all nicotine-containing products, cigarettes (and small cigars in the USA) are very much the most harmful. Interventions to reduce this pre-eminence are likely to bring significant benefits not just to users but also to non-smokers and society as a whole. Attempts to use other forms of nicotine such as ENDS and NRT to reduce cigarette smoking should be encouraged as the harms of these products are much lower.

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Disclosure Statement

The sponsor of the study had no role in any stage of the MCDA process or in the writing of this article, and was not present at the workshop. All authors had full access to all the data in the study, and had final responsibility for the decision to submit for publication.

K.F. has served as a consultant for most companies with an interest in tobacco dependence treatments. J.F. has served as a consultant to manufacturers of smoking cessation products (e.g. Pfizer, GSK, J & J, Novartis) and has received a research grant from Pfizer. R.P. has received lecture fees from Pfizer and GSK, a research grant from Pfizer, and he has served as a consultant for Pfizer, Global Health Alliance for treatment of tobacco dependence, and Arbi Group Srl., an e-cigarette distributor. All other authors have no conflicts of interest to declare.

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Editors' Note

The editors are aware that K.F. has connections with a company that is associated with one of the largest tobacco industries in the world (BAT: Nicoventures), but would like to notice that this stand-alone company produces smoking cessation products, i.e. electronic cigarettes, that are now in discussion to be regarded as a new form of NRT. NRT is widely accepted as a treatment of patients with tobacco dependence. Therefore, the editors decided that the potential conflict of interest of K.F. should not preclude acceptance and publication of this article. However, the scientific community has to discuss the demarcation between potential conflicts of interest related to companies producing addictive drugs and companies producing therapeutics.

Electronic cigarettes: achieving a balanced perspective

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ABSTRACT

Concerns have been raised that the advent of electronic cigarettes (e-cigarettes) may be harmful to public health, and smokers have been advised by important agencies such as the US Food and Drug Administration not to use them. This paper argues that, while more research is needed on the cost–benefit equation of these products and the appropriate level and type of regulation for them, the harms have tended thus far to be overstated relative to the potential benefits. In particular: concern over repeated inhalation of propylene glycol is not borne out by toxicity studies with this compound; risk of accidental poisoning is no different from many household devices and chemicals available in supermarkets; concern that e-cigarettes may promote continued smoking by allowing smokers to cope with no-smoking environments is countered by the observation that most smokers use these products to try to quit and their use appears to enhance quitting motivation; concerns over low nicotine delivery are countered by evidence that the products provide significant craving reduction despite this in some cases; and e-cigarettes may help reduce toxin exposure to non-smokers.

Keywords Electronic cigarette, harm reduction, nicotine.

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Electronic cigarettes, or 'e-cigarettes', look and feel like regular cigarettes but do not contain tobacco, require combustion or produce smoke. To date, they have not been manufactured by tobacco or pharmaceutical companies. e-Cigarettes are marketed to smokers as an alternative to regular cigarettes, offering the 'freedom to smoke anywhere'. e-Cigarettes are becoming increasingly popular, especially in locations with stronger tobacco control regulations [1]. The e-cigarette has been the cause of significant debate both in the United States and around the world. Although there are many staunch supporters of e-cigarettes, there appears to be even stronger and more powerful opposition from the US Food and Drug Administration (FDA) and many individuals in the tobacco control community who would prefer that e-cigarettes be regulated as drug-delivery devices or banned entirely from the market. In recent months, several commentaries on electronic cigarettes have been presented [2,3]. One recent paper [4] by Cobb & Abrams in the *New England Journal of Medicine* reviews many of the strongly held concerns of regulators and those in the tobacco control community regarding the potential perils

of e-cigarettes, but does little to examine the evidence of the potential promise of e-cigarettes.

The concerns of Cobb & Abrams focus on the limited evidence regarding both the safety and cessation benefit of e-cigarettes. They question the quality control standards of e-cigarette manufacturers, the impact of repeated propylene glycol (a major chemical component of some e-cigarettes) inhalation by humans, and the possibility of children (or adults) being harmed by inadvertently consuming large refill bottles or cartridges of e-cigarette liquid. Regarding quality control standards, Cobb & Abrams are correct, as the current standards of e-cigarette manufacturers have been quite variable, which could be a significant public safety concern. However, the impact of repeated propylene glycol vapor inhalation by humans, as it may be a throat irritant, though understandable, does not seem to be reason enough to remove these products from the market. Furthermore, animal studies on repeated propylene glycol vapor exposure indicate no deleterious effects [5], and the nicotine inhaler has similar side effects [6]. Finally, their concern regarding the possibility of accidental child

poisonings is also something that should be investigated and monitored. Currently, e-cigarette companies label their products with warnings to keep cartridges out of the reach of children. However, it is important to put this concern into context. Many household products are potentially dangerous to children if consumed, yet we do not ban these products. For example, if a child consumed a large bottle of cherry-flavored liquid acetaminophen, this too would be dangerous—if not deadly. Similar to e-cigarette labels, for consumer products that are hazardous to children we simply warn adults to keep them out of their reach.

On the topic of cessation benefit, Cobb & Abrams argue that there is no evidence that e-cigarettes are beneficial for cessation, and that there may be a risk that e-cigarettes will be used only in places where smoking is prohibited by current smokers (i.e. 'bridge products') or function as attractive starter products for young non-smokers. We agree that these concerns need to be addressed through continued thoughtful, rigorous scientific investigations. Current research investigating these concerns is limited, although not non-existent. Moreover, the research indicates some promising effects. For example, Cobb & Abrams argue that e-cigarettes are unlikely to be useful for smoking cessation because of ineffective nicotine delivery, as evidenced by low plasma levels of nicotine by the smokers who used them. However, the study [7] that they cite to support this argument actually showed that one e-cigarette brand was able to significantly reduce subjective craving for cigarettes despite low plasma levels of nicotine. Another study [8], not mentioned by Cobb & Abrams, found that e-cigarettes not only deliver nicotine effectively (more rapidly than a nicotine inhaler), but that they significantly reduce cigarette craving and number of cigarettes smoked at a level similar to that of nicotine replacement products. Furthermore, a recent clinical trial [9] published after the Cobb & Abrams article showed that e-cigarette use may motivate quitting. Among 40 smokers who were initially not interested in quitting but who were asked to use the e-cigarette ad libitum, 22.5% achieved sustained smoking abstinence (biochemically verified) at 6-month follow-up [9]. Furthermore, an additional 12.5% and 32.5% reduced their smoking by \square 80% and \square 50%, respectively [9]. Several survey studies support these findings. In a large international survey of current, former or never users of e-cigarettes, 72% of users reported that e-cigarettes helped them to deal with cravings and withdrawal symptoms, 92% reported reductions in their smoking when using e-cigarettes, and only 10% reported that they experienced the urge to smoke tobacco cigarettes when using the e-cigarette [10]. Moreover, of more than 2000 former smokers in this survey, 96% reported that the e-cigarette helped them to stop smoking, and 79% reported fearing

that they would start smoking again if they stopped using it [10]. Consequently, removing e-cigarettes from the market or discouraging their use could harm public health by depriving smokers of a potentially important option for smoking cessation.

Although larger trials are needed to help answer questions regarding the possibility of dual use (i.e. smokers maintain current smoking levels and add e-cigarettes), the available evidence suggests that this is not the case. Research indicates that the vast majority of e-cigarette users use e-cigarettes for either complete (79%) or partial replacement (17%) of tobacco cigarettes [10]. In addition, fears that smokers will forego traditional cessation methods in favor of e-cigarettes has not been substantiated. A substantial number of current e-cigarette users report having tried to quit previously using nicotine replacement therapies (70%), bupropion (29%) and/or varenicline (18.6%) [10]. This finding, taken together with the Bullen et al. [8] finding that placebo e-cigarettes also reduced craving, withdrawal symptoms and number of cigarettes per day, suggests that e-cigarettes address an additional behavioral component (e.g. hand to mouth gesture, 'throat hit' of the vapor, exhaling visible vapor) beyond the pharmacological effect of nicotine provided by current FDA-approved therapies. As a result, for smokers who have failed to quit with current approved therapies, e-cigarettes offer an alternative method of quitting, or a method of supplementing these currently approved therapies. Moreover, withdrawing e-cigarettes from the market or discouraging ex-smokers who have quit by using these devices to discontinue their use and switch to approved forms of therapy is unlikely to be a boon for public health, as the current evidence suggests that e-cigarette users often have high levels of nicotine dependence and have tried and failed to quit smoking with multiple forms of approved cessation therapies [10]. It seems misguided to ask people to discontinue an approach that is working in favor of an approach that has already been ineffective for them.

Finally, an often unconsidered advantage of e-cigarettes is that they do not require combustion and therefore produce no second-hand smoke exposure (SHSe) to the user or to individuals in the smoker's environment. Second-hand smoke, especially in homes with children, poses a serious public health risk increasing the incidence of sudden infant death syndrome, respiratory illness, middle-ear disease and asthma [11,12]. Children aged between 3 and 11 years have the highest levels of SHSe, probably because they spend a majority of their time in close proximity to a caregiver who smokes [13–15]. Despite the strong national effort of introducing smoking bans in public spaces, children living with smokers have not experienced any reduction in their SHSe, as evidenced by serum cotinine levels [16].

Furthermore, clinical interventions aimed at reducing children's SHSe by targeting caregiver smoking behavior (i.e. cessation and/or smoking outside) often fail to produce long-term cessation and result in minimal to no reduction in SHSe for children, as measured by objective indicators such as urinary or serum cotinine or a child-worn passive smoke monitor [17]. A significant majority of parents return to smoking or do not maintain consistently smoke-free homes. As such, the current methods of reducing caregiver smoking behavior cannot be relied upon as the sole means of reducing children's SHSe. The use of e-cigarettes by caregivers who smoke and who are unable or unwilling to quit smoking by more traditional means may be a viable alternative method to reduce children's SHSe.

We contend that the initial evidence suggests that e-cigarettes offer more promise than peril, but more research needs to be conducted. The debate over e-cigarettes will no doubt continue. It is our hope that those participating in this debate report all sides of the issue, considering both the potential harm e-cigarettes could cause the user and the potential harm the tobacco control community could cause by dismissing the e-cigarette prematurely as a viable alternative for smoking cessation and second-hand smoke reduction. We also encourage e-cigarette investigators to draw conclusions within the appropriate context to prevent misleading conclusions. For example, the FDA held a press conference during which it warned consumers not to use e-cigarettes because of the presence of toxic chemicals, including diethylene glycol and carcinogens (tobacco-specific nitrosamines) [18]. What the FDA did not report was that it detected only trace levels of carcinogens (0.07–0.2% of the corresponding levels in cigarettes) [19,20] at levels similar to the nicotine patch and nicotine gum, and found diethylene glycol in only one of the 18 samples tested (a chemical that has not been found in any other brand since) [20]. Viewed in this context, instead of warning consumers not to use e-cigarettes we would argue that these data suggest that e-cigarettes may pose much lower carcinogenicity than regular cigarettes and are probably similar in carcinogenicity to FDA-approved nicotine replacement products. However, we recognize that stronger quality control standards need to be utilized by e-cigarette manufacturers to prevent human exposure to toxic chemicals, such as diethylene glycol. Indeed, some e-cigarette manufacturers are attending to safety concerns by making their products safer, such as using distilled water and glycerine instead of propylene glycol vapor. Overall, we hope that continued discussion about the promise and perils of e-cigarettes is based on a balanced view of the available science, rather than an ideology that opposes harm reduction without consideration of both sides of the issue, including potential public health benefits.

Declarations of interest

None.

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Particulate metals and organic compounds from electronic and tobacco-containing cigarettes: comparison of emission rates and secondhand exposure

[Arian Saffari](#),^a [Nancy Daher](#),^a [Ario Ruprecht](#),^b [Cinzia De Marco](#),^c [Paolo Pozzi](#),^c [Roberto Boffi](#),^c [Samera H. Hamad](#),^d [Martin M. Shafer](#),^d [James J. Schauer](#),^d [Dane Westerdahl](#)^e and [Constantinos Sioutas](#)*^a

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In recent years, electronic cigarettes have gained increasing popularity as alternatives to normal (tobacco-containing) cigarettes. In the present study, particles generated by e-cigarettes and normal cigarettes have been analyzed and the degree of exposure to different chemical agents and their emission rates were quantified. Despite the 10-fold decrease in the total exposure to particulate elements in e-cigarettes compared to normal cigarettes, specific metals (e.g. Ni and Ag) still displayed a higher emission rate from e-cigarettes. Further analysis indicated that the contribution of e-liquid to the emission of these metals is rather minimal,

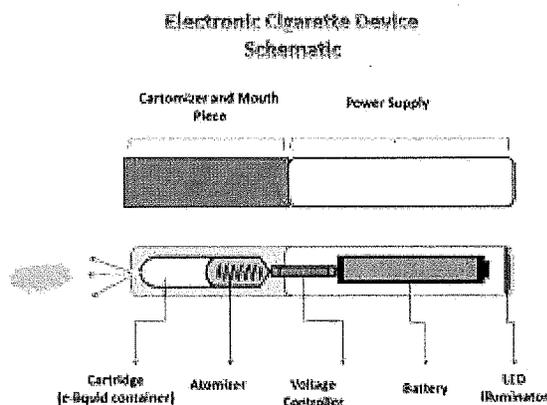


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implying that they likely originate from other components of the e-cigarette device or other indoor sources. Organic species had lower emission rates during e-cigarette consumption compared to normal cigarettes. Of particular note was the non-detectable emission of polycyclic aromatic hydrocarbons (PAHs) from e-cigarettes, while substantial emission of these species was observed from normal cigarettes. Overall, with the exception of Ni, Zn, and Ag, the consumption of e-cigarettes resulted in a remarkable decrease in secondhand exposure to all metals and organic compounds. Implementing quality control protocols on the manufacture of e-cigarettes would further minimize the emission of metals from these devices and improve their safety and associated health effects.

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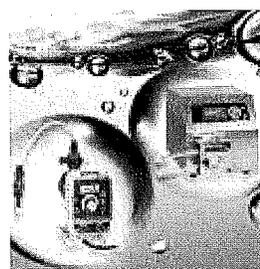
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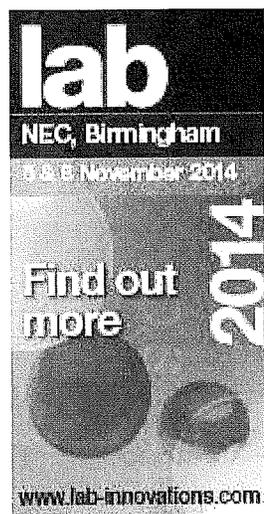
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Cytotoxicity evaluation of electronic cigarette vapor extract on cultured mammalian fibroblasts (ClearStream-LIFE): comparison with tobacco cigarette smoke extract

May 2013, Vol. 25, No. 6, Pages 354-361 (doi:10.3109/08958378.2013.793439)

Giorgio Romagna, Elena Alliffranchini, Elena Bocchietto, Stefano Todeschi, Mara Esposito, and Konstantinos E. Farsalinos

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²Department of Cardiology, Onassis Cardiac Surgery Center, Kallithea, Greece

Address for correspondence: Konstantinos E. Farsalinos, Onassis Cardiac Surgery Center, Sygrou 356, Kallithea 17674, Greece. Tel: +306977454837. Fax: +302109493373. E-mail: kfarsalinos@gmail.com

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Abstract

Context: Electronic cigarettes (ECs) are used as alternatives to smoking; however, data on their cytotoxic potential are scarce.

Objective: To evaluate the cytotoxic potential of 21 EC liquids compared to the effects of cigarette smoke (CS).

Methods: Cytotoxicity was evaluated according to UNI EN ISO 10993-5 standard. By activating an EC device, 200 mg of liquid was evaporated and was extracted in 20 ml of culture medium. CS extract from one cigarette was also produced. The extracts, undiluted (100%) and in five dilutions (50%, 25%, 12.5%, 6.25% and 3.125%), were applied to cultured murine fibroblasts (3T3), and viability was measured after 24-hour incubation by 3-[4,5-dimethylthiazol-2-yl]-2,5-diphenyltetrazolium bromide assay. Viability of less than 70% was considered cytotoxic.

Results: CS extract showed cytotoxic effects at extract concentrations above 12.5% (viability: 89.1 ± 3.5% at 3.125%, 77.8 ± 1.8% at 6.25%, 72.8 ± 9.7% at 12.5%, 5.9 ± 0.9% at 25%, 9.4 ± 5.3% at 50% and 5.7 ± 0.7% at 100% extract concentration). Range of fibroblast viability for EC vapor extracts was 88.5–117.8% at 3.125%, 86.4–115.3% at 6.25%, 85.8–111.7% at 12.5%, 78.1–106.2% at 25%, 79.0–103.7% at 50% and 51.0–102.2% at 100% extract concentration. One vapor extract was cytotoxic at 100% extract concentration only (viability: 51.0 ± 2.6%). However, even for that liquid, viability was 795% higher relative to CS extract.

Conclusions: This study indicates that EC vapor is significantly less cytotoxic compared tobacco CS. These results should be validated by clinical studies.

Keywords

Cytotoxicity, electronic cigarette, fibroblasts, in vitro, nicotine, smoking, tobacco harm reduction

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From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Letter Opposing the Vape Shop @ 1963 Ocean Avenue

From: Maurice [<mailto:jumpstreet1983@gmail.com>]
Sent: Tuesday, January 13, 2015 12:06 PM
To: Avalos, John (BOS)
Subject: Letter Opposing the Vape Shop @ 1963 Ocean Avenue

This is a letter voicing my opinion to OPPOSE the hookah lounge that has received approval from the Planning Department, slated to open @ 1963 Ocean Avenue.

This business would not add anything of substance to the Ingleside neighborhood, where my family and I have lived since the 1960's. It could very well attract a criminal or seedy element that we don't need. There are already two cannabis clubs on Ocean Avenue, so what purpose and need does this business serve that hasn't already been met? Empty storefronts are not good for the Ocean Avenue corridor, but neither is this business.

Please take this into consideration and vote NO on allowing this business to be another blight in a rapidly-changing neighborhood.

--
Maurice Rivers, Owner
The Umbrella Tree
(415)729-3658
www.facebook.com/TheUmbrellaTreeSF
www.TheUmbrellaTreeSF.com

From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

-----Original Message-----

From: Julio Gomez [<mailto:eragom@att.net>]
Sent: Monday, January 12, 2015 5:01 PM
To: Mar, Eric (BOS); Farrell, Mark (BOS); Christensen, Julie (BOS); Katy.Tan@sfgov.org;
Breed, London (BOS); Kim, Jane (BOS); Yee, Norman (BOS); Wiener, Scott; Campos, David (BOS);
Cohen, Malia (BOS); Avalos, John (BOS); Board of Supervisors (BOS)
Subject: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

Dear Board of Supervisors of San Francisco,

My name is Julio Gomez and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Thank you,
Julio Gomez
300 Saint Charles ave
SF Ca, 94132
408.221.6223

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

From: jmge3@comcast.net [mailto:jmge3@comcast.net]
Sent: Tuesday, January 13, 2015 2:33 AM
To: Board of Supervisors (BOS)
Subject: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

Dear Board of Supervisors of San Francisco,

My name is Jonathan Gee and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Thank you,

Jonathan Gee
1778 20th Avenue
San Francisco, CA 94122
(925) 735-5535

From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

From: Justin Ho [<mailto:justinh90@gmail.com>]
Sent: Monday, January 12, 2015 4:03 PM
To: Mar, Eric (BOS); Farrell, Mark (BOS); Christensen, Julie (BOS); Tang, Katy (BOS); Breed, London (BOS); Kim, Jane (BOS); Yee, Norman (BOS); Wiener, Scott; Campos, David (BOS); Cohen, Malia (BOS); Avalos, John (BOS); Board of Supervisors (BOS)
Subject: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

Dear Board of Supervisors of San Francisco,

My name is Justin Ho and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Thank you,

Justin Ho

531 Miramar
SF, CA
94112

415-866-3191

--

Justin Ho
Operations Manager

justinh90@gmail.com
(415)-748-2032

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From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Please approve 1963 Ocean Avenue

From: ZhouKevin [<mailto:kingk410@hotmail.com>]
Sent: Tuesday, January 13, 2015 1:22 PM
To: Board of Supervisors (BOS)
Subject: Please approve 1963 Ocean Avenue

Dear Board of Supervisors of San Francisco,

My name is Kevin and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Thank you,
Kevin Zhou
639 Madrid St.
San Francisco, CA 94112
(415)948-7139

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: 1963 ocean ave

From: Tu Nguyen [<mailto:ntuhanoius@yahoo.com>]
Sent: Monday, January 12, 2015 2:37 PM
To: Board of Supervisors (BOS)
Subject: 1963 ocean ave

Dear Board of Supervisors of San Francisco,

My name is Tu Nguyen and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Thank you,

Tu nguyen

200 Faxon ave sf, ca 94112

415 5858120

Go

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: support letters 1963 ocean ave
Attachments: mathew cheung.doc; mathew ning.doc; mathis green.doc; matt perez.doc; may kwan.doc; melinda tamm.doc; Michael Chang.doc; michael ikeda.doc; michael lucas.doc; michael maxeiner.doc; michelle wei.doc; miles santos.doc; miranda zamora.doc; miriam lee.doc; morgan tang.doc; narina burns.doc; nicholas to.doc; olivia shang.doc; pamela carrillo.doc; park hyo hyun.doc; patrick hale.doc; paul ito.doc; peter wang.doc; phoebe yee.doc; polly yam.doc; ran cheung.doc; randy patag.doc; rasheed washington.doc; richard kim.doc; richard yang.doc; rita chang.doc; ro tian chang.doc; roger park.doc; ronald xiang.doc; ruth hsu.doc; sammy bartowski.doc; samson do.doc; san guo qi.doc; sandra parker.doc; sandy ruo.doc; loraine lee.doc; lorry emitt.doc; man cai tang.doc; mandy moore.doc; marco law.doc; mark fong.doc; martha ching.doc; martin zhang.doc; mary beckman.doc; mason mago.doc

From: hin heng yip [<mailto:hinhyip@yahoo.com>]
Sent: Tuesday, January 13, 2015 1:18 PM
To: Carroll, John (BOS); Board of Supervisors (BOS)
Subject: support letters 1963 ocean ave

Dear Supervisors,

I am Mathew Cheung and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Matthew Ning and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Dear Supervisors

My name is Mathis Green and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

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Dear Supervisors

My name is Matt Perez and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

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Dear Supervisors

My name is May Kwan and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

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Dear Supervisors

My name is Melinda Tamm and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

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Dear Supervisors,

I am Michael Chang and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors,

I am Michael Ikeda and I go to Cal State Sf. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Michael Lucas and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Michael Maxeiner and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Dear Supervisors

My name is Michelle Wei and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

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Dear Supervisors

My name is Miles Santos and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Miranda Zamora and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Miriam Lee and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Miriam Lee and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Morgan Tang and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Narina Burns and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Nicholas To and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Olivia Shang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Pamela Carrillo and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Park Hyo Hyun and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Patrick Hale and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Paul Ito and I go to Cal State Sf. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Peter Wang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Phoebe Yee and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Polly Yam and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Ran Cheung and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Randy Patag and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Rasheed Washington and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors,

I am Richard Kim and I go to Cal State Sf. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Richard Yang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Rita Chang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Ro Tian Chang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Roger Park and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors,

I am Ronald Xiang and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Ruth Hsu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Sammy Bartowski and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Samson Do and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is San Guo Qi and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Sandra Parker and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Sandy Ruo and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Loraine Lee and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Lorry Emmitt and I go to Cal State Sf. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Man Cai Tang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Mandy Moore and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Marco Law and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Mark Fong and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Martha Ching and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Martin Zhang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Mary Beckman and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Mason Mago and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: support letters for 1963 ocean ave
Attachments: sophia fatu.doc; stanley yang.doc; stephanie zhou.doc; steven brooks.doc; suki takehashi.doc; sunny wu.doc; suzie kang.doc; taka endo.doc; takeshi miyamoto.doc; tammy sun.doc; terrence ferraro.doc; terry aquino.doc; theodore evans.doc; tiffany brown.doc; timothy thorton.doc; tony green.doc; tony shiu.doc; trevor lee.doc; tristan sterling.doc; valentino reyes.doc; velda lam.doc; vicki xiong.doc; Victor guo.doc; vincent tran.doc; violet larsen.doc; vivian ngo.doc; wallace tang.doc; wanda ma.doc; wendy singh.doc; wesley ren.doc; will sheng.doc; yang kwok.doc; ye li yan.doc; ye yen heng.doc; yee chung tsang.doc; yifei song.doc; yip gai foon.doc; yvette chow.doc; yvonne yip.doc; zachary kutcher.doc; zachary tsoi.doc; sarah helly.doc; sarah tyler.doc; scott akaishi.doc; scott schwartz.doc; sean kashani.doc; serena evans.doc; sherry binkowski.doc; Sheryl Turner.doc; shirley kwok.doc

From: hin heng yip [<mailto:hinhyip@yahoo.com>]
Sent: Tuesday, January 13, 2015 1:20 PM
To: Carroll, John (BOS); Board of Supervisors (BOS)
Subject: support letters for 1963 ocean ave

Dear Supervisors

My name is Sophia Fatu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Dear Supervisors,

I am Stanley Yang and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Stephanie Zhou and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Steven Brooks and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Suki Takehashi and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Sunny Wu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Suzie Kang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Taka Endo and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors,

I am Takeshi Miyamoto and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Tammy Sun and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Terrence Ferraro and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

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Dear Supervisors,

I am Terry Aquino and I go to Cal State Sf. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors,

I am Theodore Evans and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

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Dear Supervisors,

I am Tiffany Brown and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Timothy Thornton and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Tony Green and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Tony Shiu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Trevor Lee and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Tristan Sterling and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Valentino Reyes and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Velda Lam and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Vicki Xiong and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Victor Guo and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Vincent Tran and I go to Cal State Sf. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Violet Larson and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Vivian Ngo and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Wallace Tang and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Wanda Ma and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Wendy Singh and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Wesley Ren and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Will Sheng and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Yang Kwok and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Ye Li Yan and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Ye Yen Heng and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Yifei Song and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Yip Gai Foon and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Yvette Chow and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Yvette Chow and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

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Dear Supervisors

My name is Yvonne Yip and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Zachary Kutcher and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Zachary Tsoi and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Sarah Heely and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Sarah Tyler and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Scott Akaishi and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Scott Schwartz and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Sean Kashani and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Serena Evans and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Sherry Binkowski and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

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Dear Supervisors,

I am Sheryl Turner and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Shirley Kwok and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy
Subject: File 141291 FW: support letters for 1963 ocean ave
Attachments: edward summers.doc; edwin lau.doc; eileen yeung.doc; elaine zhang.doc; ellie luo.doc; Eric kusanagi.doc; erica mok.doc; ernesto hernandez.doc; eugene walker.doc; eunice kim.doc; fang yi rong.doc; flora robbins.doc; francis liu.doc; frank ngoun.doc; fredrick chong.doc; gary leutario.doc; genesis manual.doc; gino shiu.doc; gordon uchida.doc; guo ching.doc; hank mcgreggor.doc; henry lok.doc; huang luo yi.doc; hubert lin.doc; hyori fujiwara.doc; ian chiu.doc; ivan adolfo.doc; ivy yip.doc; jack dayag.doc; jacky lee.doc; jacqueline tsang.doc; jaime suen.doc; jake ho.doc; jane manual.doc; jane sanders.doc; janet yu.doc; janice yip.doc; jean williams.doc; daryl lauder.doc; daryl mendez.doc; dena.doc; derek xie.doc; derrick kwok.doc; derrick mcnamara.doc; devon sawyer.doc; donna nguyen.doc; doris hang.doc; drew vaovasa.doc; duncan chong.doc; edric sullivan.doc

From: hin heng yip [<mailto:hinhyip@yahoo.com>]
Sent: Tuesday, January 13, 2015 1:12 PM
To: Carroll, John (BOS); Board of Supervisors (BOS)
Subject: support letters for 1963 ocean ave

Dear Supervisors,

I am Edward Summers and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Edwin Lau and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Eileen Yeung and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Elaine Zhang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Ellie Luo and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Eric Kusanagi and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Erica Mok and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Ernesto Hernandez and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Eugene Walker and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Eunice Kim and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Fang Yi Rong and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Flora Robbins and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Francis Liu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Frank Ngoun and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Fredrick Chong and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors,

I am Gary Leutario and I go to Cal State Sf. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Gennesis Manual and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Gino Shiu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Gordan Uchida and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Guo Ching and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Hank Mcgreggor and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Henry Lok and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Huang Luo Yi and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Hubert Lin and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Hyori Fujiwara and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors,

I am Ian Chiu and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Ivan Adolfo and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

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Dear Supervisors

My name is Ivy Yip and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jack Dayag and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jacky Lee and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jacqueline Tsang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jaime Suen and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jake Ho and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Jane Manual and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Jane Sanders and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Janet Yu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Janice Yip and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jean Williams and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Daryl Lauder and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Daryl Mendez and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

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Dear Supervisors,

I am Dena and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Derek Xie and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Derrick Kwok and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Derrick McNamara and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Devon Sawyer and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Donna Nguyen and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Doris Hang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Drew Vaovasa and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Duncan Chong and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Edric Sullivan and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: support letters for 1963 ocean ave,
Attachments: bobby hernandez.doc; bobby stein.doc; brooke jennings.doc; calvin wong.doc; carmen ly.doc; casey minh.doc; casey takamura.doc; chacy liao.doc; charleen xu.doc; charles.doc; charlotte green.doc; chen guo.doc; cherice manual.doc; cheryl steiner.doc; chester louis.doc; christian chu.doc; christopher chiu.doc; christopher henderson.doc; chuck laughlin.doc; cindy lew.doc; colin endo.doc; colin lee.doc; collin jones.doc; cory anderson.doc; craig morgan.doc; daniel chan.doc; Aaron Brown.doc; adin polena.doc; aimee mirabueno.doc; alfredo chin.doc; alice lopez.doc; allen kuang.doc; andy marsh.doc; andy murphy.doc; angela ma.doc; angie wong.doc; annabelle cheng.doc; anneliese gillenwater.doc; annie hsu.doc; anson meng.doc; archer mak.doc; ariel williams.doc; arvin mok.doc; baron hong.doc; barry lu.doc; bart kim.doc; becky hong.doc; belinda lei.doc; benny cao.doc; beverly lopatriello.doc

From: hin heng yip [<mailto:hinhyip@yahoo.com>]
Sent: Tuesday, January 13, 2015 1:02 PM
To: Board of Supervisors (BOS); Carroll, John (BOS)
Subject: support letters for 1963 ocean ave,

Dear Supervisors

My name is Bobby Hernandez and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Casey Takamura and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Cherice Manual and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors,

I am Bobby Stein and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Chacy Liao and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Cheryl Steiner and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Brooke Jennings and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Charleen Xu and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Chester Louis and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Calvin Wong and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Charles and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Christian Chu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Carmen Ly and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Dear Supervisors

My name is Charlotte Green and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Christopher Chiu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Casey Minh and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Chen Guo and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Christopher Henderson and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy
Subject: file 141291 FW: support letters for 1963 ocean ave
Attachments: jennifer.doc; jeremiah steiner.doc; jeremy franklin.doc; jerald mitchells.doc; jerry yoshida.doc; jesse bischoff.doc; jesse chen.doc; jill haggard.doc; joanne milano.doc; joel tolosa.doc; joey young.doc; jofel fatu.doc; jonathan meng.doc; jorge mencia.doc; jose martinez.doc; josh mendoza.doc; jun k li.doc; justin chan.doc; kaitlyn santana.doc; kang guo chen.doc; kang hyun.doc; karina yun.doc; katerina ho.doc; katie mao.doc; keisuke ito.doc; keith xue.doc; kelvin liao.doc; ken bonk.doc; ken du.doc; kenji nakadashi.doc; kenneth lai.doc; kevin bernstein.doc; kevin lin.doc; kevin lo.doc; kimmie yip.doc; kyle hu.doc; kyoko nakamichi.doc; larry carroll.doc; laurice morenizo.doc; lawrence james.doc; leah anderson.doc; lenney valle.doc; lewis dukeshire.doc; li jiao wen.doc; li zhu song.doc; lily ng.doc; lisa hayashi.doc; Lisa Santiago.doc; liu tian fang.doc; jeffrey so.doc

From: hin heng yip [<mailto:hinhyip@yahoo.com>]
Sent: Tuesday, January 13, 2015 1:15 PM
To: Carroll, John (BOS); Board of Supervisors (BOS)
Subject: support letters for 1963 ocean ave

Dear Supervisors

My name is Jennifer and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Jill Harggard and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Jose Martinez and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jeremiah Steiner and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Joanne Milano and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Josh Mendoza and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Jeremy Franklin and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Joel Tolosa and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jun K. Li and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jerold Mitchells and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Joey Young and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Justin Chan and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jerry Yoshida and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jofel Fatu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Kaitlyn Santana and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Jesse Bischoff and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Jonathan Meng and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

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Dear Supervisors

My name is Kang Guo Chen and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Jesse Chen and I go to Cal State Sf. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Jorge Mencia and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Kang Hyun and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Karina Yun and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Katerina Ho and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Katie Mao and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Keisuke Ito and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Keith Xue and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Kelvin Liao and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Ken Bonk and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Ken Du and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Kenji Nakadashi and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

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Dear Supervisors

My name is Kenneth Lai and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Kevin Bernstein and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

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Dear Supervisors

My name is Kevin Lin and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Kevin Lo and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Kimmie Yip and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Kyle Hu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Kyoko Nakamichi and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Larry Carroll and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Maurice Lorenzo and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

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Dear Supervisors

My name is Maurice Lorenzo and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Lawrence James and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Leah Anderson and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Lenney Valle and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Lewis Dukeshire and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Li Jiao Wen and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors,

I am Li Zhu Song and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Lily Ng and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Lisa Hayashi and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Lisa Santiago and I go to Cal State Sf. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Liu Tian Fang and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors,

I am Jeffery So and I go to Cal State SF. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141921 FW: support letters 1
Attachments: angela ma.doc; angie wong.doc; annabelle cheng.doc; anneliese gillenwater.doc; annie hsu.doc; anson meng.doc; archer mak.doc; ariel williams.doc; arvin mok.doc; baron hong.doc; barry lu.doc; bart kim.doc; becky hong.doc; belinda lei.doc; benny cao.doc; beverly lopatriello.doc; bobby hernandez.doc; bobby stein.doc; brooke jennings.doc; calvin wong.doc; carmen ly.doc; casey minh.doc; casey takamura.doc; chacy liao.doc; charleen xu.doc; charles.doc; charlotte green.doc; chen guo.doc; cherice manual.doc; cheryl steiner.doc; chester louis.doc; christian chu.doc; christopher chiu.doc; christopher henderson.doc; chuck laughlin.doc; cindy lew.doc; colin endo.doc; colin lee.doc; collin jones.doc; cory anderson.doc; craig morgan.doc; daniel chan.doc; Aaron Brown.doc; adin polena.doc; aimee mirabueno.doc; alfredo chin.doc; alice lopez.doc; allen kuang.doc; andy marsh.doc; andy murphy.doc

From: hin heng yip [<mailto:hinhyip@yahoo.com>]
Sent: Tuesday, January 13, 2015 12:57 PM
To: Board of Supervisors (BOS); Carroll, John (BOS)
Subject: support letters 1

Dear Supervisors

My name is Angela Ma and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Archer Mak and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Becky Hong and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Angie Wong and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Ariel Williams and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Belinda Lei and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Annabelle Cheng and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Arvin Mok and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Benny Cao and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Anneliese Gillenwater and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Baron Hong and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Beverly Lopatriello and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Annie Hsu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Barry Lu and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

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Dear Supervisors

My name is Bobby Hernandez and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Dear Supervisors

My name is Anson Meng and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Dear Supervisors

My name is Bart Kim and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Dear Supervisors,

I am Bobby Stein and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

From: Eric Stegner [mailto:estegner1124@gmail.com]
Sent: Monday, January 12, 2015 4:01 PM
To: Mar, Eric (BOS); Farrell, Mark (BOS); Christensen, Julie (BOS); Tang, Katy (BOS); Breed, London (BOS); Yee, Norman (BOS); Wiener, Scott; Campos, David (BOS); Cohen, Malia (BOS); Avalos, John (BOS); Board of Supervisors (BOS)
Subject: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

Dear Board of Supervisors of San Francisco,

My name is Eric Stegner and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Thank you,

Eric Stegner

310 Munich Street

San Francisco CA 94112

(415) 748-2045

From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: 1963 ocean Ave Happy Vape

From: Blake He [<mailto:blakehe@gmail.com>]

Sent: Thursday, January 15, 2015 1:27 AM

To: Farrell, Mark (BOS); Christensen, Julie (BOS); Tang, Katy (BOS); Breed, London (BOS); Kim, Jane (BOS); Yee, Norman (BOS); Wiener, Scott; Campos, David (BOS); Avalos, John (BOS); Board of Supervisors (BOS)

Subject: 1963 ocean Ave Happy Vape

Dear supervisors,

Thank you for you time on Jan 13th
Thank you for supporting small independent owned business.

Blake He

Sent from [Blue Mail](#)

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy
Subject: File 141291 FW: support letters for 1963 ocean ave
Attachments: zang park.doc; zhang wen jie.doc; zhao wen.doc

From: hin heng yip [<mailto:hinhyip@yahoo.com>]
Sent: Tuesday, January 13, 2015 1:20 PM
To: Carroll, John (BOS); Board of Supervisors (BOS)
Subject: support letters for 1963 ocean ave

Dear Supervisors,

I am Zang Park and I go to City College on Ocean Ave. I support the Happy Vape project and believe it's conducive and complimentary to the neighborhood. I believe that this area is missing this type of store and could use some new retail outlets to liven up the area. This type of establishment can promote more foot traffic and future retail interest in the currently very vacant Ocean Avenue. Fostering small businesses helps to promote entrepreneurship and can help bolster tax revenue for our financially struggling city and state. The area needs a good facelift and I think Happy Vape is going to bring a fresh and aesthetically appealing front.

Dear Supervisors

My name is Zhang Wen Jie and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Dear Supervisors

My name is Zhao Wen and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: 1963 ocean ave

From: Lam Ton [<mailto:tonlam76@yahoo.com>]
Sent: Monday, January 12, 2015 3:26 PM
To: Eric.L.Mar@sfgov.org.Mark; Farrell, Mark (BOS); Christensen, Julie (BOS); Tang, Katy (BOS); Breed, London (BOS); Kim, Jane (BOS); Yee, Norman (BOS); Wiener, Scott; Campos, David (BOS); Cohen, Malia (BOS); Avalos, John (BOS); Board of Supervisors (BOS)
Subject: 1963 ocean ave

Dear Board of Supervisors of San Francisco,

My name is Te A Ton and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Thank you,

Te Ton

1411 clement st , San Francisco

Ca 94118

415 5298076

Sent from Yahoo Mail for iPhone

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Carroll, John (BOS); Lamug, Joy
Subject: File 141291 FW: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

From: Brian Kwa [<mailto:kwa415@gmail.com>]
Sent: Monday, January 12, 2015 12:36 PM
Subject: Uphold the San Francisco Planning Commission's decision to grant Happy Vape at 1963 Ocean Avenue their Conditional Use Permit and deny the appeal

Dear Board of Supervisors of San Francisco,

My name is Brian Kwa and I am a resident of San Francisco. I want to express some thoughts with regards to the appeal scheduled on January 13th, 2015 for 1963 Ocean Ave's conditional use permit, I strongly urge the Board to uphold the Planning Department's decision to approve the permit, and deny the appeal.

I feel the project is in line with the goals of the board of supervisors, the project will fill a vacancy in a "dead block" with 8 vacancies, numerous examples of people quitting cigarette smoking with the help of these products, and definitely help with diversifying the business types around the Ocean Ave corridor.

On the planning commission's hearing on Nov. 6th, the commissioners voted with 5 votes in favor and 2 votes against, approving the conditional use permit for 1963 Ocean Ave. I believe it demonstrates the project has met the many criteria set in place by the city. Please again, I urge you to uphold the planning department's decision to approve the conditional use permit and deny the appeal.

Thanks for your time and consideration,

Brian Kwa

1662 25th ave

San Francisco, CA 94122

(415)810-1740

From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Support of Appeal!!!! - BOS Hearing on Planning Commission's decision on Nov 6, 2014 relating to approval of CU Case No. 2014.0206C

From: Paty [<mailto:HECHINGERS@comcast.net>]
Sent: Monday, January 12, 2015 6:55 PM
To: Breed, London (BOS); Campos, David (BOS); Christensen, Julie (BOS); Cohen, Malia (BOS); Farrell, Mark (BOS); Kim, Jane (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Wiener, Scott; Yee, Norman (BOS); Avalos, John (BOS)
Cc: BOS Legislation (BOS); Board of Supervisors (BOS); Karis, Robert
Subject: Support of Appeal!!!! - BOS Hearing on Planning Commission's decision on Nov 6, 2014 relating to approval of CU Case No. 2014.0206C

Dear Board of Supervisors

In accordance with Administrative Code, Section 67.7-1, persons who are unable to attend the hearing on these matters may submit written comments to the City prior to the time the hearing begins.

I received a Notice of Public Hearing from the Board of Supervisors as I am a neighbor within 300 feet from 1963 Ocean Ave.

I cannot attend the meeting as my mother is currently in Hospice. I support the appeal case no. 2014.0206C File No. 141291 and I object the Planning Commission's decision of 11/6/14. I attended the Planning Commission hearing that day and I spoke at the hearing.

I object to the following findings in the Final Motion of the Planning Commission on 11/6/14; Pages 2-7:

1. Section 7.A (p.4). The proposed new uses and building....will provide a development that is **necessary or desirable, and compatible** with, the neighborhood or community.

A vape shop/hookah Lounge is **not** necessary or desirable in Ocean Ave Corridor. The Planning Commission disregarded the voice of the neighborhood and surrounding neighborhood residents. Our opposition speeches brought attention to television news and SF Chronicle. I, along with a group of concerned residents, collected and introduced 120 plus opposition signatures and collected 30 plus signatures of residential property owners within 300 feet of the project in favor for the BOS appeal. Please note that these 120+ signatures submitted at the November 6th, 2014 Planning Commission hearing were **not accounted** for on the Final Motion No. 19271. The voices were ignored.

2. Section 7.B. (p.5) The proposed project will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity.

You have heard testimony of health concerns. Our city and Board of Supervisors have passed legislation that e-cigarettes follow the same laws of cigarettes that protect the workers and citizens of San Francisco.

E-cigarettes produce harmful fumes and addict people to nicotine. Marketing advertising is directed towards young people and new users. Hookah, Steam Stone, or otherwise, is unhealthy. The

burning charcoal (indoors) produces CARBON MONOXIDE! There is no mention of EXTRACTORS TO PURIFY THE AIR BEFORE SMOKE IS RELEASED TO THE AIR! There was mentioning of odor elimination but not proper smoke elimination from the charcoal hookah heating.

3. 7 E.(p.6) The concentration of such establishments in the particular zoning district for which they are proposed does not appear to adversely impact the health, safety, and welfare of residents of nearby areas

There are residents living 50 feet from the location. There are two families with small children living on Victoria St. within 50-75 feet. And the protection of their workers??

The 1900 block of Ocean Ave has an MCD, two tattoo parlors and three massage parlors, It does not need another "**alternative**" business that does not serve the neighbors!
The concentration of tobacco paraphernalia establishments is already high in this neighborhood.

4. (p.10). /the Commission hereby finds that the approval of the Conditional Use authorization would promote the health, safety, and welfare of the City.

How can the Planning Commission conclude that this establishment would support the **health and welfare of the community???**

Please support the appeal of the Planning Commission approval. **Do not impose this negative business on Ocean Avenue.**

Patricia Hechinger
65 Urbano Dr

From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Regarding Special hearing tomorrow at 3PM

From: Blake He [mailto:blakehe@gmail.com]
Sent: Monday, January 12, 2015 5:04 PM
To: Mar, Eric (BOS); Farrell, Mark (BOS); Christensen, Julie (BOS); Tang, Katy (BOS); Breed, London (BOS); Kim, Jane (BOS); Yee, Norman (BOS); Wiener, Scott; Campos, David (BOS); Cohen, Malia (BOS); Avalos, John (BOS); Board of Supervisors (BOS)
Subject: Regarding Special hearing tomorrow at 3PM

Dear supervisors,

Attached is an article from the Examiner today regarding our project at 1963 Ocean Ave. We will be coming before you tomorrow at 3PM. Please let me know if you have any questions.

<http://www.sfexaminer.com/sanfrancisco/ocean-avenue-e-cigarette-shop-battle-comes-to-a-head/Content?oid=2916484>

Thank you!

Blake He

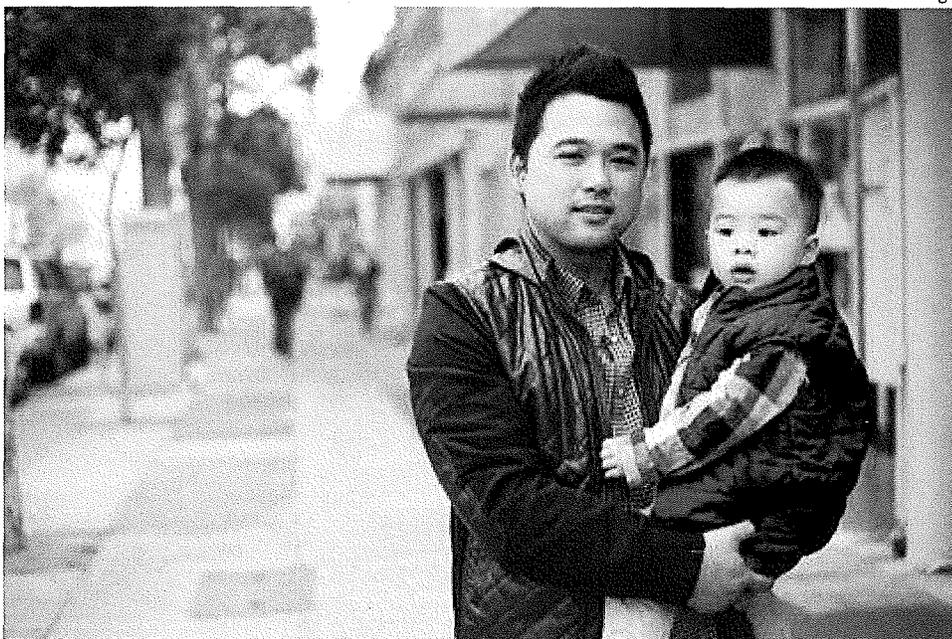


News » Government & Politics

January 12, 2015

Ocean Avenue e-cigarette shop battle comes to a head

By Joshua Sabatini



[click to enlarge](#)

RELATED STORIES

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By Joshua Sabatini

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By Joshua Sabatini

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Avalos seeks review of 2005 San Francisco medical marijuana controls

By Joshua Sabatini

MIKE KOOZMIN/2014 S.F. EXAMINER FILE PHOTO

Blake He, left, is hoping to open his Happy Vape shop to provide for his son, Jayce.

As electronic-cigarette shops look to expand their presence in San Francisco, a decision Tuesday on the operation of an Ocean Avenue shop that has attracted some resident opposition could signal whether other vaping shops will be welcomed in The City.

Blake He, 27, who dreams of opening Happy Vape at 1963 Ocean Ave., was granted a conditional-use permit to open the e-cigarette business by the Planning Commission in November. He says vaping helped him kick a cigarette addiction and the store represents a chance to provide for his newborn and wife while selling products that he says are in

demand in the area and part of a billion-dollar industry.

But his plans for the former aquarium-store site have been put on hold after nearby resident Robert Karis filed an appeal to overturn the commission decision. The Board of Supervisors is scheduled to vote on the appeal Tuesday. Some vape shops are currently operating in San Francisco legally because they opened before the board passed a law last year extending existing rules on tobacco sales to e-cigarettes. This is the first board vote under the new law.

"It is undesirable to have a business whose goal is to attempt to increase usage of these products and which will expose our children and students in our area to them," Karis wrote in his appeal. "The use of e-cigarettes for smoking cessation is unapproved and they are not recommended by existing clinics for this purpose." Karis added: "The 1900 block of Ocean Avenue needs many other businesses that will better serve the neighbors."

The new business would have ground-floor e-cigarette sales and a 21-person basement steam stone hookah lounge. No one under 18 would be permitted inside and the shop would close at 10 p.m.

"I want to provide an alternative," He said of his store plans. "E-cigarettes is a vehicle to ground zero for no cigarettes for me. It's worked for me. It's worked for many others."

In an effort to satisfy opponents, he eliminated an outdoor seating area. But he still faces some opposition.

"I don't think there is anything I can say or compromise to change his mind," He said of Karis.

He noted that with six other empty storefronts on the block, there is plenty of space for other businesses to move in.

The Food and Drug Administration has yet to regulate e-cigarettes and their health risks remain unknown. It's also unclear if the products lead to people start using traditional tobacco products. E-cigarettes are battery-operated devices that deliver nicotine, flavor and other chemicals by turning them into an aerosol that is inhaled.

The nearest vape store of its kind to Happy Vape is 1.5 miles away outside of District 7, which is represented by Supervisor Norman Yee, He said.

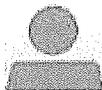
The Tuesday vote comes after the board adopted a cap of 45 tobacco-sales permits in each of the supervisorial districts. There are currently less than 45 tobacco outlets in District 7.

As the debate continues, He continues to pay rent for an empty space, about \$4,000 a month

for more than a year now.

[More Government & Politics »](#)

Tags: Government & Politics, electronic cigarettes, Happy Vape, vaporizers, hookah lounge, Blake He, Ocean Avenue, Board of Supervisors



JOSHUA SABATINI

jsabatini@sfoxaminer.com

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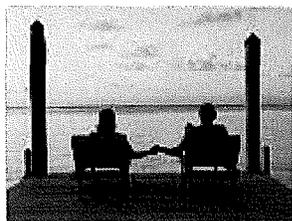
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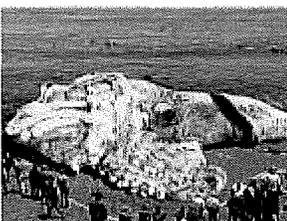
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From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

From: Rebecca Bucher [<mailto:rebestow@pacbell.net>]
Sent: Monday, January 12, 2015 7:23 PM
To: BOS Legislation (BOS); Board of Supervisors (BOS); Yee, Norman (BOS); Avalos, John (BOS); Breed, London (BOS); Campos, David (BOS); Chiu, David (BOS); Cohen, Malia (BOS); Farrell, Mark (BOS); Kim, Jane (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Wiener, Scott
Subject: Please appeal the Vape Shop opening on Ocean Ave--Case No. 2014.0206C

Hello,

I am writing to urge to to support the appeal to the opening of Happy Vape, an e-cigarette store on 1963 Ocean Ave., @ Victoria. This is very close to Aptos Middle School and Commodore Sloat School, where my children, Max and Cole attend. In addition, I believe there are already two or three marijuana dispensaries in the neighborhood.

Please do your best to make Ocean Ave more child-friendly, as hundreds of children walk down Ocean Ave. every day. This would be a very unwelcome addition.

Thank you,

Rebecca Bucher
67 Riverton Dr.
San Francisco

From: Board of Supervisors (BOS)
To: BOS-Supervisors; Lamug, Joy; Carroll, John (BOS)
Subject: File 141291 FW: Document - Jan 12, 2015
Attachments: Doc - Jan 12, 2015, 4-11 PM - p1.jpg; Doc - Jan 12, 2015, 4-11 PM - p2.jpg; Doc - Jan 12, 2015, 4-11 PM - p3.jpg; Doc - Jan 12, 2015, 4-11 PM - p4.jpg; Doc - Jan 12, 2015, 4-11 PM - p5.jpg; Doc - Jan 12, 2015, 4-11 PM - p6.jpg

From: Hannah Hamre [<mailto:vopacademy@yahoo.com>]
Sent: Monday, January 12, 2015 4:21 PM
Subject: Fw: Document - Jan 12, 2015

Dear Supervisors,

I am the Assistant Principal at the Voice of Pentecost Academy. I have attached letters from many of our Teachers and our Principal opposing the vape shop proposed to open on Ocean Ave. We will also be sending a teacher as a representative on Jan. 13, 2014 at 3 p.m. to City Hall to oppose the vape shop from opening at 1963 Ocean Ave.

Thank you,

Hannah Moran

On Monday, January 12, 2015 4:14 PM, Hannah Moran <mrs.hannahmoran@gmail.com> wrote:

Scanned with TurboScan.



VOICE OF PENTECOST ACADEMY

To whom it may concern:

I am a teacher at the Voice of Pentecost Academy.

Ocean Avenue has started its improvement. The vape store, selling e-cigarettes and having a hookah lounge in the basement, will not help the improvement. Help Ocean Avenue continue the improvement that is occurring with the new additions of Whole Foods, Chase Bank, Ace hardware, the Fog Lifter Café, and other positive, useful businesses that serve the neighborhood.

The families of our school will appreciate this.

Thanks,

Lupe Alvarado
Teacher
Voice of Pentecost Academy

Lupe Alvarado



VOICE OF PENTECOST ACADEMY

To whom it may concern:

I am the Principal of the Voice of Pentecost Academy. We have been an established school in San Francisco since 1971.

Ocean Avenue already has marijuana stores. Please do not approve the opening of yet another storefront that challenges our ability to remain healthy and keep the many young people attending the 14 educational institutions in the vicinity safe from negative temptations.

The Voice of Pentecost Academy runs completely on tuition and donations. If parents choose to stop sending their children here based on the surrounding environment, it may jeopardize our Academy.

Thank you,
Sherwood Jansen, Esq.
Principal
Voice of Pentecost Academy

Sherwood Jansen Esq



VOICE OF PENTECOST ACADEMY

To whom it may concern:

I am a teacher at the Voice of Pentecost Academy. The vape shop claims that it will offer a healthy alternative to cigarettes. Electronic cigarettes may be "safer" than tobacco cigarettes but I don't believe they are harmless. E-cigarettes, with their candy-life flavorings, appeal to youth, who then may become addicted to this new source of nicotine.

Electronic cigarettes are only a few years old. They are not proven to be safe. The nicotine contained in most of these devices seems to be a way for the big tobacco companies to reverse the declining sales of their tobacco cigarettes.

The students and their parents will thank you if you stop the vape shop.

Thank you,

Sara LaCroix-Alvarado

A large, stylized handwritten signature in black ink, appearing to be "Sara LaCroix-Alvarado".



VOICE OF PENTECOST ACADEMY

To whom it may concern:

I am a teacher at the Voice of Pentecost Academy and I also live in the neighborhood. I am opposed to this business at 1963 Ocean Avenue. It will not provide needed products or services for people living in this area. Ocean Ave. needs businesses and services that provide practical things the neighbors can access by walking or public transit.

Businesses we need may include: general merchandise, clothing stores (everyday needs), new and used book stores, used merchandise, full service restaurants, gift stores, lawn and garden supplies, shoes, a greater diversity of restaurants (current ones are mostly Chinese/Asian), music equipment, footwear, cosmetics, handicrafts and more.

The parents and students would also like to see these types of businesses in the area.

Lyris LaCroix
1st 2nd 3rd grade teacher
Voice of Pentecost Academy

Lyris LaCroix



VOICE OF PENTECOST ACADEMY

To whom it may concern:

I am a teacher at the Voice of Pentecost Academy and a parent of students wgho attend here. The Voice of Pentecost Academy is located at 1970 Ocean Ave. This puts it right across the street from this proposed business location. E-cigarettes contain nicotine and nicotine is addictive. They are flavored and seem to be marketed to appeal to young people. I don't want my students or my children exposed to this influence.

Thank you,

Alexis Orth
V.O.P.A. Spanish Teacher

A handwritten signature in cursive script, appearing to read "A. Orth".



VOICE OF PENTECOST ACADEMY

To whom it may concern:

I am a teacher at the Voice of Pentecost Academy.

We often times already smell marijuana during our recess times due to the close marijuana shop. Please do not approve the opening of yet another storefront that challenges our ability to remain healthy and keep the many young people attending our school safe from negative temptations.

Smoking tobacco cigarettes has declined. We do not need a business that encourages addiction to new forms of nicotine that found in most of the e-cigarettes and e-liquids that this vape store plans to sell. Parents do not desire the vaporizers and other tobacco paraphernalia that will be offered by this business.

Thank you,

Yvonne Cook
4th 5th and 6th grade teacher
Voice of Pentecost Academy

(BOS)

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: Recommendation for Vacant Seat
Attachments: Breed for President Letter 1.2.pdf

From: OFJ Officers For Justice [<mailto:ofj2009@hotmail.com>]
Sent: Wednesday, January 07, 2015 5:11 PM
To: Cerda, Juan (BOS); Breed, London (BOS); Board of Supervisors (BOS)
Subject: Recommendation for Vacant Seat

Greetings,

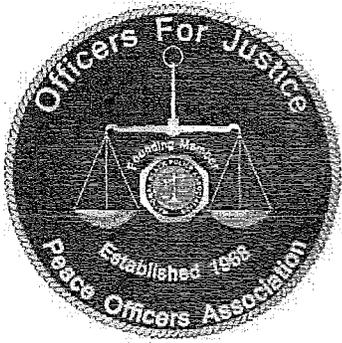
Please accept the attached letter in support of Supervisor London Breed for the vacant position as President of the Board of Supervisors of San Francisco.

Thank you,

Yulanda D. A. Williams
President,
Officers For Justice

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender, Officers For Justice, by reply e-mail and delete all copies of the original message.

2



OFFICERS FOR JUSTICE

PEACE OFFICERS' ASSOCIATION

5126 Third Street, San Francisco, CA 94124
P.O. BOX 24068, San Francisco, CA 94124
TELEPHONE: (415) 822-2225 * FAX: (415) 822-2357

January 8, 2013

City Hall
Attn: Ms. Angela Calvillo, Clerk of the Board
#1 Dr. Charlton Goodlett Place
San Francisco, CA

Ms. Calvillo,

This letter is directed to your attention on behalf of the Officers For Justice Peace Officers Association. We would like to officially go on record showing our full support for Supervisor London Breed to become the next President of the Board of Supervisors of San Francisco.

In the wake of all the issues surrounding race relations it would be appropriate for San Francisco to once again be the trend setter by appointing the first black female as the president of the board of supervisors. Supervisor Breed has been a pioneer and advocate for justice and equality for all citizens of San Francisco. We are honored to recommend her for this position and completely support her efforts. Unfortunately, we are unable to personally be there to speak on her behalf however; we would appreciate this letter of support being read in our absence.

Respectfully,



Yulanda D. A. Williams, President
Valerie Matthews, Vice President
Officers For Justice Peace Officers Association

YW/hs

cc: Supervisor London Breed

"Unless you stand for something, you will fall for anything"
Life member NAACP

AC 1/8/15
12:01

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

HR-BOS-11, COB,
Deputies, Dep CA,
TA Clerk, B+L Analyst,
AO File, C Page

January 8, 2015

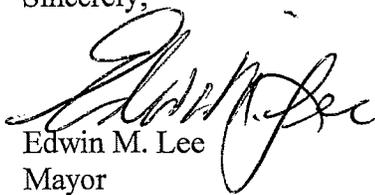
San Francisco Board of Supervisors
City Hall, Room 244
1 Carlton B. Goodlett Place
San Francisco, California 94102

Honorable Board of Supervisors:

Acting under Charter Section 13.101.5.(a), effective today, January 8th, 12:01 p.m., I hereby appoint Julie Christensen to the District 3 seat on the Board of Supervisors.

The District 3 seat was vacated on December 1, 2014 when its incumbent David Chiu took the oath of office to serve as the representative for the 17th Assembly District of California.

Sincerely,


Edwin M. Lee
Mayor

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Board of Supervisors

BOARD OF SUPERVISORS
SAN FRANCISCO

This picture ^{2015 JAN - 9 PM 4:13} was printed
in the Examined on January 2nd.

The woman in front is on the
phone. Bikes are constantly not
stopping with actual stop signs.
Many times when I am in
the middle of an intersection
and they go around me, at
full speed.

I thought bikers riders have to
obey the law the same way
cars do.

I can understand that they
should have their own lane, but
they don't always use them.

I am walking with a cane or a
walker and I don't move very fast.

We have our rights too.

Maria Gandolfo

Plunging into the new year

Scores of brave souls gave warm welcome to 2015 with annual bracing frolic in the waves at Ocean Beach **PAGE 5**



MIKE KOOZMIN/THE S.F. EXAMINER

THE CITY

Uber surge

Drivers irate over New Year's pricing

PAGE 5

First baby

Newborn arrives at CPMC as year turns

PAGE 6

ARTS

2015 flashbacks

A look ahead to some key anniversary dates

PAGE 10

SPORTS

Oregon is rosy

Ducks top Florida St. to earn shot at title

Mean streets

Bicyclists call for improvements to The City's most dangerous and problematic travel areas to reduce traffic fatalities, injuries **PAGE 4**



BOS 11-CPAG



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Edwin M. Lee, Mayor
Barbara A. Garcia, MPA, Director of Health
Richard J. Lee, MPH, CIH, REHS
Acting Environmental Health Director

January 6, 2015

Angela Calvillo
Clerk of the Board of Supervisors
City Hall, Room 244
San Francisco, CA 94102

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2015 JAN 12 AM 10:20

Dear Ms. Calvillo:

Attached for your review is a set of the Annual 2014 Title XV Evaluation Reports for each of the San Francisco jails as required by the Board of State Community Corrections under Section 459 of the California Health and Safety Code.

A team of professionals from the San Francisco Department of Public Health including a Registered Dietician, an environmental health inspector and a health care analyst performed the inspections. All San Francisco County jail facilities were evaluated. Facility administrators were given the opportunity to review, make corrections, and comment on the draft reports. Corrections were included on the final draft.

Sincerely,

Barbara A. Garcia, MPH

Director of Health

- cc: Honorable Edwin M. Lee, Mayor
- Board of State Community Corrections
- Naomi Kelly, City Administrator
- Joe Goldenson, MD, Director of Jail Health Services

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JUVENILE FACILITY HEALTH INSPECTION REPORT
Juvenile Halls, Special Purpose Juvenile Halls and Camps
Health and Safety Code Section 101045

BSCC #: _____

FACILITY NAME: Youth Guidance Center		COUNTY: San Francisco	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 375 Woodside Drive San Francisco, CA 94127 (415) 753-7514			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL: X	SPECIAL PURPOSE JUVENILE HALL:	CAMP:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: February 27, 2014	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nader Shatara, REHS (415) 252-3887 Senior Environmental Health Inspector			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Bob Eggleston, Food Safety Manager (415) 753-7508 Dave Kolkana, Chief Engineer (415) 753-7789 Dennis Doyle, Juvenile Probation (415) 753-7514 John Radogno, Assistant Director (415) 753-7513			
NUTRITIONAL EVALUATION		DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**I. ENVIRONMENTAL HEALTH EVALUATION
Juvenile Halls, Special Purpose Juvenile Halls and Camps**

YGC 2014

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
<p>1464 Food Services Plan</p> <p>There is a written food services plan that complies with the applicable sections of California Retail food Code (CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan.</p> <p>The plan includes, but is not limited to the following policies and procedures: menu planning; purchasing; storage and inventory control; food preparation; food serving; transporting food; orientation and on-going training; personnel supervision; budgets and food costs accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>	<p>Do not identify compliance with this section here. See comments.</p>			<p>The Nutrition Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>1465 Food Handlers Education and Monitoring</p> <p><i>CalCode, the California retail food Code(HSC Division 104, Part 7, Chapter 1-13, , Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967, 113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.</p>	X			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</p>
<p>1466 Kitchen Facilities, Sanitation, and Food Storage</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p> <p>In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 114381) is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation.)</i></p>			X	<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</p>
<p>HSC § 114419-114423, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;</p>	X			<p>Although this facility does not engage in food handling that requires a HACCP plan per Section 114419, a plan is available for HACCP principles.</p>
<p>HSC § 114130-114141, 114163, New or replacement equipment;</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114099.6, 114107 Utensil and equipment cleaning and sanitation;	X			
HSC § 114149-114149.3 Ventilation;	X			
HSC § 114268-114269 (a) Floors; and,	X			
HSC § 114279-114282 Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.	X			
1467 Food Serving and Supervision There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Article 10. Clothing and Personal Hygiene				
1480 Standard Facility Clothing Issue <i>Note: Personal clothing and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear.</i> Clothing provisions ensure that:				
Clothing is clean, reasonably fitted, durable, easily laundered, and in good repair; and,	X			
The standard issue of climatically suitable clothing for minors consists of but not be limited to:				
Socks and serviceable footwear;	X			
Outer garments; and,	X			
Undergarments, are freshly laundered and free of stains, including shorts and tee shirt for males; and, bra and panties for females.	X			
1481 Special Clothing Provision is made to issue suitable additional clothing essential for minors to perform special work assignments when the issue of regular clothing would be unsanitary or inappropriate.	X			
1482 Clothing Exchange There are policies and procedures for the cleaning and scheduled exchange of clothing.	X			
Unless work, climatic conditions or illness necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged daily.	X			Twice a week or as needed.
1483 Clothing, Bedding and Linen Supply There is a quantity of clothing, bedding and linen available for actual and replacement needs of the facility population. Written procedures describe the acquisition, handling, storage, transportation and processing of clothing, bedding and linen in a clean and sanitary manner.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1484 Control of Vermin in Minors' Personal Clothing				
There are policies and procedures to control the contamination and/or spread of vermin in all minors' personal clothing.	X			
Infested clothing is cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
1485 Issue of Personal Care Items				
There are policies and procedures that ensure the availability of personal hygiene items.	X			
Each female minor is provided with sanitary napkins and/or tampons as needed.	X			
Each minor to be held over 24 hours is provided with the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements (discussed below), minors are not required to share any personal care items listed above.	X			
Minors do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among minors are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			
1486 Personal Hygiene				
There are policies and procedures for showering/bathing and brushing of teeth.	X			
Minors are permitted to shower/bathe upon assignment to a housing unit and on a daily basis thereafter and given an opportunity to brush their teeth after each meal.	X			
1487 Shaving				
Minors, except those who may not shave for reasons of identification in court, are allowed to shave daily. The facility administrator may suspend shaving for minors who are considered to be a danger to themselves or others.	X			
1488 Hair Care Services				
Hair care services are available in all juvenile facilities. Minors receive hair care services monthly.	X			
Equipment is cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			A certified barber brings his own equipment and sanitizer.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Bedding and Linens				
1500 Standard Bedding and Linen Issue				
Each minor entering a living area and expected to remain overnight, is provided with laundered, clean and suitable bedding and linens which are in good repair. This includes, but is not limited to:				
One clean and serviceable mattress (or mattress-pillow combination) which meets the requirements of Title 15 § 1502;	X			
One pillow and a pillow case (unless provided in combination with the mattress;	X			
One mattress cover and a sheet or two sheets;	X			
One towel; and,	X			
One or more blankets, depending upon climatic conditions.	X			
1501 Bedding and Linen Exchange				Weekly.
There are policies and procedures for the scheduled exchange of laundered bedding and linen issued to each minor housed.	X			
Washable items such as sheets, mattress covers, pillowcases and towels are exchanged for a clean replacement at least once each week.	X			Weekly.
The covering blanket is cleaned or laundered at least once a month.	X			Weekly.
1502 Mattresses				
Mattresses conform to the size of the bed (Title 24, Section 460A.25) and are enclosed in an easily cleaned, non-absorbent ticking.	X			
Any mattress purchased for issue to a minor in a facility that is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses (Technical Information Bulletin Number 121, April 1980).	X			
Article 12. Facility Sanitation and Safety				
1510 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks, equipment and physical plant maintenance, and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner.	X			
Medical care housing as described in Title 24, Part 1 § 13-201(c)6 is cleaned and sanitized according to policies and procedures established by the health administrator.	X			X-ray inspection for dental area is good until January 31, 2015.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1511 Smoke Free Environment				
There are policies and procedures to assure that State laws prohibiting minors from smoking are enforced in all juvenile facilities, related work details, and other programs. Policies and procedures assure that minors are not exposed to second-hand smoke while in the facility or in the custody of staff.	X			
Other Applicable Codes				
Title 24, Uniform Building Code				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			
Title 24, Uniform Building Code				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-201(c)6				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements, of Part 6, Title 24, CCR.	X			
Title 24, Uniform Plumbing Code				
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC and CCR Titles 22 and 24 Relating to Public Pools				
Swimming pools are designed, constructed, operated, and maintained in accordance with state and local laws and regulations			X	
Health and Safety Code, § 1803 and 2271				
(Farms, petting zoos, etc.) All animal operations are removed from the immediate living area, designed, constructed, and maintained to minimize odor, vermin, and physical hazards.			X	
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.		X		Minor infestations of flies and pigeons have been corrected. See notes.
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	X			

A minor infestation of pigeons was noted at the front entrance of the building as well as light infestations of fruit flies in a pantry and dead gnats on the shower ceiling of Holding Unit #5. Court holding cell requires hot and cold running water from a mixing faucet. Some vent covers in cells required cleaning

Replies to the initial inspection showed progress on April 4, 2014, and an update was submitted August 27, 2014 that reported full compliance in correcting the above items.

JUVENILE FACILITY HEALTH INSPECTION REPORT
Juvenile Halls, Special Purpose Juvenile Halls and Camps
Health and Safety Code Section 101045

BSCC #: _____

FACILITY NAME: Log Cabin Ranch		COUNTY: San Francisco	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 500 Log Cabin Ranch Road La Handa, CA 94040			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL:	SPECIAL PURPOSE JUVENILE HALL:	CAMP: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: February 28, 2014	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nader Shatara, REHS (415) 252-3887 Senior Environmental Health Inspector			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Tim Diestel, Acting Director (650) 747-0257 John Ngo, Cook (650) 747-0257			
NUTRITIONAL EVALUATION		DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**I. ENVIRONMENTAL HEALTH EVALUATION
Juvenile Halls, Special Purpose Juvenile Halls and Camps**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
<p>1464 Food Services Plan</p> <p>There is a written food services plan that complies with the applicable sections of California Retail food Code ((CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan.</p> <p>The plan includes, but is not limited to the following policies and procedures: menu planning; purchasing; storage and inventory control; food preparation; food serving; transporting food; orientation and on-going training; personnel supervision; budgets and food costs accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>	<p>Do not identify compliance with this section here. See comments.</p>			<p>The Nutrition Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>1465 Food Handlers Education and Monitoring</p> <p><i>CalCode, the California retail food Code(HSC Division 104, Part 7, Chapter 1-13, , Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967, 113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.</p>	X			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</p>
<p>1466 Kitchen Facilities, Sanitation, and Food Storage</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p> <p>In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 114381) is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation.)</i></p>			X	<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</p>
<p>HSC § 114419-114423, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;</p>	X			
<p>HSC § 114130-114141, 114163, New or replacement equipment;</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114099.6, 114107 Utensil and equipment cleaning and sanitation;	X			
HSC § 114149-114149.3 Ventilation;	X			
HSC § 114268-114269 (a) Floors; and,	X			
HSC § 114279-114282 Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.	X			
1467 Food Serving and Supervision There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Article 10. Clothing and Personal Hygiene				
1480 Standard Facility Clothing Issue <i>Note: Personal clothing and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear.</i> Clothing provisions ensure that:				
Clothing is clean, reasonably fitted, durable, easily laundered, and in good repair; and,	X			
The standard issue of climatically suitable clothing for minors consists of but not be limited to:	X			
Socks and serviceable footwear;	X			
Outer garments; and,	X			
Undergarments, are freshly laundered and free of stains, including shorts and tee shirt for males; and, bra and panties for females.	X			No females at this facility.
1481 Special Clothing Provision is made to issue suitable additional clothing essential for minors to perform special work assignments when the issue of regular clothing would be unsanitary or inappropriate.	X			
1482 Clothing Exchange There are policies and procedures for the cleaning and scheduled exchange of clothing.	X			
Unless work, climatic conditions or illness necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged daily.	X			
1483 Clothing, Bedding and Linen Supply There is a quantity of clothing, bedding and linen available for actual and replacement needs of the facility population. Written procedures describe the acquisition, handling, storage, transportation and processing of clothing, bedding and linen in a clean and sanitary manner.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1484 Control of Vermin in Minors' Personal Clothing				
There are policies and procedures to control the contamination and/or spread of vermin in all minors' personal clothing.	X			
Infested clothing is cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
1485 Issue of Personal Care Items				
There are policies and procedures that ensure the availability of personal hygiene items.	X			
Each female minor is provided with sanitary napkins and/or tampons as needed.			X	No female inmates.
Each minor to be held over 24 hours is provided with the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements (discussed below), minors are not required to share any personal care items listed above.	X			
Minors do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among minors are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			
1486 Personal Hygiene				
There are policies and procedures for showering/bathing and brushing of teeth.	X			Daily showers. Twice daily for brushing.
Minors are permitted to shower/bathe upon assignment to a housing unit and on a daily basis thereafter and given an opportunity to brush their teeth after each meal.	X			
1487 Shaving				
Minors, except those who may not shave for reasons of identification in court, are allowed to shave daily. The facility administrator may suspend shaving for minors who are considered to be a danger to themselves or others.	X			
1488 Hair Care Services				
Hair care services are available in all juvenile facilities. Minors receive hair care services monthly.	X			
Equipment is cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Bedding and Linens				
1500 Standard Bedding and Linen Issue				
Each minor entering a living area and expected to remain overnight, is provided with laundered, clean and suitable bedding and linens which are in good repair. This includes, but is not limited to:	X			
One clean and serviceable mattress (or mattress-pillow combination) which meets the requirements of Title 15 § 1502;	X			
One pillow and a pillow case (unless provided in combination with the mattress;	X			
One mattress cover and a sheet or two sheets;	X			
One towel; and,	X			
One or more blankets, depending upon climatic conditions.	X			
1501 Bedding and Linen Exchange				
There are policies and procedures for the scheduled exchange of laundered bedding and linen issued to each minor housed.	X			
Washable items such as sheets, mattress covers, pillowcases and towels are exchanged for a clean replacement at least once each week.	X			
The covering blanket is cleaned or laundered at least once a month.	X			
1502 Mattresses				
Mattresses conform to the size of the bed (Title 24, Section 460A.25) and are enclosed in an easily cleaned, non-absorbent ticking.	X			
Any mattress purchased for issue to a minor in a facility that is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses (Technical Information Bulletin Number 121, April 1980).	X			
Article 12. Facility Sanitation and Safety				
1510 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks, equipment and physical plant maintenance, and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner.	X			
Medical care housing as described in Title 24, Part 1 § 13-201(c)6 is cleaned and sanitized according to policies and procedures established by the health administrator.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1511 Smoke Free Environment				
There are policies and procedures to assure that State laws prohibiting minors from smoking are enforced in all juvenile facilities, related work details, and other programs. Policies and procedures assure that minors are not exposed to second-hand smoke while in the facility or in the custody of staff.	X			
Other Applicable Codes				
Title 24, Uniform Building Code				Improvement noted. See notes.
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.		X		
Title 24, Uniform Building Code				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-201(c)6				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements, of Part 6, Title 24, CCR.	X			
Title 24, Uniform Plumbing Code				
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
CA Safe Drinking Water Act				Regulated by CDPH – Eric Lacey of the Drinking Water field Operations Branch.
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC and CCR Titles 22 and 24 Relating to Public Pools				Inspected when they opened the pool on July 11, 2014. This is a seasonal pool that was closed during the initial Title XV inspection.
Swimming pools are designed, constructed, operated, and maintained in accordance with state and local laws and regulations	X			
Health and Safety Code, § 1803 and 2271				
(Farms, petting zoos, etc.) All animal operations are removed from the immediate living area, designed, constructed, and maintained to minimize odor, vermin, and physical hazards.			X	
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	X			

Conditions were generally good in the kitchen at the time of the February 28, 2014 Title XV inspection. There was a leak noted in the ceiling fan of the walk-in refrigerator that was repaired and verified on the July 11, 2014 inspection.

Violations associated with the lavatory and shower areas have been ongoing, but improvement was noted on the July 11, 2014 inspection. Pending issues include stripping chipping paint off of the shower ceiling before applying a sealer.

The swimming pool was not inspected on the initial visit because it was closed for the season. Upon inspection on opening day, significant and satisfactory upgrades were noted. Chemicals were adequately balanced, required repairs were made.

General conditions were good in the housing and laundry areas as well.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Park Police Station Northern Police Station Bayview Police Station Ingleside Police Station Taraval Police Station Richmond Police Station Mission Police Station Tenderloin Police Station		COUNTY: San Francisco
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): Park: 1899 Waller St, SF, CA 94117 (415) 242-3000 Northern: 1125 Fillmore St, SF, CA 94115 (415) 614-3400 Bayview: 201 Williams St, SF, CA 94124 (415) 671-2300 Ingleside: 1 Sgt. John V Young Ln, SF, CA 94112 (415) 404-4000 Taraval: 2345-24 th Av, SF, CA 94116 (415) 759-3100 Richmond: 461-6 th Av, SF, CA 94118 (415) 666-8000 Mission: 630 Valencia, SF, CA 94110 (415) 558-5400 Tenderloin: 301 Eddy St, SF, CA 94102 (415) 345-7300		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: June 18, 2014
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nader Shatara, REHS (415) 252-3887 Senior Environmental Health Inspector		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager San Francisco Police Department (415) 553-1076		
NUTRITIONAL EVALUATION		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

This checklist is to be completed pursuant to the attached instructions.

**I. ENVIRONMENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>Approach for Providing Food Service <i>(Not applicable for CH.)</i></p> <p><i>The California Retail Food Code, CalCode (HSC Division 104, Part 7, Chapter 1-13 Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>			X	
1. Food is prepared at another city or county detention facility.			X	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.			X	
<p>1245 Kitchen Facilities, Sanitation and Food Service <i>(Not applicable for CH.)</i></p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p>			X	
<p>In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i></p>			X	
HSC § ; 114130-114141			X	
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			X	
HSC §114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			X	
HSC § 114268-114269			X	
HSC §. 114279-114282			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1246 Food Serving and Supervision Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			X	
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue <i>(Not applicable for CH.)</i> The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:			X	
One serviceable mattress which meets the requirements of Title 15 § 1272;			X	
One mattress cover or one sheet;			X	
One blanket, or more, depending upon climatic conditions.			X	
1272 Mattresses <i>(Not applicable for CH.)</i> Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).			X	
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.			X	
Article 115. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.		X		Tenderloin: Increase pressure in sink/fountain in cell #2.
Title 24, Uniform Building Code – Cleanliness and Repair Floors, walls, windows, grillwork and ceilings are clean and in good repair.		X		Northern Station & Ingleside Station: Caulk gap between wall and benches.
Title 24, Part 1, 13-102(c)6 – Heating and Cooling There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.		X		Mission: Clean vent covers in cells.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Uniform Plumbing Code – Floor Drains	X			
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. (<i>Applicable to facilities constructed after 1980.</i>)	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. (<i>Applicable to facilities constructed after 1980.</i>)	X			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC § 114244-114245.8				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

Aside from the noted items regarding water pressure, cleaning vent covers, and caulking the gap between walls and benches, general conditions were very good.

Although these facilities were free of vermin at the time of my visits, some of the catch basins in the facility parking lots were infested with mosquito larva. Catch basins at Northern, Taraval, and Mission Stations were treated with *Bacillus thuringiensis* based mosquito dunks. Recommendations were made to the facilities manager, and community meetings were attended in July and August where mosquito control was discussed at SF Police Department facilities.

**ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: County Jail #5 & 6		COUNTY: San Francisco			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1 Mortland Drive, San Bruno, CA 94060 (650) 266-7500					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: April 10, 2014		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nader Shatara, REHS (415) 252-3887 Senior Environmental Health Inspector					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lt. Robert DeBiasio (650) 266-7500 Ava Robinson, Kitchen Staff Sargent Michael Kim					
NUTRITIONAL EVALUATION			DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					

This checklist is to be completed pursuant to the attached instructions.

I. ENVIRONMENTAL HEALTH EVALUATION
 Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service				
<p><i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>	X			
1. Food is prepared at another city or county detention facility.		X		
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	X			The private vendor, Aramark, runs the kitchen in CJ #5. No inmates are house in CJ #6.
1230 Food Handlers				
<p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.</p>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			Food handlers are ServSafe certified. Current certificate needs to be available.
1243 Food Service Plan				
<p>There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.</p> <p>The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>	<p>Do not identify compliance with this section here. See comments.</p>			<p>The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food Service				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	X			
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>				
HSC §114130-114141.	X			
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;	X			High temperature dishwasher was not tested at the time of inspection. The unit was off, and the water booster was not hot. It was requested that this unit be self-tested and verified when the dishwasher is in use. Verification was received in a letter from the Sherriff's Department.
HSC § 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	X			
HSC § 114268-114269	X			
HSC § 114279-114282	X			
1246 Food Serving and Supervision				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	X			
Article 13. Inmate Clothing and Personal Hygiene				
1260 Standard Institutional Clothing Issue				
<i>Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items.</i>				
There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:				
Clean socks and footwear;	X			
Clean outergarments; and,	X			
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	X			There are no female inmates in this jail.
Clothing is reasonably fitted, durable, easily laundered and repaired.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1261 Special Clothing Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	X			
1262 Clothing Exchange There are policies and procedures for the scheduled exchange of clothing.	X			
Unless work, climatic conditions, illness, or the CalCode necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	X			
1263 Clothing Supply There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	X			
There are policies and procedures for the handling of laundry that is known or suspected to be contaminated with infectious material.	X			Red bagged items are incinerated. "Potato" bagged items are laundered. Bags are water soluble.
1264 Control of Vermin in Inmates Personal Clothing There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	X			Vermin proof clothing bags. Clothing is laundered at 140°F.
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
1265 Issue of Personal Care Items There are policies and procedures for issuing personal hygiene items.	X			
Each female inmate is issued sanitary napkins and/or tampons as needed.			X	No female inmates.
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	X			
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1266 Personal Hygiene				
There are policies and procedures for inmate showering/bathing.	X			
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.	X			
1267 Hair Care Services				
Hair care services are available.				
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	X			
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue				
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:				
One serviceable mattress which meets the requirements of § 1272 of these regulations;	X			
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket or more, depending upon climatic conditions.	X			
1271 Bedding and Linen Exchange				
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week.	X			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	X			
1272 Mattresses				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			For the most part, these facilities were in good condition. However, the sink in Cell #12 required repair. The water stream was obstructed.
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	X			
	X			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC § 1803				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.		X		Mouse droppings and a dead mouse on a trap were noted in CJ 6. No inmates are housed in CJ 6.
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

All above items as well as the following items were addressed in a letter received from the San Francisco Sherriff's Department September 5, 2014 documenting corrections:

1. A half pint carton of milk was removed from the bin of the kitchen ice machine.
2. The fan box of the produce walk-in refrigerator had a dirty residue. Operators were asked to discontinue storing food below the fan box and to clean and find the source of the residue and to continuously maintain.
3. The inner wall near the door of the milk walk-in refrigerator was damaged. Operators were asked to repair and install a durable surface or modify this section.
4. The soap dispenser above the laundry area sink was broken.

**ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: County Jail #1, 2, 3, 4		COUNTY: San Francisco		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): County Jail 1 & 2: 425 7 th Street, San Francisco, CA 94103 County Jail 3 & 4: 850 Bryant Street, San Francisco, CA 94103 (415) 575-4392				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: April 7, 2014		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nader Shatara, REHS (415) 252-3887 Senior Environmental Health Inspector				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Chief Deputy Matthew Freeman (415) 575-4392 Sargent Michael Kim				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

I. ENVIRONMENTAL HEALTH EVALUATION
Adult Type I, II, III and IV Facilities

CJ 1-4

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>Approach for Providing Food Service</p> <p><i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>	X			<p>The kitchen in CJ #4 provides food for inmates in CJ #1, 2, and 4. CJ #4 is in a building adjacent CJ #1 & 2.</p> <p>No inmates were housed in CJ #3 this year.</p> <p>The kitchen in CJ #2 is not used to provide meals to inmates.</p>
1. Food is prepared at another city or county detention facility.			X	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	X			Aramark (a private vendor) runs the kitchen in CJ #4.
<p>1230 Food Handlers</p> <p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.</p>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			CJ #4 kitchen requires soap and paper towels in the kitchen rest room. Although the CJ #2 kitchen is not use for meal preparation, kitchen, rest room, & dish wash area dispensers needed to be supplied.
<p>1243 Food Service Plan</p> <p>There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.</p> <p>The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>				<p>The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			<p>Do not identify compliance with this section here.</p> <p>See comments.</p>	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food Service				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	X			
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>				
HSC §114130-114141.	X			
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;	X			In addition to dishwasher sanitization, work stations were supplied with quaternary ammonia sanitizer that exceeds the limit set by state code.
HSC § 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	X			
HSC § 114268-114269		X		CJ2 floor drain in kitchen, dish wash area (& near showers) needed cleaning.
HSC § 114279-114282	X			
1246 Food Serving and Supervision				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	X			
Article 13. Inmate Clothing and Personal Hygiene				
1260 Standard Institutional Clothing Issue				Inmates at these facilities do not work out doors, but the following is provided for them.
<i>Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items.</i>				
There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:				
Clean socks and footwear;	X			
Clean outergarments; and,	X			
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	X			No females in CJ #4.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Clothing is reasonably fitted, durable, easily laundered and repaired.	X			
1261 Special Clothing				
Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	X			
1262 Clothing Exchange				
There are policies and procedures for the scheduled exchange of clothing.	X			Underwear 3 times a week. Outerwear once a week.
Unless work, climatic conditions, illness, or the CalCode necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	X			
1263 Clothing Supply				
There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	X			
There are policies and procedures for the handling of laundry that is known or suspected to be contaminated with infectious material.	X			CJ #4 stocks sugar bags that are water soluble.
1264 Control of Vermin in Inmates Personal Clothing				
There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	X			
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
1265 Issue of Personal Care Items				
There are policies and procedures for issuing personal hygiene items.	X			
Each female inmate is issued sanitary napkins and/or tampons as needed.	X			
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	X			
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1266 Personal Hygiene				
There are policies and procedures for inmate showering/bathing.	X			
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.	X			
1267 Hair Care Services				
Hair care services are available.	X			
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	X			
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue				
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:				
One serviceable mattress which meets the requirements of § 1272 of these regulations;		X		Some mattresses in CJ2 were damaged.
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket or more, depending upon climatic conditions.	X			
1271 Bedding and Linen Exchange				
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week.	X			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	X			
1272 Mattresses				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				If policies exist that allow chemical sanitizer to be used by inmates in cells, the container for the sanitizers shall be labeled.
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				These facilities were in adequate condition at the time of inspection. However, the sink in CJ 4, L1 Workers Dorm required repair. A work order had been place to address the repairs.
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	X			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC § 1803				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	X			A light moth fly infestation was noted below the dishwasher of the CJ #2 kitchen.

Summary of environmental health evaluation:

A letter from the Sheriff's Department was received September 4, 2014 confirming all above noted items were corrected. In addition to the above items the following items were noted, and the corrections of these items were also documented on the September 4, 2014 letter:

1. Although cleaning supplies were provided for the CJ 1 holding facilities, additional supplies are necessary to clean the ceiling of the cells.
2. Some of the drawers below the CJ 2 beds required cleaning.
3. It was recommended that food not be stored below a walk-in fan box to avoid potential leaking onto food containers.
4. It was also recommended that rapid cool bottles not be totally filled before freezing. It was recommended that rapid cool bottles be filled to the fill line to avoid damage before freezing or use.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Community Justice Court Holding Facility		COUNTY: San Francisco
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 575 Polk Street, San Francisco, CA 94102 (415) 551-4000		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY: X	TEMPORARY HOLDING FACILITY:
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED: April 14, 2014	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nader Shatara, REHS (415) 252-3887 Senior Environmental Health Inspector		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Captain Edwin James (415) 734-2355 Sargent David Murphy (415) 551-3911		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

This checklist is to be completed pursuant to the attached instructions.

**I. ENVIRONMENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>Approach for Providing Food Service <i>(Not applicable for CH.)</i></p> <p><i>The California Retail Food Code, CalCode (HSC Division 104, Part 7, Chapter 1-13 Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>		X		
1. Food is prepared at another city or county detention facility.	X			County Jail #4
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	X			The vendor is Aramark.
<p>1245 Kitchen Facilities, Sanitation and Food Service <i>(Not applicable for CH.)</i></p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p>			X	
<p>In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i></p>				
HSC § ; 114130-114141			X	
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			X	
HSC §114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			X	
HSC § 114268-114269			X	
HSC §. 114279-114282			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1246 Food Serving and Supervision Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			X	
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue <i>(Not applicable for CH.)</i> The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:			X	
One serviceable mattress which meets the requirements of Title 15 § 1272;			X	
One mattress cover or one sheet;			X	
One blanket, or more, depending upon climatic conditions.			X	
1272 Mattresses <i>(Not applicable for CH.)</i> Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).			X	
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.			X	
Article 115. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			
Title 24, Uniform Building Code – Cleanliness and Repair Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Uniform Plumbing Code – Floor Drains	X			
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. (<i>Applicable to facilities constructed after 1980.</i>)			X	
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. (<i>Applicable to facilities constructed after 1980.</i>)	X			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC § 114244-114245.8				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

General conditions were very good at the time of inspection.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Civic Center Court Holding Cells		COUNTY: San Francisco
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 400 McAllister Street, San Francisco, CA 94102 (415) 551-4000		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY: X	TEMPORARY HOLDING FACILITY:
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED: April 14, 2014	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nader Shatara, REHS (415) 252-3887 Senior Environmental Health Inspector		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Captain Edwin James (415) 734-2355 Sargent David Murphy (415) 551-3911		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

This checklist is to be completed pursuant to the attached instructions.

**I. ENVIRONMENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>Approach for Providing Food Service <i>(Not applicable for CH.)</i></p> <p><i>The California Retail Food Code, CalCode (HSC Division 104, Part 7, Chapter 1-13 Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>	X			
1. Food is prepared at another city or county detention facility.	X			County Jail #4
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.			X	The vendor is Aramark.
<p>1245 Kitchen Facilities, Sanitation and Food Service <i>(Not applicable for CH.)</i></p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p>				
<p>In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i></p>				
HSC § ; 114130-114141			X	
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			X	
HSC §114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			X	
HSC § 114268-114269			X	
HSC §. 114279-114282			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1246 Food Serving and Supervision				
Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			X	
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue <i>(Not applicable for CH.)</i>				
The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:			X	
One serviceable mattress which meets the requirements of Title 15 § 1272;			X	
One mattress cover or one sheet;			X	
One blanket, or more, depending upon climatic conditions.			X	
1272 Mattresses <i>(Not applicable for CH.)</i>				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).			X	
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.			X	
Article 115. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Uniform Plumbing Code – Floor Drains	X			
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. (<i>Applicable to facilities constructed after 1980.</i>)			X	
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. (<i>Applicable to facilities constructed after 1980.</i>)	X			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC § 114244-114245.8				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

General conditions were very good at the time of inspection.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: City & County of San Francisco Court Holding Facility		COUNTY: San Francisco
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 850 Bryant Street, San Francisco, CA 94103 (415) 734-2355		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY: X	TEMPORARY HOLDING FACILITY:
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED: April 14, 2014	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nader Shatara, REHS (415) 252-3887 Senior Environmental Health Inspector		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Captain Edwin James (415) 734-2355		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

This checklist is to be completed pursuant to the attached instructions.

I. ENVIRONMENTAL HEALTH EVALUATION
 Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>Approach for Providing Food Service (Not applicable for CH.)</p> <p><i>The California Retail Food Code, CalCode (HSC Division 104, Part 7, Chapter 1-13 Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>		X		Inmates spend 30 minutes to 2 hours in holding cells. In the event the inmate wishes to eat, food could be brought in from the kitchen at County Jail #4, or the inmates' attorney may bring food. Inmates rarely request food.
1. Food is prepared at another city or county detention facility.	X			County Jail #4
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	X			The vendor is Aramark.
<p>1245 Kitchen Facilities, Sanitation and Food Service (Not applicable for CH.)</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p>			X	
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. (Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)				
HSC § ; 114130-114141			X	
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			X	
HSC §114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			X	
HSC § 114268-114269			X	
HSC §. 114279-114282			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1246 Food Serving and Supervision				
Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			X	
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue <i>(Not applicable for CH.)</i>				
The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:			X	
One serviceable mattress which meets the requirements of Title 15 § 1272;			X	
One mattress cover or one sheet;			X	
One blanket, or more, depending upon climatic conditions.			X	
1272 Mattresses <i>(Not applicable for CH.)</i>				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).			X	
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.			X	
Article 115. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.		X		Non-functional sinks noted. Leaky toilet flushers noted. Non-functional toilet noted. (See summary below)
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.		X		Dirty vent covers noted in Department #8, 2 nd floor.
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Uniform Plumbing Code – Floor Drains	X			
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. (<i>Applicable to facilities constructed after 1980.</i>)	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. (<i>Applicable to facilities constructed after 1980.</i>)	X			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC § 114244-114245.8				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

On May 6, 2014, a letter was received from Captain Edwin James stating that all violations noted on the April 14, 2014 environmental health inspection had been corrected:

1. Non-functional sinks in Department 24, 3rd floor & Department 9, 1st floor.
2. Leaking toilet flusher in Department 25, 3rd floor & Department 27, 2nd floor.
3. Non-functional toilet in Department 17, 2nd floor.
4. Dirty vent cover noted in Department 28, 2nd floor.

Otherwise, general conditions were adequate at the time of inspection in Departments 16, 28, 10, 12, and 1st floor Administrative segregation cell.

**ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

CSA #: _____

FACILITY NAME: County Jail 1, 2, 3, & 4		COUNTY: San Francisco		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 850 Bryant St. 6 th & 7 th Floors San Francisco, CA 94103				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: 6/17/14		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Maria R. LeClair, MPA, RD Director of Nutrition Services Department of Public Health (415) 575-5686				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Vincent Mitchell , Food Service Director, Aramark (415) 552-6670 Michael S. Kim, Sergeant, Sheriff's Department (415) 575-4460				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**II. NUTRITIONAL HEALTH EVALUATION
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>1230 Food Handlers</p> <p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.</p> <p>There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).</p>	X			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>Do not identify compliance with this regulation here. See comments.</p>				
<p>1240 Frequency of Serving</p> <p>Food is served three times in any 24-hour period.</p>	X			
<p>At least one meal includes hot food.</p>	X			Breakfast and Dinner - are hot
<p>If more than 14 hours passes between these meals, supplemental food is served.</p>	X			
<p>Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician.</p>	X			
<p>A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.</p>	X			
<p>Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.</p>	X			
<p>Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.</p>	X			
<p>1241 Minimum Diet</p> <p><i>(See regulation and guidelines for equivalencies and serving requirements.)</i></p> <p>The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.</p>				
<p><u>Protein Group.</u> One serving equals 14 grams or more of protein. The daily requirement is equal to three servings.</p>	X			
<p>There is an additional, fourth serving of legumes three days per week.</p>	X			
<p><u>Dairy Group.</u> The daily requirement for milk or milk equivalents is three servings, each of which is equivalent to 8 oz. of fluid milk and providing at least 250 mg. of calcium. The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			2 servings of milk with A & D are provided. A Fruit Drink with vitamins C,,B12,D,&E, and Calcium is provided at dinner.*
All milk is fortified with Vitamin A and D.	X			1 % milk fortified with A & D is served.
Vegetable-Fruit Group. The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			
One serving of a fresh fruit or vegetable.	X			
One serving of a Vitamin C source containing 30 mg. or more.	X			
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more.	X			
Grain Group. The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. (See RDA for recommended caloric intakes.)	X			
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.	X			
1242 Menus (Applicable in Type II and III facilities and in those Type IV facilities where food is served.) Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.	X			
A registered dietitian approves menus before they are used.	X			Aramark dietitian approves 6 week cycle menu
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
1243 Food Service Plan There is a food services plan that complies with applicable CalCode. Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:				The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
Planning menus;	X			
Purchasing food;	X			
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			
Orientation and ongoing training;	X			
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			
Emergency feeding plan;	X			
Waste management; and,	X			
Maintenance and repair.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.</p>			X	
<p>1245 Kitchen Facilities, Sanitation and Food Service</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p> <p>In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to CalCode is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i></p> <p>CalCode requirements for new or replacement equipment.</p> <p>CalCode requirements for cleaning and sanitizing consumer utensils.</p> <p>CalCode§ 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen.</p> <p>CalCode requirements for floors.</p> <p>CalCode requirements for storage area(s) for cleaning equipment and supplies.</p>	<p>Do not identify compliance with this regulation here. See comments.</p>			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>1246 Food Serving and Supervision</p> <p>Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.</p>	<p>Do not identify compliance with this regulation here. See comments.</p>			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>1247 Disciplinary Isolation Diet</p> <p>No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period. Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Corrections Standards Authority, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.			X	
1248 Medical Diets				
Policies identify who is authorized to prescribe medical diets.	X			In diet manual. Copies of diet orders are kept in logs.
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			Aramark dietitian develops these.
The facility manager complies with providing any medical diet prescribed for an inmate.	X			
There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.	X			
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			Last approval 10/2013
Pregnant women are provided a balanced, nutritious diet approved by a doctor.	X			

Summary of nutritional evaluation:

Same 6 week cycle menu is used for County Jails 1, 2, 3, 4, 5, & 6. Menus are reviewed and revised by the Aramark Registered Dietitian. The menu currently in use was implemented 6/2012, revised 8/12 and meets Title 15 specific nutrient content.

Aramark Food Service staff at this facility is trained on a regular basis. In addition, proper food handling procedures are posted in kitchen and dishwashing area.

Diet Manuals and food service manuals were reviewed and approved October 2013, and a copy is kept in the dietary office and is readily available to staff.

*The calcium requirement is met by providing at dinner a fortified drink with C,B12,D,&E, and Calcium and added sugar and coloring. The practice of serving artificially sweetened drinks and the bio-availability of nutrients in this type of food has not been documented.

JUVENILE FACILITY HEALTH INSPECTION REPORT
Juvenile Halls, Special Purpose Juvenile Halls and Camps
Health and Safety Code Section 101045

CSA #: 19 Boys

FACILITY NAME: Log Cabin Ranch		COUNTY: City and County of San Francisco	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): PO Box 220 (650) 747-0257 La Honda, CA 94020			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL:	SPECIAL PURPOSE JUVENILE HALL:	CAMP: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: March 27, 2014	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Laura Brainin-Rodriguez, MPH, MS, RD 30 Van Ness Avenue, Suite 220 S.F., CA 94102 (415) 575-5687			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): John Ngo, 2654 Cook, Log Cabin Ranch, (650) 747-0257, ext 1806 Bob Eggleston, Food Service Manager for Juvenile Probation (415) 753-7508			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

II. NUTRITIONAL HEALTH EVALUATION
Juvenile Halls, Special Purpose Juvenile Halls and Camps

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1460 Frequency of Serving	X			
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			All meals include hot food.
If more than 14 hours passes between these meals, supplemental food is served.	X			Breakfast is at 8:00 AM Lunch is at 12 PM, Dinner is at 5:15 PM and snack is at 8 PM
Supplemental food is offered at initial intake.	X			If the youth come in near lunch they get this meal. If the youth come after lunch, they've usually eaten this meal at YGC or if needed a bag lunch is provided from YGC.
Food is served to minors on medical diets as prescribed by the attending physician.	X			Lactose free nonfat milk is offered to lactose intolerant youth as well as modifications to allow for allergies to items such as bananas.
A minimum of twenty minutes is allowed for the actual consumption of each meal except for those minors on medical diets where the responsible physician has prescribed additional time.	X			About 30-40 minutes are allowed for meals.
Minors who miss a regularly scheduled facility meal, are provided with a beverage and a substitute meal.	X			When they have sports teams and these are off-site bag lunches are provided for the youth when they are missing regular meal times
Minors on medical diets are provided with their prescribed meal.	X			The diet order sheets were reviewed. Only medical diets such as those eliminating allergic foods are offered at LCR. If they need a Diabetic or other medically indicated diet, the youth are kept at YGC.
1461 Minimum Diet <i>Note: See regulations for equivalencies and serving requirements. Snacks may be included as part of the minimum diet. A wide variety of foods should be served and spices should be used to improve the taste and eye appeal of food that is served.</i>	X			Menu cycles and averaged nutritional analysis have been analyzed using Nutrikids and evaluated by Susan Poston RD, a Consulting Nutritionist in February 3, 2014, prior to this inspection.
The minimum diet that is provided in the facility is based on the nutritional and caloric requirements found in the 1999-2002 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2005 California Daily Food Guide; and, the 2000 Dietary Guidelines for Americans.				
Religious and vegetarian diets conform to these nutritional standards.	X			The only vegetarian diets provided are those given for religious reasons or if requested by the Medical Staff. An effort is made to offer more servings of fruits and vegetables.
<u>Protein Group.</u> There are two servings each day and an additional third serving from the legumes three days a week.	X			Typically, 4-6 servings of protein food are offered to the youth, not including access to second helpings at meals.
One serving equals 14 or more grams of protein.	X			
<u>Milk Group.</u> There are four daily servings of milk or milk equivalents for persons 9-18 years of age, including pregnant and lactating women.	X			There are no women at this facility.
A serving is equivalent to eight ounces of fluid milk and provides at least 250 mg. of calcium.	X			Currently lactose intolerant individuals get lactose free nonfat milk.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
All milk products are pasteurized and fortified with vitamins A and D.	X			
<u>Vegetable-Fruit Group.</u> There are at least six servings each day, including the specified type and frequency in each of the following categories:	X			Typically, 6-9 servings of vegetables and fruit are offered to the youth, not including access to second helpings at meals.
One serving of a fresh fruit or vegetable.	X			
One serving of a Vitamin C source containing 30 mg. or more.	X			The diet analysis shows that the daily intake of Vitamin C is 3-5 times higher than 30 mg.
One serving of a Vitamin A source fruit or vegetable containing at least 200 micrograms Retinol Equivalents (RE).	X			
<u>Grain Group.</u> There are at least six servings each day, at least three of which are made with some whole grain products.	X			All bread served (with the exception of hamburger/hoagie and hotdog buns and dinner rolls is all or partially whole grain
<u>Calories.</u> <i>Note: Providing only the minimum serving is not sufficient to meet the minor's caloric requirements. Based on activity levels, additional servings from dairy, vegetable-fruit, and bread-cereal (grain) groups must be provided to meet caloric requirements. Pregnant minors must receive a supplemental snack if medically indicated. The RDA allows for a plus or minus 20% of the recommended caloric intake.</i>	X			The menus were analyzed using Nutrikids software and contain adequate calories.
The average daily caloric allowance for female minors between 11-18 years of age is 2200 calories and for males in that age category, 2500-3000 calories each day.				
Total dietary fat does not exceed 30% of total calories on a weekly basis.	X			The menus were analyzed using Nutrikids software and are less than 30% calories from fat.
1462 Medical Diets	X			
Only the attending physician prescribes a medical diet.				
Medical diets that are utilized by a facility are planned, prepared and served in consultation with a registered dietitian.	X			
The facility manager provides any medical diet prescribed for a minor.	X			
Diet orders are maintained on file for at least one year.	X			These were reviewed and were in order.
There is a medical diet manual that includes sample menus. It is available in the medical and food service offices.	X			The only medical diets offered are for lactose intolerance where lactose free milk is offered instead, as well as modifications to allow for allergies to items such as bananas .
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			The current Therapeutic Diet Manual was developed and its 2014 review took place on March 7, 2014.
1463 Menus	X			
Menus are planned at least one month in advance of their use. Menus provide a variety of foods considering the cultural and ethnic makeup of the facility thus preventing repetitive meals.				The current menus were planned and tested by Bob Eggleston, to meet CDE requirements. They were reviewed and approved by Susan Poston RD in November 2012 prior to final implementation and again in February 2014, prior to current use..
A registered dietitian approves menus before they are used.	X			The menu being used was reviewed and approved by Susan Poston RD, Consultant. See immediately above.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Changes are noted on the menu and/or production worksheet when any meal that is served varies from the planned menu.	X			These were reviewed and were in order.
Menus, as planned and including changes, are retained for one year and evaluated by a registered dietitian at least annually.	X			These were reviewed and were in order.
1464 Food Services Plan There is a written food services plan that complies with the applicable sections of California Retail food Code (CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan. The plan includes, but is not limited to the following policies and procedures;	X			The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. YGC has hired a new Food Service Manager position and they have created a Food Services Plan with controls. He has been training staff on these. This is being shared with Log Cabin Ranch.
menu planning;	X			
purchasing;	X			Purchase records are kept
storage and inventory control;	X			Access to inventory is controlled at this time.
food preparation;	X			Some recipes are written and others are heat and serve. Production Sheets are in process.
food serving;	X			
transporting food;			X	This takes place in a central cafeteria, so there is no need to transport food.
orientation and on-going training;	X			Staff is trained and certification of this is kept on file.
personnel supervision;	X			Personnel records are kept
budgets and food costs accounting;	X			
documentation and record keeping;	X			
emergency feeding plan;	X			Retired Cook Jeff Hatton took great initiative to create an Emergency Feeding Plan. See notes at end of report.
waste management; and,	X			
maintenance and repair.	X			Requests for maintenance are kept
1465 Food Handlers Education and Monitoring <i>CalCode, the California retail food Code(HSC Division 104, Part 7, Chapters 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i> There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967,113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
				Do not identify compliance with this regulation here. See comments.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1466 Kitchen Facilities, Sanitation, and Food Storage</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode. In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 114381) is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation.)</i></p> <p>HSC § 114419-114423 Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;</p> <p>HSC § 114130-114141, 114163, New or replacement equipment;</p> <p>HSC § 114099.6, 114107 Utensil and equipment cleaning and sanitation;</p> <p>HSC § 114149-114149.3 Ventilation;</p> <p>HSC § 114268-114269 Floors; and,</p> <p>HSC § 114185-114185.5 Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.</p>				<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p> <p>Do not identify compliance with this regulation here. See comments.</p>
<p>1467 Food Serving and Supervision</p> <p>There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.</p>				<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p> <p>Do not identify compliance with this regulation here. See comments.</p>

Summary of nutritional evaluation:

The food served in this facility seems to meet Title 15 requirements, verified by a nutritional analysis of the menu served. Cook John Ngo, under the guidance of Food Services Manager Bob Eggleston has been very committed to offering a varied, well-prepared and amply portioned menu to the youth at Log Cabin Ranch.

Observations and Comments:

1. At the current time the staffing needs after Mr. Hatton's retirement in 2012 have been met with three permanent and one on-call cook.
2. I was told that Food Service Staff will be given access to an adequate computer with an internet connection and a printer. It was agreed by Asst. Dir. Diestel in 2013 that Food Service Staff should have a departmental email account which they now lack, something he agreed to remedy. This will permit the Food Service Staff to order online and to have appropriate documentation of these activities. While Food Service Staff continues to have access to the fax in the main office for orders to Sysco, which assures accountability and the ability to verify orders once these are received at Log Cabin Ranch, it is still desirable that staff have the ability to place online orders. Based on difficulties with the Wi-Fi signal at the kitchen, the current connection has worked fitfully. In addition the Food Services staff needs to have the ability to submit maintenance and engineering work orders using the new system which is online. Mr. Diestel still needs to pursue getting a hard line connection to the computer in the kitchen warehouse that will permit these functions to take place by September 2014. This has been an item carried over from a number of prior annual inspections.
3. As part of the written Food Services Plan, a requirement of Title 15, there needs to be a binder with Production Sheets - --There are new production sheets, pre-printed with the menu cycle that Food Services Director Bob Eggleston has made available to the Log Cabin Ranch kitchen staff. This allows easier documentation of menu changes, with one sheet per day. In addition they will continue to use a form that also logs kitchen equipment as well as food and refrigerator temperatures. I am glad to report that a filing system for this information be set up to facilitate access to this information when needed.
4. They now have a written Emergency Feeding Plan – This includes an inventory of emergency supplies with their locations specified, menus that are adapted to use available food that can be prepared without heat, meeting the requirements for Title 15. It should also include any important information, such as how to prepare the food in a food safe way when washing the hands may be difficult, etc. Some things they now have include charcoal for cooking though they don't yet have sufficient Sterno to warm food for 3-5 days. In addition it is recommended that all LCR staff receive orientation on the contents of this Emergency Food Preparedness Plan, since the isolated location of LCR and possible road damage, leading to the facility could make it impossible for kitchen staff that is not at the facility at the time of an emergency to get there. **Staff was introduced to Emergency Procedures** in the Spring of 2012. It is recommended there be bi-annual refreshers to ensure staff is informed on the above. One is planned by the end of 2014.
5. It was reported that there has been continued improvement in staff coordination to supervise youth resident workers in the kitchen. It is suggested that there always be two staff in the back and two in the front to ensure that minors are supervised at all times.
6. There has been improvement in the bringing of outside food to the premises by visitors, staff (teachers and counselors) and vocational groups. This includes special events. The Food Services Manager, Log Cabin Administration and Kitchen Staff are working to ensure that food is kept safe when it is presented. Mr. Prince, the new LCR Director has instituted a policy that any outside food be approved by him and Asst. Director Tim Diestel and that it have a nexus to programming.

7. **Equipment Needs:**

- There is now a steamer used to prepare food, sterilize equipment, warm food. This allows for better quality of cooked vegetables.
- In a prior inspection I was told that there is a need for a new 12 gallon mixer. The old mixer parts are no longer available. This would be used to make mashed potatoes, pancakes, cakes, meat loaf, fresh pizza dough, cookies from scratch and can be (with proper attachments) used as a shredder for cheese used in many recipes. After assessment with the kitchen staff by the Food Services Director it became clear they could carry out these functions with a professional Kitchen Aid mixer and do not need a 12 gallon mixer. This was ordered and is now in use.
- The refrigeration units were first installed in the 1950's, and one of these leaks, resulting in more work for the kitchen staff, in addition to risk of falls and creating an environment where mold and germs can grow and possibly contaminate food. Capital improvements are not currently possible, but improved maintenance has allowed these to continue being in service and extended their usable life. It was reported that these leaks had been fixed and there was a focus on maintenance of the equipment. We did see some containers in one of the walk in refrigerators that were positioned to capture leaks. One of these had water in it.

JUVENILE FACILITY HEALTH INSPECTION REPORT
Juvenile Halls, Special Purpose Juvenile Halls and Camps
Health and Safety Code Section 101045

CSA #: 73 (63 Boys, 10 Girls)

FACILITY NAME: Youth Guidance Center		COUNTY: City and County of San Francisco	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 375 Woodside Avenue (415) 753-7500 S.F., CA 94127			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL: <input checked="" type="checkbox"/>	SPECIAL PURPOSE JUVENILE HALL: <input type="checkbox"/>	CAMP: <input type="checkbox"/>
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: March 6, 2014	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Laura Brainin-Rodriguez, MPH, MS, RD 30 Van Ness Avenue, Suite 220 S.F., CA 94102 (415) 575-5687			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Bob Eggleston, Food Services Manager Juvenile Probation (415) 753-7508 Stefan Strassfeld RN, Director of Operations, Special Programs for Youth			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

II. NUTRITIONAL HEALTH EVALUATION
Juvenile Halls, Special Purpose Juvenile Halls and Camps

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1460 Frequency of Serving	X			
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			Morning and Evening always do and sometimes lunch.
If more than 14 hours passes between these meals, supplemental food is served.	X			Breakfast is at 7:30 to 7:45 AM Lunch is at 12 PM, Dinner is at 5:30 PM and snack is between 7 and 9 PM
Supplemental food is offered at initial intake.	X			Typically this is a sandwich with milk and fruit, either turkey filling if the kitchen is open or peanut butter and jelly
Food is served to minors on medical diets as prescribed by the attending physician.	X			See text 1462
A minimum of twenty minutes is allowed for the actual consumption of each meal except for those minors on medical diets where the responsible physician has prescribed additional time.	X			About 30 minutes are allowed for meals.
Minors who miss a regularly scheduled facility meal, are provided with a beverage and a substitute meal.	X			Upon written request by the unit counselor.
Minors on medical diets are provided with their prescribed meal.	X			The diet order sheets were reviewed.
1461 Minimum Diet <i>Note: See regulations for equivalencies and serving requirements. Snacks may be included as part of the minimum diet. A wide variety of foods should be served and spices should be used to improve the taste and eye appeal of food that is served.</i>	X			Menu cycles and averaged nutritional analysis have been analyzed using Nutrikids and evaluated by Susan Poston RD, a Consulting Nutritionist, prior to this inspection.
The minimum diet that is provided in the facility is based on the nutritional and caloric requirements found in the 1999-2002 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2005 California Daily Food Guide; and, the 2000 Dietary Guidelines for Americans.				
Religious and vegetarian diets conform to these nutritional standards.	X			San Francisco Juvenile Hall does not typically recognize Vegetarian Diets unless there is a religious issue. – per page 25, Medical Diets Manual. Per Food Services Manager there was one request for a vegan diet this past year.
<u>Protein Group.</u> There are two servings each day and an additional third serving from the legumes three days a week.	X			Typically, 4-6 servings of protein food are offered to the youth, not including access to second helpings at meals.
One serving equals 14 or more grams of protein.	X			
<u>Milk Group.</u> There are four daily servings of milk or milk equivalents for persons 9-18 years of age, including pregnant and lactating women.	X			
A serving is equivalent to eight ounces of fluid milk and provides at least 250 mg. of calcium.	X			Currently lactose intolerant individuals get lactose free milk.
All milk products are pasteurized and fortified with vitamins A and D.	X			
<u>Vegetable-Fruit Group.</u> There are at least six servings each day, including the specified type and frequency in each of the following categories:	X			Typically, 6-9 servings of vegetables and fruit are offered to the youth, not including access to second helpings at meals.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
One serving of a fresh fruit or vegetable.	X			
One serving of a Vitamin C source containing 30 mg. or more.	X			The diet contains about 4 times this amount of vitamin C
One serving of a Vitamin A source fruit or vegetable containing at least 200 micrograms Retinol Equivalents (RE).	X			
<u>Grain Group.</u> There are at least six servings each day, at least three of which are made with some whole grain products.	X			All bread served (with the exception of hamburger/hoagie and hotdog buns and dinner rolls is all or partially whole grain. In addition cold and hot cereals served are whole grain at least three times a week.
<u>Calories.</u> <i>Note: Providing only the minimum serving is not sufficient to meet the minor's caloric requirements. Based on activity levels, additional servings from dairy, vegetable-fruit, and bread-cereal (grain) groups must be provided to meet caloric requirements. Pregnant minors must receive a supplemental snack if medically indicated. The RDA allows for a plus or minus 20% of the recommended caloric intake.</i> The average daily caloric allowance for female minors between 11-18 years of age is 2200 calories and for males in that age category, 2500-3000 calories each day.	X			Enough food is provided so that those who request it can get second servings of at least some of the foods. Pregnant Girls receive a brown bag meal with an additional sandwich and fruit. Milk and juice are always available on the units.
Total dietary fat does not exceed 30% of total calories on a weekly basis.	X			
1462 Medical Diets Only the attending physician prescribes a medical diet.	X			Only licensed physicians, dentist and nurse practitioners may order medical diets. All orders for medical diets must be supported by a written order in the patient's medical record. -per pg. 4 Med. Diets Manual.
Medical diets that are utilized by a facility are planned, prepared and served in consultation with a registered dietitian.	X			
The facility manager provides any medical diet prescribed for a minor.	X			
Diet orders are maintained on file for at least one year.	X			These were reviewed and were in order.
There is a medical diet manual that includes sample menus. It is available in the medical and food service offices.	X			
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			The current Therapeutic Diet Manual was developed previously. It was reviewed and approved in March 2014.
1463 Menus Menus are planned at least one month in advance of their use. Menus provide a variety of foods considering the cultural and ethnic makeup of the facility thus preventing repetitive meals.	X			The current menus were planned and tested by Bob Eggleston, to meet CDE requirements. They were reviewed and approved by Susan Poston RD in November 2012 prior to final implementation. These menus have not been changed since implementation and were reviewed and approved in February 2014
A registered dietitian approves menus before they are used.	X			The menu being used was reviewed and approved by Susan Poston RD, Consultant. See above.
Changes are noted on the menu and/or production worksheet when any meal that is served varies from the planned menu.	X			These were reviewed and were in order.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Menus, as planned and including changes, are retained for one year and evaluated by a registered dietitian at least annually.	X			These were reviewed and were in order.
1464 Food Services Plan There is a written food services plan that complies with the applicable sections of California Retail food Code (CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan. The plan includes, but is not limited to the following policies and procedures;				The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. YGC has hired a new Food Service Manager position and they have created a Food Services Plan with controls. He has been training staff on these.
menu planning;	X			
purchasing;	X			Purchase records are kept
storage and inventory control;	X			Access to inventory is controlled.
food preparation;	X			There are written recipes
food serving;	X			The units, where the food is served have the menus, plastic gloves and other tools needed to do portion control.
transporting food;	X			The process is now written and food service staff portions the orders.
orientation and on-going training;	X			Staff is trained and certification of this is kept on file.
personnel supervision;	X			Personnel records are kept
budgets and food costs accounting;	X			This is taking place
documentation and record keeping;	X			This is taking place
emergency feeding plan;	X			They are now able to keep a 10 day food supply in case of emergencies. See note at end of report.
waste management; and,	X			This is taking place
maintenance and repair.	X			The engineer keeps requests for maintenance
1465 Food Handlers Education and Monitoring <i>CalCode, the California retail food Code(HSC Division 104, Part 7, Chapters 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i> There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967,113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
				Do not identify compliance with this regulation here. See comments.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1466 Kitchen Facilities, Sanitation, and Food Storage</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode. In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 114381) is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation.)</i></p> <p>HSC § 114419-114423 Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;</p> <p>HSC § 114130-114141, 114163, New or replacement equipment;</p> <p>HSC § 114099.6, 114107 Utensil and equipment cleaning and sanitation;</p> <p>HSC § 114149-114149.3 Ventilation;</p> <p>HSC § 114268-114269 Floors; and,</p> <p>HSC § 114185-114185.5 Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.</p>				<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p> <p>Do not identify compliance with this regulation here. See comments.</p>
<p>1467 Food Serving and Supervision</p> <p>There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.</p>				<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p> <p>Do not identify compliance with this regulation here. See comments.</p>

Summary of nutritional evaluation:

This facility food meets and exceeds Title 15 requirements, providing well-prepared, ample portions of nutritionally adequate food to the detained youth. Great improvements have been made in the past five years with a reduction from almost 36% of calories from fat to fewer than 30% in the last four years, based on Nutrikids analyses. The only milk now offered is 1% fat, with lactose free milk as the second choice. In addition they also are providing fewer desserts, more fruit and substituting turkey ham for sausages in menus.

The facility is to be commended on the hiring and retention of their Food Services Manager, Bob Eggleston which more fully supports all the important functions this individual is responsible for, including regular meals, school meals medical diets and a Food Services Plan. Mr. Bob Eggleston is fully committed to providing nutritionally adequate, well received food and to coordinating this function with Log Cabin Ranch. Both facilities have benefitted from his able oversight.

The communication between the Medical Services and the Kitchen is working smoothly, but there continue to be problems when youth who receive special diets are moved without notifying the kitchen. This causes the special diets to go to the wrong unit. The Special Programs for Youth (SPY) developed a checklist to ensure that there is transfer of the medical consult notes at the time of youth transfer and notification to the kitchen of this transfer. **It was previously recommended that YGC administration ensure that there be line counselor staff training scheduled and delivered to review and implement this checklist as soon as possible. The checklist is now available, but not always implemented. The consequences of transferring a youth without this checklist is that they could fail to receive the necessary medical care, medications and diets needed to ensure their health and wellbeing. It is recommended that this situation be addressed through a meeting between Food Services, YGC Administration and the Special Program for Youth Nurse Manager, so that a solution to this ongoing concern can be developed and implemented, including any necessary training and protocols**

**ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

CSA #: _____

FACILITY NAME: County Jail 5 & 6		COUNTY: San Francisco		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1 Moorland Drive San Bruno, CA 94060				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: 6/18/14		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Maria R. LeClair, MPA, RD Director of Nutrition Services Department of Public Health (415) 575-5686				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): John Sylvince, General Manager , Aramark (650) 266-7505 John Ramirez, Lieutenant, Sherriff's Department, 415-575-4394				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

ADULT TYPE I, II, III and IV FACILITIES

II. NUTRITIONAL HEALTH EVALUATION
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>1230 Food Handlers</p> <p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.</p> <p>There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).</p>	<p>Do not identify compliance with this regulation here. See comments.</p>			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
1240 Frequency of Serving	X			
Food is served three times in any 24-hour period.				
At least one meal includes hot food.	X			Breakfast and Dinner - are hot
If more than 14 hours passes between these meals, supplemental food is served.	X			
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician..	X			
A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.	X			
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	X			
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			
<p>1241 Minimum Diet</p> <p><i>(See regulation and guidelines for equivalencies and serving requirements.)</i></p> <p>The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.</p>				
<u>Protein Group.</u> One serving equals 14 grams or more of protein. The daily requirement is equal to three servings.	X			
There is an additional, fourth serving of legumes three days per week.	X			
<u>Dairy Group.</u> The daily requirement for milk or milk equivalents is three servings, each of which is equivalent to 8 oz. of fluid milk and providing at least 250 mg. of calcium. The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			2 servings of milk with A & D are provided. A Fruit Drink with vitamins C,,B12,D,&E, and Calcium is provided at dinner.*
All milk is fortified with Vitamin A and D.	X			1 % milk fortified with A & D is served.
Vegetable-Fruit Group. The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			
One serving of a fresh fruit or vegetable.	X			
One serving of a Vitamin C source containing 30 mg. or more.	X			
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more.	X			
Grain Group. The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. (See RDA for recommended caloric intakes.)	X			
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.	X			
1242 Menus (Applicable in Type II and III facilities and in those Type IV facilities where food is served.)	X			
Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.				
A registered dietitian approves menus before they are used.	X			Aramark dietitian approves 6 week cycle menu
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
1243 Food Service Plan				
There is a food services plan that complies with applicable CalCode. Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:				The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
Planning menus;	X			
Purchasing food;	X			
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			
Orientation and ongoing training;	X			
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			
Emergency feeding plan;	X			
Waste management; and,	X			
Maintenance and repair.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.</p>			X	
<p>1245 Kitchen Facilities, Sanitation and Food Service</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p> <p>In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to CalCode is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i></p> <p>CalCode requirements for new or replacement equipment.</p> <p>CalCode requirements for cleaning and sanitizing consumer utensils.</p> <p>CalCode§ 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen.</p> <p>CalCode requirements for floors.</p> <p>CalCode requirements for storage area(s) for cleaning equipment and supplies.</p>	<p>Do not identify compliance with this regulation here. See comments.</p>			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>1246 Food Serving and Supervision</p> <p>Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.</p>	<p>Do not identify compliance with this regulation here. See comments.</p>			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>1247 Disciplinary Isolation Diet</p> <p>No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period. Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Corrections Standards Authority, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.			X	
1248 Medical Diets Policies identify who is authorized to prescribe medical diets.	X			In diet manual. Copies of diet orders are kept in logs.
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			Aramark dietitian develops these.
The facility manager complies with providing any medical diet prescribed for an inmate.	X			
There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.	X			
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			Last approval 10/2013
Pregnant women are provided a balanced, nutritious diet approved by a doctor.	X			

Summary of nutritional evaluation:

Same 6 week cycle menu is used for County Jails 1, 2, 3, 4, 5, & 6. Menus are reviewed and revised by the Aramark Registered Dietitian. The menu currently in use was implemented 6/2012, revised 8/12 and meets Title 15 specific nutrient content.

Aramark Food Service staff at this facility is trained on a regular basis. In addition, proper food handling procedures are posted in kitchen and dishwashing area.

Diet Manuals and food service manuals were reviewed and approved October 2013, and a copy is kept in the dietary office and is readily available to staff.

*The calcium requirement is met by providing at dinner a fortified drink with C,B12,D,&E, and Calcium and added sugar and coloring. The practice of serving artificially sweetened drinks and the bio-availability of nutrients in this type of food has not been documented.

JUVENILE FACILITY HEALTH INSPECTION REPORT
Juvenile Halls, Special Purpose Juvenile Halls and Camps
Health and Safety Code Section 101045

BSCC #: _____

FACILITY NAME: Log Cabin Ranch		COUNTY: San Francisco	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): P.O. Box 220 La Honda, CA 94020 650-747-0257			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL:	SPECIAL PURPOSE JUVENILE HALL:	CAMP: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 6/12/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN, Quality Management, Regulatory Affairs—415-206-8484 Cheryl Kalson, MPH, Quality Management, Regulatory Affairs—415-206-2379			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Stefan Strassfeld, RN, Nurse Manager 415-753-7717			

This checklist is to be completed pursuant to the attached instructions.

**III. MEDICAL/MENTAL HEALTH EVALUATION – Juvenile Justice Center and Log Cabin Ranch
Juvenile Halls, Special Purpose Juvenile Halls and Camps**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 8. Health Services				
1400 Responsibility For Health Care Services				
Health care services are provided to all minors.	X			
There is a designated health administrator who, in cooperation with the mental health director and the facility administrator, has responsibility for administrative health care policies.	X			
A responsible physician is designated to develop policy in health care matters involving clinical judgments.	X			
1401 Patient Treatment Decisions				
Clinical decisions about the treatment of individual minors are the sole province of licensed health care professionals operating within the scope of their license and within facility policy.	X			
Security policies and procedures apply to both child supervision and health care personnel.	X			
1402 Scope of Health Care				
Policy and procedures define which health care services are provided in the facility and which services are provided through community providers.	X			
There is at least one physician available to provide treatment.	X			
Health care services meet the minimum requirements of these regulations and are provided at a level to address acute symptoms and/or conditions and avoid preventable deterioration of the minor's health while in confinement.	X			
Staff, space, equipment, supplies, materials and resource manuals are adequate for the level of health care provided in the facility.	X			
There is provision for parents, guardians, or other legal custodians to arrange for health care that is permitted by law, at their expense.	X			
1403 Health Care Monitoring and Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	X			
There are policies and procedures requiring that the quality and adequacy of health care services are assessed at least annually.	X			
There is a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health administrator provides the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services. <i>(Inspectors are requested to verify existence of these reports.)</i>	X			
At least quarterly, there are documented administrative meetings between health and facility administrators to review medical, mental health and medical services.	X			
1404 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>	X			
Recruitment education and experience requirements are consistent with those in the community.				
There are policies and procedures to assure that state license, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility	X			
Health care staff credentials are on file at the facility or another central location where they are available for review. Policies and procedures require that these credentials are periodically reviewed and remain current.	X			
Position descriptions and actual practice reflect that health care staff receive the supervision required by their license and operate within the scope of their practice.	X			
1405 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>	X			
When the responsible physician determines that a clinical function can be delegated to health care staff other than a physician, that function is performed by staff operating within their scope of practice, pursuant to written protocol standardized procedures or direct medical order.	X			
1406 Health Care Records <i>(Applicable to facilities with on-site health care staff)</i>	X			
Complete, individual and dated health records are maintained and include, but are not limited to:				
Intake health screening form <i>(Note: The intake screening form may also be included in the probation file as a non-confidential document. See guidelines for discussion.);</i>	X			
Health appraisals/medical examinations;	X			
Health service reports (e.g., emergency department, dental, psychiatric and other consultations);	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Location where treatment is provided;	X			
Medication records in conformance with Title 15 § 1438;	X			
Progress notes;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Consent forms;	X			
Authorization for release of information;	X			
Copies of previous health records;	X			
Immunization records; and,	X			
Laboratory reports.	X			
Policies/procedures and practice require that health records are in a locked area separate from the confinement record.		X		JJC: The health records room was open for staff access and did not appear to be sufficiently secured. Cannot guarantee that corrections staff do not have access to juvenile detainees' records Log Cabin Ranch: Health records under lock and key
The health administrator controls access to health records and confidentiality laws related to provider-patient privilege apply. Minors are not used to translate confidential medical information for non-English speaking minors.	X			
Health records are retained in accordance with community standards.	X			
1407 Confidentiality				
Policy and procedures for multi-disciplinary sharing of health information, address providing information to the court, child supervision staff and to probation. Information from minors' (probation) case files is shared with health care staff when relevant.	X			
The nature and extent of information shared is appropriate to: treatment planning; program needs; protecting the minor or others; facility management; security or preservation of safety; and order.	X			
Information can be communicated confidentially at the time of health encounters.	X			
1408 Transfer of Health Care Summary Records				Policy No. 1408 addresses transfer of youth information
Policy and procedures assure that: A summary of the health record, in an established format, or documentation that no health record exists in the facility, is transferred to another jurisdiction prior to or at the time of transfer;	X			
Relevant health records are forwarded to the health care staff of the receiving facility;	X			
Advance notification is provided to the local health officer in the sending jurisdiction and the responsible physician of the receiving facility prior to the release or transfer of minors with known or suspected active tuberculosis disease;	X			
Written authorization from the parent and/or legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
Confidentiality of health records is maintained during transfer.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
After minors are released to the community, health record information is transmitted to community physicians or health care facilities upon the request and with written authorization of the minor and/or parent or guardian.	X			
In facilities without on-site health care staff, policies and procedures assure that child supervision staff forward non-confidential information on medications and other treatment orders, prior to or at the time of transfer.	X			
1409 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>) There is a facility-specific health services manual for written policies and procedures that, at a minimum, address all health care related standards that are applicable to the facility. (<i>Note: "Facility specific" means that policies and procedures for that facility are included. In multi-facility systems policies and procedures for more than one facility in that system may be included in the same manual.</i>)	X			
The manual is available to all health care staff, the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			
There is a documented annual review of the health care procedures manual, with revisions as necessary.	X			
The facility administrator, the facility manager, the health administrator and the responsible physician have approved and signed the manual.	X			
1410 Management of Communicable Diseases Policy and procedures have been developed in cooperation with the local health officer to address the identification, treatment, control and follow-up management of communicable diseases. Policy and procedures include:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during detention;	X			
Coordination with public and private community-based resources for follow-up treatment;	X			
Applicable reporting requirements, and,	X			
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to reflect local disease priorities.	X			
1411 Access to Treatment Policy and procedures provide unimpeded access to health care.	X			
1412 First Aid and Emergency Response Policy and procedures assure access to first aid and emergency services.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
First aid kits are available in designated areas of each juvenile facility.	X			
The responsible physician approved the contents, number, location and procedure for periodic inspection of the first aid kits.	X			
Child supervision and health care staff is trained and there are policies and procedures to respond to emergencies requiring first aid.	X			
1413 Individualized Treatment Plans (<i>Excluding Special Purpose Juvenile Halls</i>)				
Policy and procedures direct that health care treatment plans are developed for minors who receive services for significant health care concerns.	X			
Health care treatment plans are considered in facility program planning.	X			
Health care restrictions do not limit participation in school, work, exercise and other programs beyond what is necessary to protect the health of the minor or others.	X			
Medical and mental health information is shared with supervision staff in accordance with §1407 for purposes of programming, treatment planning and implementation.	X			
Program planning includes pre-release arrangements for continuing health care, together with participation in relevant programs upon release.	X			
Minors who are suspected or confirmed to be developmentally disabled are referred to the local Regional Center for the Developmentally Disabled within 24 hours of identification, excluding holidays and weekends. (<i>See also Title 15 § 1355, Assessment and Plan</i>)	X			
1414 Health Clearance for in-Custody Work and Program Assignments				
There are health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to food handlers. (<i>See also Title 15 § 1465.</i>)	X			
1415 Health Education (<i>Excluding Special Purpose Juvenile Halls</i>)				JJC and Log Cabin Ranch: Active school programs and library access
Policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	X			
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the offender population.	X			
1416 Reproductive Services				
Policy and procedures assure that reproductive health services are available to both male and female minors.	X			
Reproductive services include but are not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Section 1417. Pregnant Minors.				
Policies and procedures pertaining address a diet, vitamins, education and limitations on the use of restraints.	X			
1430 Intake Health Screening				
Policies and procedures define when a health evaluation and/or treatment must be obtained prior to acceptance for booking, and establish a documented intake screening procedure to be conducted immediately upon entry into the facility.	X			
Consistent with facility resources to safely hold a minor, the responsible physician has identified health conditions that would preclude a minor's acceptance into a facility without a documented medical clearance. At a minimum, intake criteria provide that:	X			
Unconscious minors are not accepted;	X			
Minors who are known to have ingested or who appear to be under the influence of intoxicating substances are cleared in accordance with Title 15 § 1431, (<i>Intoxicated and Substance Abusing Minors</i>)	X			
Circumstances and reasons for requiring a medical clearance are documented whenever a minor is not accepted for booking; and,	X			
Written medical clearance is received prior to accepting any minor who was referred for pre-booking treatment and clearance.	X			
An intake screening, consisting of a defined, systematic inquiry and observation of every minor booked into the facility is conducted by health care or trained child supervision staff at the time of entry into the facility.	X			
Screening procedures address medical, dental and mental health concerns that may pose a hazard to the minor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.	X			
Minors suspected of having a communicable disease are separated from the general population pending the outcome of an evaluation by medical staff.	X			
There is provision for a timely referral for health care commensurate with the nature of any problems or compliant identified during the screening process.	X			
1431 Intoxicated and Substance Abusing Minors				
There are policy and procedures for the identification and management of alcohol and other drug intoxication that address:	X			
Designated housing, including protective environments for placement of intoxicated minors;	X			
Symptoms or known history of ingestion that should prompt immediate referral for medical evaluation and treatment;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Determining when the minor is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
Medical responses to minors experiencing intoxication or withdrawal reactions;	X			
Management of pregnant minors who use alcohol or other drugs;	X			
Initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community, consistent with Title 15 § 1413 and Title 15 § 1355; and,	X			
Coordination of mental health services in cases of substance abusing minors with known or suspected mental illness.	X			
A medical clearance is obtained prior to booking any minor who displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency.	X			
Supervision of intoxicated minors who are cleared to be booked into a facility includes monitoring no less often than every 15 minutes until resolution of the intoxicated state.	X			
The monitoring observations are documented, with actual time of occurrence recorded.	X			
Medical, or child supervision staff operating pursuant to medical protocols, conduct a medical evaluation for all minors whose intoxicated behavior persists beyond six hours from the time of admission.	X			
1432 Health Appraisals/Medical Examinations				
Policy and procedures require a health appraisal/medical examination of minors.				
The health appraisal/medical examination is completed within 96 hours of admission, in a location that protects the minor's privacy and by a physician or other licensed or certified health professional working under direction of a physician.	X			
This health evaluation includes a health history, medical examination, laboratory and diagnostic testing and necessary immunizations.	X			
The health history includes: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other drugs), developmental history (e.g., school, home, and peer relations), sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The examination includes: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, gross hearing test, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal neurological.	X			
Laboratory and diagnostic testing includes: Tuberculosis testing, pap smears and testing for sexually transmitted diseases for sexually active minors. Additional testing is available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	X			
Immunizations are verified and, within two weeks of the Health Appraisal/ Medical Examination, a program is started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.	X			
The responsible physician may modify the health examination for minors admitted with an adequate examination done within the previous 12 months, provided there is reason to believe that no substantial change would have occurred since the full evaluation. When this is done, health care staff review the intake health screening form and conduct a face-to-face interview with the minor.	X			
There are policy and procedures for a medical evaluation and clearance for adjudicated minors who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours. When this evaluation and clearance cannot be completed at the facility during the initial stay, it is completed prior to acceptance at the facility and includes screening for tuberculosis.	X			
For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:	X			
Is received from the sending facility;	X			
Is reviewed by designated health care staff at the receiving facility; and,	X			
Absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the minor within 96 hours of admission.	X			
Policy and procedures require that minors who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination is reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1433 Requests for Health Care Services				MCR forms in various locations throughout JJC and Log Cabin Ranch.
Policy and procedures establish a daily routine for minors to convey requests for emergency and non-emergency health care requests and include the following:	X			
There is opportunity for both written and verbal requests, with provision for minors having language or literacy barriers.	X			
Supervision staff relays requests from the minor, initiate referrals when the need for health care services is observed, and advocate for the minor when the need for services appears urgent.	X			
Designated staff inquires and make observations regarding the health of each minor on a daily basis and in the event of possible injury.	X			
There is 24-hour opportunity for minors and staff to communicate the need for emergency health care services.	X			
There is provision for any minor requesting health care, or observed to need such care, to be given that attention by licensed or certified health care staff.	X			
All health care requests are documented and maintained.	X			
1434 Consent for Health Care				
Policy and procedures require informed consent for health care examinations.	X			
Examinations, treatments, and procedures requiring verbal or written consent in the community also require that consent for confined minors.	X			Medical staff make every attempt to notify the youths' parents (regardless as to whether youth is under legal custody) and/or legal guardians/caretakers of pending medical issues requiring consent
There is provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent-guardian or other person standing in loco parentis.	X			
Policy and procedures are consistent with applicable statute in those instances where the minor's consent for testing or treatment is sufficient or specifically required.	X			
Conservators provide consent only within limits of their court authorization.	X			
Minors may refuse non-emergency medical and mental health care, verbally or in writing.	X			
1435 Dental Care				
Policy and procedures require that dental treatment is provided to minors as necessary to respond to acute conditions and to avert adverse effects on the minor's health. Treatment is not limited to extractions.	X			
1436 Prostheses and Orthopedic Devices				
Policy and procedures address the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prostheses are provided when the responsible physician determines that the health of the minor would be adversely affected without them.	X			
Procedures for the retention and removal of prostheses comply with the requirements of Penal Code § 2656. (See guidelines discussion.)	X			
1437 Mental Health Services and Transfer to a Treatment Facility				
Policy and procedures require providing mental health services that include but not limited to:	X			
Screening for mental health problems at intake;	X			
Crisis intervention and the management of acute psychiatric episodes;	X			
Stabilization of the mentally ill and prevention of psychiatric deterioration in the facility setting;	X			
Elective therapy services and preventive treatment, where resources permit;	X			
Medication support services; and,	X			
Provision for referral and admission to licensed mental health facilities for minors whose psychiatric needs exceed the treatment capability of the facility.	X			
<u>The minor may be evaluated by licensed health personnel to determine if treatment can be initiated at the juvenile facility.</u>	X			
Any minor who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication, is provided a mental status assessment by a licensed mental health clinician, psychologist or psychiatrist.	X			
A mentally disordered minor who appears to be a danger to himself or others or to be gravely disabled, is evaluated pursuant to Penal Code § 4011.6 or Welfare and Institutions Code § 6551. Absent an emergency, unless the facility has been designated as a Lanterman-Petris-Short (LPS) facility, and minors meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code § 5000 et seq., all services are provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code § 4011.8 or Welfare and Institutions Code § 6552,	X			
1438 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include but not be limited to:				
Securely lockable cabinets, closets and refrigeration units:			X	Log Cabin Ranch: regularly scheduled prescription meds (e.g.inhalers, antihistemics) are stored in hanging file folders; it is suggested that medications be stored in a locked medicine cabinet
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Confirmation that the recipient has ingested the medication;	X			
Documenting that prescribed medications have or have not been administered by whom, and if not, for what reason;	X			Log Cabin Ranch: Quality check done by nurse demonstrated that there were occasional missed medications. Surveyors suggest risk assessment and CQI project
Prohibition of the delivery of drugs from one minor to another;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
The length of time allowable for a physician's signature on verbal orders;	X			
Training for non-licensed personnel includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for confirming ingestion of medication; and, consultation with health care staff for monitoring the minor's response to medication; and,	X			
At least annually, a pharmacist prepares a written report on the status of pharmacy services in the facility. The report is provided to the health authority and the facility administrator. <i>(See also Title 15 § 1403.)</i>	X			
Written protocols are consistent with pharmacy laws and regulations and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by a physician, dentist, pharmacist or other personnel, either licensed or trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the minor. Labels are prepared in accordance with Business and Professions Code § 4047.5.	X			
Dispensing is only done by a physician, dentist, pharmacist, or other person authorized by law.	X			
Administration of medication is only done by licensed health care personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications to minors.	X			
1439 Psychotropic Medications				Log Cabin Ranch: youth who are eligible for residence at Log Cabin Ranch may not be prescribed psychotropic medications
Policies and procedures govern the use of voluntary and involuntary medications. These policies and procedures include, but are not limited to:				
Protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate for the minor's need;	X			
Requirements that verbal orders be entered in the minor's health record and signed by a physician within 72 hours;	X			
The length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;	X			
Provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;	X			
Provision that the necessity for continuation on psychotropic medication is addressed in pre-release planning and prior to transfer to another facility or program; and,	X			
Provision for regular clinical-administrative review for utilization patterns for all psychotropic medications, including every emergency situation.	X			
Psychotropic medications are not administered to a minor absent an emergency unless informed consent has been given by the legally authorized person or entity.	X			
Minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
Absent an emergency, minors may refuse treatment.	X			
Minors found by a physician to be a danger to themselves or others by reason of a mental disorder, may be involuntarily given psychotropic medication that is immediately necessary for the preservation of life or the prevention of serious bodily harm. This can only be done when there is insufficient time to obtain consent from the parent, guardian or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Assessment and diagnosis supports the administration of psychotropic medications and administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	X			
1450 Suicide Prevention Program There is a written suicide prevention plan, with policies and procedures to prevent and respond to crisis. Staff training shall include, but not be limited to, identification of t minors who present a suicide risk, appropriate monitoring of their condition and provide for the necessary treatment ,follow-up and emergency response protocols for self-injurious behaviors.	X			
1452 Collection of Forensic Evidence Policy and procedures assure that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the minor.	X			
1453 Sexual Assaults There is policy and procedures for treating victims of sexual assaults and for reporting such incidents, when they occur in the facility, to local law enforcement.	X			
The evidentiary examination and initial treatment of victims of sexual assault is conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	X			
1454 Participation in Research Policy and procedures govern biomedical or behavioral research involving minors and require assurances for informed consent and the safety of the minor. Such research occurs only when ethical, medical and legal standards for human research are met.	X			
Participation in research is not a condition for obtaining privileges or other rewards and the court, health administrator, and facility administrator are informed of all proposed actions.	X			
1358 Use of Physical Restraints Policies and procedures govern the use of restraint devices. The policies address: known medical conditions that would contraindicate certain restraint devices and/or techniques; acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained minors; provision for hydration and sanitation needs; exercising of extremities.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Physical restraints are utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Restraints are used only for those minors who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			Behavioral health specialists are actively involved with any youth who present as an immediate danger to themselves or others
Minors are placed in restraints only with the approval of the facility manager or the shift supervisor. The facility manager may delegate authority to place a minor in restraints to a physician.	X			
Continued retention in restraints is reviewed a minimum of every hour.	X			
A medical opinion on the safety of placement and retention is secured as soon as possible, but no later than two hours from the time of placement. The minor is medically cleared for continued retention at least every three hours after the initial medical opinion.	X			
A mental health consultation to assess the need for mental health treatment is secured as soon as possible, but in no case longer than four hours from the time of placement.	X			
Continuous direct visual supervision is conducted and documented to ensure that the restraints are properly employed and to ensure the well-being of the minor.	X			
All minors in restraint devices are housed alone or in a specified housing area for restrained minors with provisions to protect the minor from abuse.	X			
Restraints are not used as punishment, discipline, or as a substitution for treatment.	X			
The affixing of hands and feet together behind the back (hog-tying) is prohibited.	X			
1359 Safety Room Procedures				
Policies and procedures govern the use of safety rooms, as described in Title 24, Part 2, Section 460A.1.13.	X			
The safety room is used to hold only those minors who present an immediate danger to themselves or others who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			
The safety room is not to be used for punishment, discipline, or as a substitute for treatment. Policies and procedures:	X			
Include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;	X			
Provide for approval of the facility administrator, or designed shift supervisor, before a minor is placed into a safety room;	X			
Provide for continuous direct visual observation;	X			
Provide that the minor is evaluated by the facility administrator, or designee, every four hours;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call;	X			
Provide that a minor is medically cleared for continued retention every 24 hours;	X			
Provide that a mental health opinion is secured within 24 hours; and,	X			
Provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, observations of the minor during confinement, and decisions to continue and end placement.	X			

Summary of medical/mental health evaluation:

Observations and Suggestions

- Policies are too generalized, lack procedural detail
- Use the signature page to reflect all updated policy reviews/changes, do not add to policy itself.
- Meetings – Probation and Medical conflict resolution
- JJC and Log Cabin Ranch need additional EVS support
- It is sometimes necessary for corrections staff to deliver medications

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Community Justice Center		COUNTY: San Francisco County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 575 Polk Street San Francisco, CA 94102		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY: <input checked="" type="checkbox"/>	TEMPORARY HOLDING FACILITY: <input type="checkbox"/>
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 7/10/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacquie Caesar, RN, Quality Management/Regulatory Affairs—415-206-8484 Cheryl Kalson, MHA, Quality Management/Regulatory Affairs—415-206-2379		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager, Thomas J. Cahill Hall of Justice 415-553-1076		

This checklist is to be completed pursuant to the attached instructions.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Hall of Justice		COUNTY: San Francisco County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 850 Bryant Street San Francisco, CA 94103		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY: X	TEMPORARY HOLDING FACILITY:
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 7/10/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN, Quality Management/Regulatory Affairs—415-206-8484 Cheryl Kalson, MHA, Quality Management/Regulatory Affairs—415-206-2379		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager, Thomas J. Cahill Hall of Justice 415-553-1076		

This checklist is to be completed pursuant to the attached instructions.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Civic Center Courthouse		COUNTY: San Francisco County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 400 McAllister Street San Francisco, CA 94102		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY: <input checked="" type="checkbox"/>	TEMPORARY HOLDING FACILITY: <input type="checkbox"/>
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 7/10/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacquie Caesar, RN, Quality Management/Regulatory Affairs—415-206-8484 Cheryl Kalson, MHA, Quality Management/Regulatory Affairs—415-206-2379		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager, Thomas J. Cahill Hall of Justice 415-553-1076		

This checklist is to be completed pursuant to the attached instructions.

III. MEDICAL/MENTAL HEALTH EVALUATION Hall of Justice, Civic Center Courts, Community Justice Center
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				This center has specific plans for addressing any medical emergencies encountered for the custodies welfare.
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco California
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:</p>			X	<p>Medical screening information is transferred to the Deputy Sheriff's Bailiffs to prompt return to the CJ for medications and treatments as necessary.</p> <p>If an emergency should occur, inmates are referred to the EMS system for transport to the Hospital.</p>
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
<p>Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.</p> <p>The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.</p>			X	
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.			X	
Inmates are not used for medical record keeping.			X	
<p>1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.</p> <p>The health care manual includes, but is not limited to:</p>	X			
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is transferred to the Court Deputy Sheriffs during Court proceedings for identification of medications and treatment plans instituted by the County Jail.
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			Medical screening information is transferred to the Deputy Sheriff's Bailiffs to prompt return to the CJ for medications and treatments as necessary.
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:			x	
Intake health screening procedures;			x	
Identification of relevant symptoms;			x	
Referral for medical evaluation;			x	
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:				
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>			x	Medical screening has been performed by the county jail system.
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.			X	
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.			X	
The screening is performed by licensed health care staff or by trained facility staff.			X	
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.			X	
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.			x	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	
<p>1208 Access to Treatment</p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>			X	
<p>1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>			X	
<p>1) Screening for mental health problems;</p>			X	
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>			X	
<p>3) Stabilization and treatment of mental disorders; and,</p>			X	
<p>4) Medication support services.</p>			X	
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>			X	
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i></p>			X	
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>			X	
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>			X	
<p>Designation of appropriate setting for involuntary administration of medication.</p>			X	
<p>Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.</p>			x	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.			X	
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			The Medical Staff and the Sheriff's departments have regularly scheduled meetings and classes for identification of signs and symptoms of medical problems.
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			Medical screening information is transferred to the Deputy Sheriff's Bailiffs to prompt return to the CJ for medications and treatments as necessary.
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
1213 Detoxification Treatment (Not applicable Type IV.)				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.			X	
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.			X	
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
1215 Dental Care				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units:			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications (Not applicable Type IV.)			X	
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	
1219 Suicide Prevention Program				The Facility has safety precautions built in to prevent suicide attempts, e.g., Sinks do not have open-handle railing, faucets are push-button and flush to sink face, no knobs or other hooks available, door hinges are slanted to prevent ligature access.
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
1220 First Aid Kits				Facility has Zoll AED available. All staff are certified every two years. Emergency medical care can be called.
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1046 Death in Custody				
Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			x	
1051 Communicable Diseases				
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.			x	All inmates with communicable diseases have been screened and treatment administered prior to court proceedings.
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.			x	
The inmate's response is noted on the booking form and/or screening device.			x	
1052 Mentally Disordered Inmates				
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.			x	All inmates with communicable diseases have been screened and treatment administered prior to court proceedings
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.			X	
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All inmates with communicable diseases have been screened and treatment administered prior to court proceedings.
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			x	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			x	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			x	
Such inmates are removed from the sobering cell when they are able to continue with processing.			x	
1057 Developmentally Disabled Inmates				
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>			x	
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>			x	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1058 Use of Restraint Devices</p> <p><i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i></p> <p>Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.</p>			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every <u>two</u> hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
<p>1121 HEALTH EDUCATION FOR MINORS IN JAILS</p> <p>Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</p> <p>Written policy and procedures assure that reproductive health services are available to both male and female minors.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.</p>			X	
<p>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</p> <p>For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:</p>			x	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. No minors are a part of the court proceedings at these locations.
<p>is received from the sending facility;</p>			x	
<p>is reviewed by designated health care staff at the receiving facility; and,</p>			x	
<p>absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.</p>			x	
<p>1124 PROSTHESES AND ORTHOPEDIC DEVICES</p> <p>There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.</p>			x	
<p>Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.</p>			x	
<p>Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.</p>			x	
<p>1125 PSYCHOTROPIC MEDICATIONS</p> <p><i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i></p> <p>(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability				
In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:			X	
Be suitably equipped;			X	
Be located within the security area and provide for inmate privacy;			X	
Have at least 100 square feet of floor space with no single dimension less than 7 feet;			X	
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,			X	
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space				
There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.			X	
Title 24 Part 2 § 470A.2.14 – Medical Care Housing				All inmates are promptly returned to CJ from the court proceedings.
There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
HSC 11222 and 11877 Addicted Arrestee Care				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
PC 4023.6 Female Inmates' Physician				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

San Francisco County Courts Title 15 Inspection was conducted on July 10, 2014

The three facilities were clean, organized, and well-maintained with one exception: holding cell by HOJ Court #21. Toilet and sink needs to be upgraded.

Medical screening documentation is transferred with each inmate during court proceedings.

Security Door delay and video surveillance are continuously active at all centers.

There is a consistent method to ascertain the correct counting of all inmates during the court proceedings.in the event of evacuation is necessary.

The Sheriff's Department is actively involved with community activities especially in the Community Justice Court system.

The Hall of Justice, Civic Center Courts, and the Community Justice Courts are in compliance with Title 15 Medical/Mental Health Standards.

**ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: County Jail # 5		COUNTY: San Francisco		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): #1 Moreland Drive San Bruno, CA 94066				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 6/25/14		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN, Quality Management, Regulatory Affairs—415-206-8484 Cheryl Kalson, MHA, Quality Management, Regulatory Affairs—415-206-2379				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Terri Ellenberg RN, Nurse Manager 650-266-7579				

This checklist is to be completed pursuant to the attached instructions.

III. MEDICAL/MENTAL HEALTH EVALUATION
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			Discussed emergency evaluation plans and yearly practice sessions between Medical, Behavioral Health and Sheriff's Departments
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.				On-call schedule is posted on Intranet home page
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			Reviewed Unusual Occurrence (UO) process; most due to med errors, missed dosages, etc.
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.	X			Policies and procedures are well-written, detailed, uniform, online and easily searchable by staff. The Nurse Manager holds inservices to update staff when new policies are created or policy changes occur.
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco, CA 94102
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			Standardized procedures are available

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:</p>	X			Online charting is available for screening and daily documentation
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);	X			Medical records are computerized
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			MCR forms readily available at each pod and with the nurse during pill call
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			Each pod includes a health screening station (exam room)
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
<p>1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.</p> <p>The health care manual includes, but is not limited to:</p>	X			A cover sheet indicates current review by Director of Jail Health, facility Nurse Managers, and Behavior Health professionals.
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	CJ #5 does not house female inmates
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Behavioral health services are contracted with Healthright 360
h) Implementation of special medical programs;	X			
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			Pharmacy is on-site
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			Inmate is assessed for special dietary needs on admission.
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Blue sealed envelopes used to transfer HC information from correctional facility to correctional facility. Red sealed envelopes are used for transfer of information to the hospital
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	No female inmates are housed in CJ5
<p>1208 Access to Treatment</p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.	X			
<p>1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>	X			
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.	X			
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i>	X			
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			RN staff see patient at each shift; deputy staff conduct q 15 min checks which are documented. Inmate must be out of restraints within 24 hours. If medical issues, inmate will be transferred to the hospital
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.	X			RMC
Any inmate requesting health care is provided that attention.	X			
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			Performed monthly by a contractor hired by the Sheriff's Department
1213 Detoxification Treatment (Not applicable Type IV.)				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	Patients are not detoxed at CJ5. If detoxification is indicated, appropriate transfer policy/procedures are implemented
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
1215 Dental Care				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:				
Securely lockable cabinets, closets and refrigeration units;	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	CJ5 is an adult facility
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:				
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			Self-administration of meds is by physician order only. Nurses conduct periodic audits to monitor compliance. The inmate signs an agreement to abide by requirements. Meds are re-ordered every 90 days.
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			
1217 Psychotropic Medications (Not applicable Type IV.)	X			
There are policies and procedures governing the use of psychotropic medications.	X			
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician following a clinical evaluation.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	X			Reese Hearings are held for patients receiving involuntary medications
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1219 Suicide Prevention Program				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
1220 First Aid Kits				Well-stocked exam rooms located in each pod
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
ARTICLE 4, RECORDS AND PUBLIC INFORMATION				
1046 Death in Custody				
Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	No minors are housed at CJ5
ARTICLE 5, CLASSIFICATION AND SEGREGATION				
1051 Communicable Diseases				Inmate is sent to SFGH
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates				
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			Inmates must be released from a safety cell within 24 hours. Deputies conduct q 15 min checks. Nurses are required to conduct 1 visit q 8 hours but often they exceed that requirement. Behavioral health staff also see inmate.
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
1056 Use of Sobering Cell				There are no sobering cells at CJ5 (located at CJ1)
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			X	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			X	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			X	
Such inmates are removed from the sobering cell when they are able to continue with processing.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1057 Developmentally Disabled Inmates				Accommodations include cells with wider egress and appropriate equipment as necessary. There is wheelchair accessibility for the bathrooms.
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices				
<i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>	X			
Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.				
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every two hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			
ARTICLE 8, MINORS IN JAILS				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1121 HEALTH EDUCATION FOR MINORS IN JAILS Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.	X			
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
is received from the sending facility;			X	
is reviewed by designated health care staff at the receiving facility; and,			X	
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.			X	
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.			X	
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1125 PSYCHOTROPIC MEDICATIONS <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i> (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:				
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,	X			
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
Title 24 Part 2 § 470A.2.14 – Medical Care Housing There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:				
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
HSC 11222 and 11877 Addicted Arrestee Care Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			Usually not done at CJ5
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
PC 4023.6 Female Inmates' Physician Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

- New staff nurses train to operate a glucometer as part of new employee orientation only. It is suggested that nurses review glucometer operation procedures 1x/year.
- Medical orders are renewed every 90 days. For all self-administered medications, a computerized printout that includes soon-to-expire medications, orders that need to be renewed, and the expiration dates of medications that have already been dispensed
- Monthly meetings are held with medical, correction, and behavioral staff personnel.
- Supplies are stored under sinks. They should be removed to prevent potential contamination in the event of a leak.
- More handwashing signage should be displayed throughout the clinic.

**ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: County Jail #4		COUNTY: San Francisco		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 850 Bryant Street, 7th Floor San Francisco, CA 94103				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION			DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: 6/26/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN, Quality Management Regulatory Affairs—415-206-8484 Cheryl Kalson, MHA, Quality Management, Regulatory Affairs—415-206-2379				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Imelda Prado, RN, PHN, Nurse Manager 415-553-9103				

This checklist is to be completed pursuant to the attached instructions.

III. MEDICAL/MENTAL HEALTH EVALUATION – CJ #4
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			Discussed emergency evaluation plans and yearly practice sessions between Medical, Behavioral Health and Sheriff's Departments
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.				On-call schedule is posted on Intranet home page
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			Reviewed Unusual Occurrence (UO) process, due to med errors, missed dosages, etc.
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.	X			Policies and procedures are well-written, detailed, uniform, online and easily searchable by staff. The Nurse Manager holds inservices to update staff when new policies are created or policy changes occur.
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco, CA 94102
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			Standardized procedures are available

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:</p>	X			Online charting is available for screening and daily documentation
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);	X			Medical records are computerized
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			MCR forms readily available to inmates
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
<p>1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.</p> <p>The health care manual includes, but is not limited to:</p>	X			A cover sheet indicates current review by Director of Jail Health, facility Nurse Managers, and Behavioral Health professionals.
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	CJ #4 does not house female inmates
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Behavioral health services are contracted with Healthright 360
h) Implementation of special medical programs;	X			
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			Small pharmacy is on-site, open 1 day/week. Daily deliveries from CJ 5 are available. Methadone services are contracted (e.g., Bay View)
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			Inmate is assessed for special dietary needs on admission.
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Blue sealed envelopes used to transfer HC information from correctional facility to correctional facility. Red sealed envelopes are used for transfer of information to the hospital
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	No female inmates are housed in CJ4
<p>1208 Access to Treatment</p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>	X			
<p>1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>	X			
<p>1) Screening for mental health problems;</p>	X			
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>	X			
<p>3) Stabilization and treatment of mental disorders; and,</p>	X			
<p>4) Medication support services.</p>	X			
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>	X			
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i></p>	X			
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>	X			
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>	X			
<p>Designation of appropriate setting for involuntary administration of medication.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			RN staff see inmate at least each shift; deputy staff conduct q 15 min checks; recorded on specific form (pink); behavioral health sees inmate at least 1x per shift as well
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
1211 Sick Call				MCR
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
1212 Vermin Control				Performed monthly by a contractor hired by the Sheriff's Department
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
1213 Detoxification Treatment (Not applicable Type IV.)				Patients are not detoxed at CJ4. If detoxification is indicated, appropriate transfer policy/procedures are implemented
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
1215 Dental Care				On-site dental services
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:				
Securely lockable cabinets, closets and refrigeration units:	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	CJ4 is an adult facility
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:				
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			Must have order and documented
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			Self-administration of meds is by physician order only. Nurses conduct periodic audits to monitor compliance. The inmate signs an agreement to abide by requirements. (Includes inhalers, nitroglycerin, anti-hypertensives, et al.)
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			
1217 Psychotropic Medications (Not applicable Type IV.)	X			
There are policies and procedures governing the use of psychotropic medications.	X			
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician following a clinical evaluation.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	X			
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1219 Suicide Prevention Program				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
1220 First Aid Kits				
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
ARTICLE 4, RECORDS AND PUBLIC INFORMATION				
1046 Death in Custody				
Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	
ARTICLE 5, CLASSIFICATION AND SEGREGATION				
1051 Communicable Diseases				Patient is sent to SFGH
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates				
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			Inmates must be released from a safety cell within 24 hours. Deputies conduct q 15 min checks. Nurses and behavioral health staff are required to conduct 1 visit q 8 hours but often they exceed that requirement.
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
1056 Use of Sobering Cell				There are no sobering cells at CJ4 (located at CJ1)
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			X	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			X	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			X	
Such inmates are removed from the sobering cell when they are able to continue with processing.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1057 Developmentally Disabled Inmates				Patients are accommodated by placing them in cells closer to the clinic
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices				There is a clear policy/procedure for implementing and managing restraints
<i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>	X			
Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.				
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every <u>two</u> hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			

ARTICLE 8, MINORS IN JAILS

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1121 HEALTH EDUCATION FOR MINORS IN JAILS Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
is received from the sending facility;			X	
is reviewed by designated health care staff at the receiving facility; and,			X	
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.			X	
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.			X	
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1125 PSYCHOTROPIC MEDICATIONS <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i> (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:				
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,	X			
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
Title 24 Part 2 § 470A.2.14 – Medical Care Housing There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
HSC 11222 and 11877 Addicted Arrestee Care Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	Usually not done at CJ4.
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			Methadone maintenance provided by contracted services (e.g., Bay View)
PC 4023.6 Female Inmates' Physician Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	There are no females housed in CJ#4
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

Observations and Suggestions

- Medications were all labeled except for Dex 4 Glucose Tablets. We cannot determine if the bottle needs to be labeled once open (i.e. is there a shelf life)?
- A few lab tubes were noted to be outdated.
- New staff nurses learn about glucometer operation as part of the new employee orientation only. It is suggested that nurses should review glucometer operation procedures 1x/year.
- Mantoux TB test bottle labeled 5/1/14; needed to be discarded
- Medication orders are renewed every 90 days (for self-administration)
- A computerized printout that includes soon-to-expire medications, orders that need to be renewed, and the expiration dates of medications that have already been dispensed.
- Monthly meetings are held with medical, correction, and behavioral staff personnel.
- Nurse Managers (all jails) meet monthly
- Remove review/revision information from the first page of the policy as the Cover Sheet that documents review is sufficient.
- Supplies are stored under sinks. They should be removed to prevent potential contamination in the event of a leak.
- Handwashing signage s/b displayed throughout the clinic.
- Keys to narcotics cabinet were left in drawer, not carried by staff
- Deputies trained to give signs and sx info when they call med staff to an emergency
- CQI Projects: Indirect payment procedure (IPP), lab audits, patient satisfaction
- Dental service area needs thorough cleaning
- Dental office: Oxygen tanks in back need to be secured in a box or behind a chain
- Overall: Jail Health Services would benefit from a Lean analysis e.g., needs major organization, space allocation improvements
- Ensure – cartons located on floor, need to be raised.
- Overall, CJ #4 needs more EVS support

**ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: County Jail #'s 1 & 2		COUNTY: San Francisco		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 425 7t Street San Francisco, CA 94103				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 6/27/14		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN, Quality Management, Regulatory Affairs—415-206-8484 Cheryl Kalson, MHA, Quality Management, Regulatory Affairs—415-206-2379				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Harold Sims, RN, Nurse Manager 415-575-4330				

This checklist is to be completed pursuant to the attached instructions.

**III. MEDICAL/MENTAL HEALTH EVALUATION – CJs #1 and 2
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			Discussed emergency evaluation plans and yearly practice sessions between Medical, Behavioral Health and Sheriff's Departments
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			On-call schedule is posted on Intranet home page
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			Reviewed Unusual Occurrence (UO) process; most due to med errors, missed dosages, etc.
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.	X			Policies and procedures are well-written, detailed, uniform, online and easily searchable by staff. The Nurse Manager holds inservices to update staff when new policies are created or policy changes occur.
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco, CA 94102
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			Standardized procedures are available

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:</p>	X			Online charting is available for screening and daily documentation
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);	X			Medical records are computerized
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			MCR forms readily available at each pod (CJ #2 only) and with nurse during pill call. Medical screening done on arrestee intake (CJ #1)
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			In CJ #2 there is an exam room.
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
<p>1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.</p> <p>The health care manual includes, but is not limited to:</p>	X			A cover sheet indicates current review by Director of Jail Health, facility Nurse Managers, and Behavior Health professionals.
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;	X			Yes for CJ#1 and #2. Pregnant inmates referred to NP within 3 days for diet consult and prenatal vitamins. NP sees pregnant inmates weekly. If in alcohol withdrawal, inmate is sent to SFGH. Inmates with high-risk pregnancies are seen by OB specialist from UCSF. Well baby checks are provided within the jail clinic. Babies can receive breast milk if family is willing to pick up.
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Behavioral health services are contracted with Healthright 360
h) Implementation of special medical programs;	X			Methadone maintenance and prenatal care and parenting classes for pregnant inmates in CJ#2.
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			Pharmacy is on-site
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			Inmate is assessed for special dietary needs on admission.
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Blue sealed envelopes used to transfer HC information from correctional facility to correctional facility. Red sealed envelopes are used for transfer of information to the hospital
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>	X			Behavioral Health and NPs screen for post-partum depression.
<p>1208 Access to Treatment</p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			Signage posted in relevant areas in CJ#1 and #2.
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.	X			
<p>1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>	X			
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.	X			
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i>	X			
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			For CJ#2: RN staff see patient at each shift; deputy staff conduct q 15 min checks which are documented. Inmate must be out of restraints within 24 hours. If medical issues, inmate will be transferred to the hospital
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.	X			MCR
Any inmate requesting health care is provided that attention.	X			
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			Performed monthly by a contractor hired by the Sheriff's Department
1213 Detoxification Treatment (Not applicable Type IV.)				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			Sobering cells available in CJ#1 at intake.
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
1215 Dental Care				On-site dental services
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:				
Securely lockable cabinets, closets and refrigeration units;	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	CJ #1 and #2 are adult facilities
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			From Pharmacy at CJ #5
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			Pharmacist present q Tuesday to review and refill all orders as necessary.
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			By order
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			Self-administration of meds is by physician order only. Nurses conduct periodic audits to monitor compliance. The inmate signs an agreement to abide by requirements. Meds are re-ordered every 90 days.
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			
1217 Psychotropic Medications <i>(Not applicable Type IV.)</i>	X			
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician following a clinical evaluation.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>	X			Reese Hearings are held for patients receiving involuntary medications
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
1219 Suicide Prevention Program				Screened at Intake (CJ#1); transferred to SFGH PES as necessary.
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
1220 First Aid Kits				Well-stocked exam areas
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 4, RECORDS AND PUBLIC INFORMATION				
1046 Death in Custody				
Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	No minors are housed a CJ #1 or #2
ARTICLE 5, CLASSIFICATION AND SEGREGATION				
1051 Communicable Diseases				Inmate is sent to SFGH
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates				
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			Inmates must be released from a safety cell within 24 hours. Deputies conduct q 15 min checks. Nurses are required to conduct 1 visit q 8 hours but often they exceed that requirement. Behavioral health staff also see inmate.
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
1056 Use of Sobering Cell				Sobering cells located in CJ #1
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			X	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			X	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			X	
Such inmates are removed from the sobering cell when they are able to continue with processing.			X	
1057 Developmentally Disabled Inmates				There is an infirmary for inmates who require extra monitoring, e.g., c-pap, brittle diabetics, and end stage renal disease.
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1058 Use of Restraint Devices</p> <p><i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i></p> <p>Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.</p>	X			Per Nurse Manager, inmates restrained only twice in past 7 years.
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every <u>two</u> hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			

ARTICLE 8, MINORS IN JAILS

<p>1121 HEALTH EDUCATION FOR MINORS IN JAILS</p> <p>Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</p> <p>Written policy and procedures assure that reproductive health services are available to both male and female minors.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.</p>			X	
<p>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</p> <p>For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>is received from the sending facility;</p>			X	
<p>is reviewed by designated health care staff at the receiving facility; and,</p>			X	
<p>absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.</p>			X	
<p>1124 PROSTHESES AND ORTHOPEDIC DEVICES</p> <p>There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.</p>			X	
<p>Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.</p>			X	
<p>1125 PSYCHOTROPIC MEDICATIONS</p> <p><i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i></p> <p>(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability				
In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,	X			
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space				
There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
Title 24 Part 2 § 470A.2.14 – Medical Care Housing				
There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
HSC 11222 and 11877 Addicted Arrestee Care				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			At CJ #1, medical staff call methadone clinic to verify that inmate is under methadone care
PC 4023.6 Female Inmates' Physician				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:	X			
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	X			
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.	X			
PC 4028 Abortions				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.	X			Inmate is counseled by NP re family planning decisions.

Summary of medical/mental health evaluation:

Observations and Suggestions

CJ #1 (Intake)

- Holding cells – nurses check inmates once per shift
- Contacted information posted on exam room wall appeared to be out of date. Could not confirm w/NM that contact information was correct; suggest reviewing the document and update as needed, add review date
- Coffee maker and microwave in clinic exam room (for staff meals); should be moved
- Infusion pump did not have biomed sticker last inspection
- Couches with torn upholstery, should be replaced
- Every woman has a urine test to determine if pregnant
- Detainees in detox are monitored q4h; Librium or Ativan is ordered for 72 hours prn. (P&Ps followed)
- Detainees have only been restrained 2x in 7 years per NM

CJ #2

- Patient identification: each inmate wears a band with identifying photo and date of birth
- Medical staff must always be accompanied by a deputy. Short-wave radios available to staff
- Yoga, meditation, school and classrooms for women on-site
- New staff nurses train to operate a glucometer as part of new employee orientation only. It is suggested that nurses review glucometer operation procedures 1x/year.
- Medicine orders are renewed every 90 days. For all self-administered medications, a computerized printout is generated and includes soon-to-expire medications, orders that need to be renewed, and the expiration dates of medications that have already been dispensed
- Monthly meetings are held with medical, correction, and behavioral staff personnel.
- Policies: Remove review/revision information from the first page of the policy as the Cover Sheet that documents review/revision is sufficient.
- Supplies are stored under sinks. They should be removed to prevent potential contamination in the event of a leak.
- Handwashing signage should be displayed throughout the clinics.
- 1 outdated tube of material (unable to identify with NM)
- Supplies boxes on floor; should be raised 6" off floor or moved to cabinets.
- Reorganization of cabinets suggested (i.e., meds mixed with bandage supplies)
- No storage on top shelves in rooms with sprinklers unless there is an 18" space between the ceiling and the stored items (to avoid obstructing sprinklers)
- No temp log for lab fridge. Med fridge has a log.
- No reported staff medication diversion
- Drug list of inmates receiving drugs in the AM is printed for staff
- Computer data program shows med count; if there's a discrepancy, an audit is conducted to determine who forgot to distribute meds
- Computer data program used for precount
- Pharmacy reconciles clinic log with their counts
- Clean filters in ceilings—very dirty

Dental Clinic (CJ#2)

- Syringes containing meds not labeled
- Handwashing signage needed.
- Exposed wires on dental chair poses a safety issue (wire cover is missing)
- Upholstery on dental chairs is old and cracked. Should be replaced.
- Distilled water container open; should be discarded after 24 hours, not stored on floor
- Sterilization packs in cabinet expired 5/12, remove
- Slow drip in sink by XR machine, needs to be fixed

Infirmary (CJ #2)

- Med drawers on cart labeled with inmate names (men and women) as they will be housed in CJ #2 longer

- Exam cart needs to be cleaned/organized
- New employees learn procedures as part of their preceptorship and new employee orientation. Orientation packets are checked off as “received,” but NM does not review initial training with employee, nor is there a yearly review. No formal competency demonstration, (however, Halogen 1x/yr), staff are corrected if discovered not following procedure. It was suggested that NM conduct regular retraining for prevention of error *before* it happens. Even if the employee is corrected, how many times are they performing a procedure incorrectly prior to correction?
- Expired chem strips

Med Room (CJ#2)

- Meds obtained from San Bruno (CJ#5)
- Meds are replenished q Tues and Fri; not as many meds delivered as at all the other jails.
- Methadone delivered by Bay View, other vendors. Liquid methadone provided during the week and pills (which are crushed) on weekends.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Richmond District Station		COUNTY: San Francisco County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 461 6th Avenue San Francisco, CA 94118 415-666-8000		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 7/8/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN – Quality Management/Regulatory Affairs 415-206-8484 Cheryl Kalson, MHA—Quality Management/Regulatory Affairs 415-206-2379		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager 415-553-1076		

This checklist is to be completed pursuant to the attached instructions.

**III. MEDICAL/MENTAL HEALTH EVALUATION (Richmond District Station)
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			This center has specific plans for addressing any medical emergencies encountered for the custodies welfare.
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco California
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>) Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:			X	
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records. The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.			X	
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.			X	
Inmates are not used for medical record keeping.			X	
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>) There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years. The health care manual includes, but is not limited to:	X			
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is completed by the Station Keeper with information supplied by arrestee upon entering the station; copy provided to destination facility
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:				
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	
<p>1208 Access to Treatment</p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>			X	
<p>1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>			X	
<p>1) Screening for mental health problems;</p>			X	
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>			X	
<p>3) Stabilization and treatment of mental disorders; and,</p>			X	
<p>4) Medication support services.</p>			X	
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>			X	
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i></p>			X	
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>			X	
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>			X	
<p>Designation of appropriate setting for involuntary administration of medication.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.			X	
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
1213 Detoxification Treatment (Not applicable Type IV.)				Screening process consistently asks specific questions to ascertain this information.
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Custodies are transported to a medical facility via Emergency medical ambulance services.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Signs are posted for language services available to the custodies. Interpreter services are available by certified onsite interpreters or via contracted telephone interpreter services.
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Custodies are transferred to JJC or to CJ for consent concerns.
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
1215 Dental Care				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units;			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications (Not applicable Type IV.)			X	
There are policies and procedures governing the use of psychotropic medications.			X	
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1219 Suicide Prevention Program</p> <p>There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper. The Facility has safety precautions built in to prevent suicide attempts, e.g., Sinks do not have open-handle railing, faucets are push-button and flush to sink face, no knobs or other hooks available, door hinges are slanted to prevent ligature access.
<p>1220 First Aid Kits</p> <p>One or more first aid kits are available in the facility.</p>	X			Facility has Zoll AED available. All staff are certified every two years. Emergency medical care can be accessed as necessary. .
<p>The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).</p>	X			
<p>1046 Death in Custody</p> <p>Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.</p>	X			
<p>When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.</p>	X			
<p>1051 Communicable Diseases</p> <p>Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>The inmate's response is noted on the booking form and/or screening device.</p>	X			
<p>1052 Mentally Disordered Inmates</p> <p>There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.</p>			X	Custodies are transferred to JJC or to CJ

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All custodies are transferred to CJ within 8 hours.
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			Documentation of every half hour observations are noted on Release When Sober form.
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			All custodies are transferred to CJ or medical facility within 6 hours
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				All such custodies are admitted to CJ.
There are procedures to identify and evaluate all developmentally disabled inmates. (Note: Appropriate housing is based on T-15 § 1050, Classification.)	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i> Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every <u>two</u> hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
1121 HEALTH EDUCATION FOR MINORS IN JAILS Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. Juveniles are transported to JJC. Juvenile custodies are not placed in detention cells. Juvenile custodies are assigned to seating in an open area and are subjected to constant direct supervision by a police officer, per policy and procedure.
is received from the sending facility;	X			
is reviewed by designated health care staff at the receiving facility; and,	X			
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.	X			
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.	X			
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1125 PSYCHOTROPIC MEDICATIONS <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i> (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:			X	
Be suitably equipped;			X	
Be located within the security area and provide for inmate privacy;			X	
Have at least 100 square feet of floor space with no single dimension less than 7 feet;			X	
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,			X	
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.			X	
Title 24 Part 2 § 470A.2.14 – Medical Care Housing There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
HSC 11222 and 11877 Addicted Arrestee Care Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
PC 4023.6 Female Inmates' Physician Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	Richmond District station follow the policy and procedure for Female custodies are not being placed in detention cells. Observation of all female custodies is done in an open location under direct supervision of a police officer.
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

Richmond District Station Title 15 Inspection, July 8, 2014.

The Richmond District Station is undergoing renovation to accommodate disabled arrestees at this time. Their policies and procedures are consistent with the other District Detention Centers.

The Richmond District Station does not have arrestees at this time. All arrestees are transported directly to County Jail

The facility is very clean, organized, and well-maintained. Power washing of the holding cells is done weekly.

Medical screening documentation is consistent and complete.

Richmond District Station provides/participates in community activities.

Richmond District Station is in compliance with Title 15 Medical/Mental Health Standards.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Park District Station		COUNTY: San Francisco County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1899 Waller Street San Francisco, CA 94117 415-242-3000		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 7/8/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN, Quality Management/Regulatory Affairs—415-206-8484 Cheryl Kalson, MHA, Quality Management/Regulatory Affairs—415-206-2379		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager 415-553-1076		

This checklist is to be completed pursuant to the attached instructions.

**III. MEDICAL/MENTAL HEALTH EVALUATION (Park District Station)
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			This center has specific plans for addressing any medical emergencies encountered for the custodies welfare.
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco California
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>) Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:			X	
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records. The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.			X	
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.			X	
Inmates are not used for medical record keeping.			X	
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>) There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years. The health care manual includes, but is not limited to:	X			
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is completed by the Station Keeper with information supplied by arrestee upon entering the station; copy provided to destination facility
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:				
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	
<p>1208 Access to Treatment</p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>			X	
<p>1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>			X	
<p>1) Screening for mental health problems;</p>			X	
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>			X	
<p>3) Stabilization and treatment of mental disorders; and,</p>			X	
<p>4) Medication support services.</p>			X	
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>			X	
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i></p>			X	
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>			X	
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>			X	
<p>Designation of appropriate setting for involuntary administration of medication.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.			X	
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
1213 Detoxification Treatment (Not applicable Type IV.)				Screening process consistently asks specific questions to ascertain this information.
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Custodies are transported to a medical facility via Emergency medical ambulance services.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Signs are posted for language services available to the custodies. Interpreter services are available by certified onsite interpreters or via contracted telephone interpreter services.
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Custodies are transferred to JCC or to CJ for consent concerns.
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
1215 Dental Care				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units;			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications (Not applicable Type IV.)			X	
There are policies and procedures governing the use of psychotropic medications.			X	
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1219 Suicide Prevention Program There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper. The Facility has safety precautions built in to prevent suicide attempts, e.g., Sinks do not have open-handle railing, faucets are push-button and flush to sink face, no knobs or other hooks available, door hinges are slanted to prevent ligature access.
1220 First Aid Kits One or more first aid kits are available in the facility.	X			Facility has Zoll AED available. All staff are certified every two years. Emergency medical care can be called.
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
1046 Death in Custody Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.	X			
1051 Communicable Diseases Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.			X	Custodies are transferred to JJC or to CJ

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All custodies are transferred to CJ within 8 hours.
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			Documentation of every half hour observations are noted on "Release When Sober" form.
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			All custodies are transferred to CJ or medical facility within 6 hours
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				All such custodies are admitted to CJ.
There are procedures to identify and evaluate all developmentally disabled inmates. (Note: Appropriate housing is based on T-15 § 1050, Classification.)	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i> Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every <u>two</u> hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
1121 HEALTH EDUCATION FOR MINORS IN JAILS Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. Juveniles are transported to JJC. Juvenile custodies are not placed in detention cells. Juvenile custodies are assigned to seating in an open area and are subjected to constant direct supervision by a police officer.
is received from the sending facility;	X			
is reviewed by designated health care staff at the receiving facility; and,	X			
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.	X			
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.	X			
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1125 PSYCHOTROPIC MEDICATIONS</p> <p><i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i></p> <p>(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,</p>			X	
<p>(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.</p>			X	
Other Applicable Codes				
<p>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</p> <p>In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:</p>			X	
<p>Be suitably equipped;</p>			X	
<p>Be located within the security area and provide for inmate privacy;</p>			X	
<p>Have at least 100 square feet of floor space with no single dimension less than 7 feet;</p>			X	
<p>Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,</p>			X	
<p>Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).</p>			X	
<p>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</p> <p>There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.</p>			X	
<p>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</p> <p>There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:</p>	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
HSC 11222 and 11877 Addicted Arrestee Care				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
PC 4023.6 Female Inmates' Physician				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	Female custodies are not placed in detention cells. Observation of all female custodies is done in an open location under direct supervision of a police officer.
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

Park District Station Title 15 Inspection, was conducted on July 8, 2014

The facility is very clean, organized, and well-maintained.

Medical screening documentation is consistent, detailed and complete.

Park District Station has had several structural revisions made for the safety of staff and arrestees, e.g. plumbing systems evaluated and drains repaired.

Park District Station provides/participates in community activities held in Golden Gate Park.

Park District Station is in compliance with Title 15 Medical/Mental Health Standards.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Northern District Station		COUNTY: San Francisco County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1125 Fillmore Street San Francisco, CA 94115 415-614-3400		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 7/8/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN, Quality Management/Regulatory Affairs—415-206-8484 Cheryl Kalson, MHA, Quality Management/Regulatory Affairs—415-206-2379		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager 415-553-1076		

This checklist is to be completed pursuant to the attached instructions.

**III. MEDICAL/MENTAL HEALTH EVALUATION (Northern District Station)
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				This center has specific plans for addressing any medical emergencies encountered for the custodies welfare.
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco California
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)				
Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:			X	
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.			X	
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.			X	
Inmates are not used for medical record keeping.			X	
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.	X			
The health care manual includes, but is not limited to:				
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is completed by the Station Keeper with information supplied by arrestee upon entering the station; copy provided to destination facility
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:				
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	
<p>1208 Access to Treatment</p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>			X	
<p>1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>			X	
<p>1) Screening for mental health problems;</p>			X	
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>			X	
<p>3) Stabilization and treatment of mental disorders; and,</p>			X	
<p>4) Medication support services.</p>			X	
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>			X	
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i></p>			X	
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>			X	
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>			X	
<p>Designation of appropriate setting for involuntary administration of medication.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.			X	
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
1213 Detoxification Treatment (Not applicable Type IV.)				Screening process consistently asks specific questions to ascertain this information.
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Custodies are transported to a medical facility via Emergency medical ambulance services.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Signs are posted for language services available to the custodies. Interpreter services are available by certified onsite interpreters or via contracted telephone interpreter services.
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Custodies are transferred to JCC or to CJ for consent concerns.
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
1215 Dental Care				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units;			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications <i>(Not applicable Type IV.)</i>			X	
There are policies and procedures governing the use of psychotropic medications.			X	
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1219 Suicide Prevention Program</p> <p>There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper. The Facility has safety precautions built in to prevent suicide attempts, e.g., Sinks do not have open-handle railing, faucets are push-button and flush to sink face, no knobs or other hooks available, door hinges are slanted to prevent ligature access.
<p>1220 First Aid Kits</p> <p>One or more first aid kits are available in the facility.</p>	X			Facility has Zoll AED available. All staff are certified every two years. Emergency medical care can be called.
<p>The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).</p>	X			
<p>1046 Death in Custody</p> <p>Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.</p>	X			
<p>When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.</p>	X			
<p>1051 Communicable Diseases</p> <p>Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>The inmate's response is noted on the booking form and/or screening device.</p>	X			
<p>1052 Mentally Disordered Inmates</p> <p>There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.</p>			X	Custodies are transferred to JJC or to CJ

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All custodies are transferred to CJ within 8 hours.
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			Documentation of every half hour observations are noted on the "Release When Sober" form.
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			All custodies are transferred to CJ or medical facility within 6 hours
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				All such custodies are admitted to CJ.
There are procedures to identify and evaluate all developmentally disabled inmates. (Note: Appropriate housing is based on T-15 § 1050, Classification.)	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i> Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every <u>two</u> hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
1121 HEALTH EDUCATION FOR MINORS IN JAILS Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. Juveniles are transported to JJC. Juvenile custodies are not placed in detention cells. Juvenile custodies are assigned to seating in an open area and are subjected to constant direct supervision by a police officer.
is received from the sending facility;	X			
is reviewed by designated health care staff at the receiving facility; and,	X			
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.	X			
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.	X			
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1125 PSYCHOTROPIC MEDICATIONS <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i> (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician; (a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and, (b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Other Applicable Codes Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:			X	
Be suitably equipped;			X	
Be located within the security area and provide for inmate privacy;			X	
Have at least 100 square feet of floor space with no single dimension less than 7 feet;			X	
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,			X	
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.			X	
Title 24 Part 2 § 470A.2.14 – Medical Care Housing There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
HSC 11222 and 11877 Addicted Arrestee Care Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
PC 4023.6 Female Inmates' Physician Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	Female custodies are not placed in detention cells. Observation of all female custodies is done in an open location under direct supervision of a police officer.
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

Northern District Station Title 15 Inspection, July 8, 2014

The facility is very clean, organized, and well-maintained.

Medical screening documentation is consistent and complete.

Northern District Station has had several structural revisions made for the safety of staff and arrestees, e.g. plumbing systems evaluated and drains repaired.

Northern District Station provides/participates in community activities.

Northern District Station is in compliance with Title 15 Medical/Mental Health Standards.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Tenderloin District Station		COUNTY: San Francisco County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 301 Eddy Street San Francisco, CA 94102 415-345-7300		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 7/8/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN – Quality Management/Regulatory Affairs 415-206-8484 Cheryl Kalson, MHA—Quality Management/Regulatory Affairs 415-206-2379		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager 415-553-1076		

This checklist is to be completed pursuant to the attached instructions.

**III. MEDICAL/MENTAL HEALTH EVALUATION (Tenderloin District Station)
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			This center has specific plans for addressing any medical emergencies encountered for the custodies welfare.
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco California
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:</p>			X	
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
<p>Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.</p> <p>The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.</p> <p>The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.</p> <p>Inmates are not used for medical record keeping.</p>			X	
<p>1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.</p> <p>The health care manual includes, but is not limited to:</p>	X			
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is completed by the Station Keeper with information supplied by arrestee upon entering the station; copy provided to destination facility
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:				
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i> There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.			X	
1208 Access to Treatment A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.			X	
1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i>				
a) There are policies and procedures to provide mental health services that include but are not limited to:			X	
1) Screening for mental health problems;			X	
2) Crisis intervention and management of acute psychiatric episodes;			X	
3) Stabilization and treatment of mental disorders; and,			X	
4) Medication support services.			X	
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.			X	
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i>			X	
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:			X	
Designation of licensed personnel authorized to order and administer involuntary medication.			X	
Designation of appropriate setting for involuntary administration of medication.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.			X	
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
1213 Detoxification Treatment (Not applicable Type IV.)				Screening process consistently asks specific questions to ascertain this information.
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Custodies are transported to a medical facility via Emergency medical ambulance services.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Signs are posted for language services available to the custodies. Interpreter services are available by certified onsite interpreters or via contracted telephone interpreter services.
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Custodies are transferred to JCC or to CJ for consent concerns.
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
1215 Dental Care				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units;			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications (Not applicable Type IV.)			X	
There are policies and procedures governing the use of psychotropic medications.			X	
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1219 Suicide Prevention Program</p> <p>There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.</p>	X			Screening process includes specific questions to ascertain this information and is consistently asked by Station Keeper. The Facility has safety precautions built in to prevent suicide attempts, e.g., Sinks do not have open-handle railing, faucets are push-button and flush to sink face, no knobs or other hooks available, door hinges are slanted to prevent ligature access.
<p>1220 First Aid Kits</p> <p>One or more first aid kits are available in the facility.</p>	X			Facility has Zoll AED available. All staff are certified every two years. Emergency medical care can be called.
<p>The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).</p>	X			
<p>1046 Death in Custody</p> <p>Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.</p>	X			
<p>When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.</p>	X			
<p>1051 Communicable Diseases</p> <p>Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.</p>	X			Screening process includes specific questions to ascertain this information and is consistently asked by Station Keeper.
<p>In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.</p>	X			Screening process includes specific questions to ascertain this information and is consistently asked by Station Keeper.
<p>The inmate's response is noted on the booking form and/or screening device.</p>	X			
<p>1052 Mentally Disordered Inmates</p> <p>There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.</p>	X			Screening process includes specific questions to ascertain this information and is consistently asked by Station Keeper.
<p>A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.</p>			X	Custodies are transferred to JJC or to CJ

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All custodies are transferred to CJ within 8 hours.
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			Documentation of every half hour observations are noted on "Drunk" form.
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			All custodies are transferred to CJ or medical facility within 6 hours
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
<p>1058 Use of Restraint Devices</p> <p><i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i></p> <p>Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.</p>			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every <u>two</u> hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
<p>1121 HEALTH EDUCATION FOR MINORS IN JAILS</p> <p>Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. Juveniles are transported to JJC. Juvenile custodies are not placed in detention cells. Juvenile custodies are assigned to seating in an open area and are subjected to constant direct supervision by a police officer.
is received from the sending facility;	X			
is reviewed by designated health care staff at the receiving facility; and,	X			
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.	X			
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.	X			
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1125 PSYCHOTROPIC MEDICATIONS <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i> (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:			X	
Be suitably equipped;			X	
Be located within the security area and provide for inmate privacy;			X	
Have at least 100 square feet of floor space with no single dimension less than 7 feet;			X	
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,			X	
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.			X	
Title 24 Part 2 § 470A.2.14 – Medical Care Housing There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
HSC 11222 and 11877 Addicted Arrestee Care				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
PC 4023.6 Female Inmates' Physician				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	Female custodies are not placed in detention cells. Observation of all female custodies is done in an open location under direct supervision of a police officer.
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

Tenderloin District Station Title 15 Inspection, July 8, 2014

The facility is in need more attention being spent on the ceiling vents by the environmental staff.

Medical screening documentations were complete. Irregularities in marking individual notations for each question were promptly remedied so that each question reflected the response of the arrestee.

Tenderloin District Station provides/participates in community activities.

Tenderloin District Station is in compliance with Title 15 Medical/Mental Health Standards.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Mission District Station		COUNTY: San Francisco County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 630 Valencia Street San Francisco, CA 94110 415-558-5400		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 7/8/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN, Quality Management/Regulatory Affairs—415-206-6338 Cheryl Kalson, MHA, Quality Management/Regulatory Affairs—415-206-2379		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager 415-553-1076		

This checklist is to be completed pursuant to the attached instructions.

**III. MEDICAL/MENTAL HEALTH EVALUATION (Mission District Station)
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			This center has specific plans for addressing any medical emergencies encountered for the custodies welfare.
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco California
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)				
Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:			X	
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.			X	
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.			X	
Inmates are not used for medical record keeping.			X	
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.	X			
The health care manual includes, but is not limited to:				
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is completed by the Station Keeper with information supplied by arrestee upon entering the station; copy provided to destination facility
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:				
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	
<p>1208 Access to Treatment</p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>			X	
<p>1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>			X	
<p>1) Screening for mental health problems;</p>			X	
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>			X	
<p>3) Stabilization and treatment of mental disorders; and,</p>			X	
<p>4) Medication support services.</p>			X	
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>			X	
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i></p>			X	
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>			X	
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>			X	
<p>Designation of appropriate setting for involuntary administration of medication.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.			X	
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
1213 Detoxification Treatment (Not applicable Type IV.)				Screening process consistently asks specific questions to ascertain this information.
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Custodies are transported to a medical facility via Emergency medical ambulance services.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Signs are posted for language services available to the custodies. Interpreter services are available by certified onsite interpreters or via contracted telephone interpreter services.
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Custodies are transferred to JCC or to CJ for consent concerns.
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
1215 Dental Care				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units;			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications <i>(Not applicable Type IV.)</i>			X	
There are policies and procedures governing the use of psychotropic medications.			X	
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1219 Suicide Prevention Program</p> <p>There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper. The Facility has safety precautions built in to prevent suicide attempts, e.g., Sinks do not have open-handle railing, faucets are push-button and flush to sink face, no knobs or other hooks available, door hinges are slanted to prevent ligature access.
<p>1220 First Aid Kits</p> <p>One or more first aid kits are available in the facility.</p>	X			Facility has Zoll AED available. All staff are certified every two years. Emergency medical care can be called.
<p>The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).</p>	X			
<p>1046 Death in Custody</p> <p>Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.</p>	X			
<p>When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.</p>	X			
<p>1051 Communicable Diseases</p> <p>Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>The inmate's response is noted on the booking form and/or screening device.</p>	X			
<p>1052 Mentally Disordered Inmates</p> <p>There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.</p>			X	Custodies are transferred to JJC or to CJ

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All custodies are transferred to CJ within 8 hours.
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			Documentation of every half hour observations are noted on "Release When Sober" form.
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			All custodies are transferred to CJ or medical facility within 6 hours
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i> Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every <u>two</u> hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
1121 HEALTH EDUCATION FOR MINORS IN JAILS Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. Juveniles are transported to JJC. Juvenile custodies are not placed in detention cells. Juvenile custodies are assigned to seating in an open area and are subjected to constant direct supervision by a police officer.
is received from the sending facility;	X			
is reviewed by designated health care staff at the receiving facility; and,	X			
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.	X			
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.	X			
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1125 PSYCHOTROPIC MEDICATIONS</p> <p><i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i></p> <p>(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,</p>			X	
<p>(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.</p>			X	
Other Applicable Codes				
<p>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</p> <p>In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:</p>			X	
<p>Be suitably equipped;</p>			X	
<p>Be located within the security area and provide for inmate privacy;</p>			X	
<p>Have at least 100 square feet of floor space with no single dimension less than 7 feet;</p>			X	
<p>Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,</p>			X	
<p>Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).</p>			X	
<p>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</p> <p>There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.</p>			X	
<p>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</p> <p>There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:</p>	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
HSC 11222 and 11877 Addicted Arrestee Care Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
PC 4023.6 Female Inmates’ Physician Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	Female custodies are not placed in detention cells. Observation of all female custodies is done in an open location under direct supervision of a police officer.
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

Mission District Station Title 15 Inspection was conducted on July 8, 2014

The facility is very clean, organized, and well-maintained.

Medical screening documentation is consistent, detailed and complete.

Mission District Station has had several structural revisions made for the safety of staff and arrestees, e.g. plumbing systems evaluated and drains repaired.

Mission District Station provides/participates in community activities.

Mission District Station is in compliance with Title 15 Medical/Mental Health Standards.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Taraval District Station		COUNTY: San Francisco County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2345 24th Avenue San Francisco, CA 94116 415-759-3100		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 7/8/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN – Quality Management/Regulatory Affairs 415-206-8484 Cheryl Kalson, MHA—Quality Management/Regulatory Affairs 415-206-2379		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager 415-553-1076		

This checklist is to be completed pursuant to the attached instructions.

**III. MEDICAL/MENTAL HEALTH EVALUATION (Taraval District Station)
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				This center has specific plans for addressing any medical emergencies encountered for the custodies welfare.
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco California
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)				
Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:			X	
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.			X	
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.			X	
Inmates are not used for medical record keeping.			X	
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.	X			
The health care manual includes, but is not limited to:				
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is completed by the Station Keeper with information supplied by arrestee upon entering the station; copy provided to destination facility
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:				
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment (Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	
<p>1208 Access to Treatment</p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>			X	
<p>1209 Transfer to a Treatment Facility (Not applicable Type I and IV.)</p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>			X	
<p>1) Screening for mental health problems;</p>			X	
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>			X	
<p>3) Stabilization and treatment of mental disorders; and,</p>			X	
<p>4) Medication support services.</p>			X	
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>			X	
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. (If yes, please complete the following)</p>			X	
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>			X	
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>			X	
<p>Designation of appropriate setting for involuntary administration of medication.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.			X	
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
1213 Detoxification Treatment <i>(Not applicable Type IV.)</i>				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			Screening process consistently asks specific questions to ascertain this information.
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Custodies are transported to a medical facility via Emergency medical ambulance services.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Signs are posted for language services available to the custodies. Interpreter services are available by certified onsite interpreters or via contracted telephone interpreter services.
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Custodies are transferred to JJC or to CJ for consent concerns.
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
1215 Dental Care				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units:			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications (Not applicable Type IV.)			X	
There are policies and procedures governing the use of psychotropic medications.			X	
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1219 Suicide Prevention Program There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper. The Facility has safety precautions built in to prevent suicide attempts, e.g., Sinks do not have open-handle railing, faucets are push-button and flush to sink face, no knobs or other hooks available, door hinges are slanted to prevent ligature access.
1220 First Aid Kits One or more first aid kits are available in the facility.	X			Facility has Zoll AED available. All staff are certified every two years. Emergency medical care can be accessed as necessary. .
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
1046 Death in Custody Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.	X			
1051 Communicable Diseases Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate or others.	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.			X	Custodies are transferred to JJC or to CJ

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All custodies are transferred to CJ within 8 hours.
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			Documentation of every half hour observations are noted on Release When Sober form.
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			All custodies are transferred to CJ or medical facility within 6 hours
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				
There are procedures to identify and evaluate all developmentally disabled inmates. (Note: Appropriate housing is based on T-15 § 1050, Classification.)	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
<p>1058 Use of Restraint Devices</p> <p><i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i></p> <p>Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.</p>			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every <u>two</u> hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
<p>1121 HEALTH EDUCATION FOR MINORS IN JAILS</p> <p>Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. Juveniles are transported to JJC. Juvenile custodies are not placed in detention cells. Juvenile custodies are assigned to seating in an open area and are subjected to constant direct supervision by a police officer.
is received from the sending facility;	X			
is reviewed by designated health care staff at the receiving facility; and,	X			
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.	X			
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.	X			
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1125 PSYCHOTROPIC MEDICATIONS <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i> (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:			X	
Be suitably equipped;			X	
Be located within the security area and provide for inmate privacy;			X	
Have at least 100 square feet of floor space with no single dimension less than 7 feet;			X	
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,			X	
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.			X	
Title 24 Part 2 § 470A.2.14 – Medical Care Housing There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
HSC 11222 and 11877 Addicted Arrestee Care				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
PC 4023.6 Female Inmates' Physician				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	Female custodies are not placed in detention cells. Observation of all female custodies is done in an open location under direct supervision of a police officer.
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

Taraval District Station Title 15 Inspection, July 8, 2014

The facility is very clean, organized, and well-maintained. Power washing of the holding cells is done weekly. All arrestees are transport directly to CJ during power washing of detention cells.

Medical screening documentation is consistent and complete.

Taraval District Station provides/participates in community activities and has a Community Room available upon request by the neighborhood.

Taraval District Station is in compliance with Title 15 Medical/Mental Health Standards.

A Quality Improvement poster for the screening process is noted.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Ingleside District Station		COUNTY: San Francisco County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1 Sgt. John V. Young Lane San Francisco, CA 94112 415-404-4000		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 7/8/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN, Quality Management/Regulatory Affairs—415-206-6338 Cheryl Kalson, MHA, Quality Management/Regulatory Affairs—415-206-2379		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager 415-553-1076		

This checklist is to be completed pursuant to the attached instructions.

**III. MEDICAL/MENTAL HEALTH EVALUATION (Ingleside District Station)
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				Medical Emergencies encountered at this district station are managed by written specific plan of action.
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	x			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	x			Department of Public Health, 101 Grove Street, San Francisco California
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>) Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:			X	
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records. The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.			X	
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.			X	
Inmates are not used for medical record keeping.			X	
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>) There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years. The health care manual includes, but is not limited to:	X			
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			Transportation included through EMT and Fire Department Services. Police Officers accompany all arrestees to the hospital who are transported by ambulance
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is completed by the Station Keeper with information supplied by arrestee upon entering the station; copy provided to destination facility
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:			X	
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	
<p>1208 Access to Treatment</p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>			X	
<p>1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>			X	
<p>1) Screening for mental health problems;</p>			X	
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>			X	
<p>3) Stabilization and treatment of mental disorders; and,</p>			X	
<p>4) Medication support services.</p>			X	
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>			X	
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1.</p> <p><i>(If yes, please complete the following)</i></p>			X	
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>			X	
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>			X	
<p>Designation of appropriate setting for involuntary administration of medication.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.			X	
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
1213 Detoxification Treatment (Not applicable Type IV.)				Screening process consistently asks specific questions to ascertain this information.
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Custodies are transported to a medical facility via Emergency medical ambulance services

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Signs are posted for language services available to the custodies. Interpreter services are available by certified onsite interpreters or via contracted telephone interpreter services.
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Custodies are transferred to JJC or to CJ for consent concerns
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
1215 Dental Care				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units;			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications (Not applicable Type IV.)			X	
There are policies and procedures governing the use of psychotropic medications.			X	
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1219 Suicide Prevention Program There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper. Restructuring of holding Cell fixtures have increased
1220 First Aid Kits One or more first aid kits are available in the facility.	X			Facility has Zoll AED available. All staff are certified every two years. Emergency medical care can be called.
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
1046 Death in Custody Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	x			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.	X			
1051 Communicable Diseases Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	x			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	x			Custodies are transferred to JJC or CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All custodies are transferred to CJ within 8 hours
A mental health opinion on placement and retention is secured within 24 hours of placement.			x	
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			Documentation of every half hour observations are noted on Release When Sober form.
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			Policy and procedure manual indicate that all custodies are transferred to CJ or medical facility within 6 hours if they require longer detention.
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				All such custodies are admitted to CJ.
There are procedures to identify and evaluate all developmentally disabled inmates. (Note: Appropriate housing is based on T-15 § 1050, Classification.)	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i> Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every <u>two</u> hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
1121 HEALTH EDUCATION FOR MINORS IN JAILS Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. Juveniles are transported to JJC. Juvenile custodies are not placed in detention cells. Juvenile custodies are assigned to seating in an open area and are subjected to constant direct supervision by a police officer
is received from the sending facility;	X			
is reviewed by designated health care staff at the receiving facility; and,	X			
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.	X			
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.	X			
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1125 PSYCHOTROPIC MEDICATIONS <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i> (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes			X	
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:			X	
Be suitably equipped;			X	
Be located within the security area and provide for inmate privacy;			X	
Have at least 100 square feet of floor space with no single dimension less than 7 feet;			X	
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,			X	
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.			X	
Title 24 Part 2 § 470A.2.14 – Medical Care Housing There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
HSC 11222 and 11877 Addicted Arrestee Care				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
PC 4023.6 Female Inmates' Physician				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	Female custodies are not placed in detention cells. Observation of all female custodies is done in an open location under direct supervision of a police officer.
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

Ingleside District Station Title 15 Inspection was conducted on July 8, 2014.

This facility was exceptionally clean, non-cluttered and well maintained.

Medical Screening documentation was consistently complete.

Police Officers at this facility participate in many community activities.

Ingleside District Station is in compliance with Title 15 Medical/Mental Health Standards.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: Bay View District Station		COUNTY: San Francisco County
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 201 Williams Street San Francisco, CA 94124 415-671-2300		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 7/8/14	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacque Caesar, RN, Quality Management/Regulatory Affairs—415-206-8484 Cheryl Kalson, MHA Quality Management/Regulatory Affairs—415-206-2379		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Officer Ivan Sequeira Facilities Manager 415-553-1076		

This checklist is to be completed pursuant to the attached instructions.

**III. MEDICAL/MENTAL HEALTH EVALUATION (Bay View District Station)
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			This center has specific plans for addressing any medical emergencies encountered for the custodies welfare.
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco California
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)				
Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:			X	
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.			X	
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.			X	
Inmates are not used for medical record keeping.			X	
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.	X			
The health care manual includes, but is not limited to:				
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is completed by the Station Keeper with information supplied by arrestee upon entering the station; copy provided to destination facility
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:				
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	
<p>1208 Access to Treatment</p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>			X	
<p>1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>			X	
<p>1) Screening for mental health problems;</p>			X	
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>			X	
<p>3) Stabilization and treatment of mental disorders; and,</p>			X	
<p>4) Medication support services.</p>			X	
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>			X	
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1.</p> <p><i>(If yes, please complete the following)</i></p>			X	
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>			X	
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>			X	
<p>Designation of appropriate setting for involuntary administration of medication.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.			X	
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
1213 Detoxification Treatment (Not applicable Type IV.)				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			Screening process consistently asks specific questions to ascertain this information.
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Custodies are transported to a medical facility via Emergency medical ambulance services.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Signs are posted for language services available to the custodies. Interpreter services are available by certified onsite interpreters or via contracted telephone interpreter services.
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Custodies are transferred to JCC or to CJ for consent concerns.
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
1215 Dental Care				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units:			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications <i>(Not applicable Type IV.)</i>			X	
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1219 Suicide Prevention Program</p> <p>There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper. The Facility has safety precautions built in to prevent suicide attempts, e.g., Sinks do not have open-handle railing, faucets are push-button and flush to sink face, no knobs or other hooks available, door hinges are slanted to prevent ligature access.
<p>1220 First Aid Kits</p> <p>One or more first aid kits are available in the facility.</p>	X			Facility has Zoll AED available. All staff are certified every two years. Emergency medical care can be called.
<p>The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).</p>	X			
<p>1046 Death in Custody</p> <p>Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.</p>	X			
<p>When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.</p>	X			
<p>1051 Communicable Diseases</p> <p>Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>The inmate's response is noted on the booking form and/or screening device.</p>	X			
<p>1052 Mentally Disordered Inmates</p> <p>There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.</p>	X			Screening process includes specific questions to ascertain this information, is consistently asked by Station Keeper.
<p>A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.</p>			X	Custodies are transferred to JJC or to CJ

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All custodies are transferred to CJ within 8 hours.
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			Every half hour observations are documented on the "Release When Sober" form.
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			All custodies are transferred to CJ or medical facility within 6 hours
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i> Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every <u>two</u> hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a <u>minimum</u> of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
1121 HEALTH EDUCATION FOR MINORS IN JAILS Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. Juveniles are transported to JJC. Juvenile custodies are not placed in detention cells. Juvenile custodies are assigned to seating in an open area and are subjected to constant direct supervision by a police officer.
is received from the sending facility;	X			
is reviewed by designated health care staff at the receiving facility; and,	X			
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.	X			
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.	X			
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1125 PSYCHOTROPIC MEDICATIONS</p> <p><i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i></p> <p>(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,</p>			X	
<p>(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.</p>			X	
Other Applicable Codes				
<p>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</p> <p>In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:</p>			X	
<p>Be suitably equipped;</p>			X	
<p>Be located within the security area and provide for inmate privacy;</p>			X	
<p>Have at least 100 square feet of floor space with no single dimension less than 7 feet;</p>			X	
<p>Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,</p>			X	
<p>Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).</p>			X	
<p>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</p> <p>There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.</p>			X	
<p>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</p> <p>There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:</p>	X			All such custodies are admitted to CJ.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).			X	
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
HSC 11222 and 11877 Addicted Arrestee Care				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
PC 4023.6 Female Inmates' Physician				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	Female custodies are not placed in detention cells. Observation of all female custodies is done in an open location under direct supervision of a police officer.
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

Bay View District Station Title 15 Inspection, July 8, 2014

The facility is very clean, organized, and well-maintained.

Medical screening documentation is consistent and complete.

Bay View District Station provides/participates in community activities e.g. Read Program at local Library, Memorial services for victims in the community and Willie Mae's Baseball League.

Bay View District Station is in compliance with Title 15 Medical/Mental Health Standards.

**III. MEDICAL/MENTAL HEALTH EVALUATION (San Francisco General Hospital Medical Center 7D ,7L,
Sheriff's Holding Cell)
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				Medical Emergencies are managed by the Emergency Department.
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			7D/7L emergencies are managed by the MERT team when called.
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Sheriff's Department Records are maintained at Department of Public Health, 101 Grove Street, San Francisco California. SFGH staff records are maintained at Human Resources Department.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1204 Health Care Procedures (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.</p>	X			
<p>1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:</p>				
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);	X			Screening information is obtained by Sheriff's department for those arrestees placed in holding cells. 7D/7L patients are admitted and screened based on the SFGH admission form criteria.
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;				
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
<p>1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.</p> <p>The health care manual includes, but is not limited to:</p>	X			
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;	X			
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;	X			
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			
h) Implementation of special medical programs;	X		X	
i) Management of inmates suspected of or confirmed to have communicable diseases;	X		X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	Pharmacy manages
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is completed by the Station Keeper with information supplied by arrestee upon entering the station; copy provided to destination facility. Sheriff's department transfers the Field Arrest Card to the 7D/7L sheriff's upon admission to the hospital. Emergency Department forwards admission records to nursing staff for all patients.
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	
1206.5 Management of Communicable Diseases There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			All communicable diseases are managed by SFGH Hospital Administrative and Nursing policies and procedures.
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			Managed by SFGHMC Administrative and Nursing policies and procedures manual.
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			
1207.5 Special Mental Disorder Assessment (Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)				
There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.	X			
1208 Access to Treatment				
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.	X			
1209 Transfer to a Treatment Facility (Not applicable Type I and IV.)				
a) There are policies and procedures to provide mental health services that include but are not limited to:				
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.			X	
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. (If yes, please complete the following)			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:			X	
Designation of licensed personnel authorized to order and administer involuntary medication.			X	
Designation of appropriate setting for involuntary administration of medication.			X	
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.			X	
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.			X	
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.			X	Monitoring is done in the Emergency Department of SFGHMC.
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1210 Individualized Treatment Plans				Treatment plan follows guidelines managed by SFGHMC Administrative and Nursing policies and procedures manual. 7L Operations Manual of Clinical and Administrative Collaboration.
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			7L Operational Manual identifies Social work follow up and social work orientation to comply with this standard.
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
1212 Vermin Control				Are managed by SFGHMC Administrative and Nursing policies and procedures manual through the EVS department.
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1213 Detoxification Treatment <i>(Not applicable Type IV.)</i> Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			Detoxification is managed by SFGHMC Administrative and Nursing policies and procedures manual in the Emergency Department or The Sheriff's Department immediately transfers these arrestees to CJ.
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Arrestees are transferred to the Emergency Department for further evaluation and treatment.
1214 Informed Consent There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Signs are posted for language services available to the custodies. Interpreter services are available by certified onsite interpreters or via contracted telephone interpreter services.
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Managed by SFGHMC Administrative and Nursing policies and procedures manual.
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			Managed by SFGHMC Administrative and Nursing policies and procedures manual.
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			Managed by SFGHMC Administrative and Nursing policies and procedures manual.
1215 Dental Care Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
1216 Pharmaceutical Management Pharmaceutical policies, procedures, space and accessories include, but are not limited to:				
Securely lockable cabinets, closets and refrigeration units;	X			Medications are dispensed through Omnicell and require pass codes to access.
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:				
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			Medications are dispensed through Omnicell and require pass codes to access. Medications are managed by SFGHMC Administrative and Nursing policies and procedures manual as well as through the Pharmacy Manual maintained by the Pharmacy Department at SFGHMC.
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			Medications are dispensed through Omnicell and require pass codes to access
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	Medications are administered by licensed personnel only.
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications <i>(Not applicable Type IV.)</i>				Medications are managed by SFGHMC Administrative and Nursing policies and procedures manual and abide by Pharmaceutical standards with additional oversight by JPS.
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician following a clinical evaluation.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	
1219 Suicide Prevention Program				JPS policy followed.
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
1220 First Aid Kits				Facility has Zoll AED available. All staff are certified every two years. Emergency medical care can be called.
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
1046 Death in Custody				
Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.	X			
1051 Communicable Diseases				Screening process includes specific questions to ascertain this information, is consistently asked by Sheriff's Department. These arrestees are transferred to the emergency department for further evaluation and treatment.
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates				Are managed by SFGHMC Administrative and Nursing policies and procedures manual
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			Custodies are transferred to JJC or CJ.
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	
A mental health opinion on placement and retention is secured within 24 hours of placement.			x	
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			x	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			x	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			x	
Such inmates are removed from the sobering cell when they are able to continue with processing.			x	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1057 Developmentally Disabled Inmates				All such custodies are admitted to CJ.
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices				Restraint devices are managed by SFGHMC Administrative and Nursing policies and procedures manual
<i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>				
Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.				
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every <u>two</u> hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1121 HEALTH EDUCATION FOR MINORS IN JAILS Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
is received from the sending facility;			X	
is reviewed by designated health care staff at the receiving facility; and,			X	
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.			X	
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.			X	
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1125 PSYCHOTROPIC MEDICATIONS</p> <p><i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i></p> <p>(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,</p>			X	
<p>(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.</p>			X	
<p>Other Applicable Codes</p>			X	
<p>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</p> <p>In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:</p>	X			Patients are examined in their rooms or in the emergency Department
<p>Be suitably equipped;</p>	X			
<p>Be located within the security area and provide for inmate privacy;</p>	X			
<p>Have at least 100 square feet of floor space with no single dimension less than 7 feet;</p>	X			
<p>Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,</p>	X			
<p>Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).</p>	X			Supplies are stored in separate location
<p>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</p> <p>There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.</p>	X			Use of Omnicell storage for medications is employed.
<p>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</p> <p>There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2 § 470.2.25- Confidential Interview Rooms				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
HSC 11222 and 11877 Addicted Arrestee Care				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
PC 4023.6 Female Inmates' Physician				Signs are posted for all females notifying them of their right to seek pregnancy services of any physician.
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:				
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

SFGHMC 7D/7L and Sheriffs holding Cells, Title 15 Inspection was conducted on July 31, 2014.

This facility was exceptionally clean, non-cluttered and well maintained.

Medical Screening documentation was consistently complete.

SFGHMC 7D/7L and Sheriffs holding Cells is in compliance with Title 15 Medical/Mental Health Standards.



State of California – Natural Resources Agency
DEPARTMENT OF FISH AND WILDLIFE
Director's Office
1416 Ninth Street, 12th Floor
Sacramento, CA 95814
www.wildlife.ca.gov

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SAN FRANCISCO

2015 JAN -9 PM 4:17

JHB

EDMUND G. BROWN JR., Governor
CHARLTON H. BONHAM, Director



Notice of Completion

Draft Environmental Document

Adding Section 250.1, Amending Sections 311, 353, 464, 465, 475, and 485, as well as Repealing Section 355 of Title 14 California Code of Regulations

Phasing of Nonlead Ammunition Requirement

Note to County Clerks: Pursuant to the Public Resources Code Section 21092.3 and Section 15087(d), Title 14, California Code of Regulations, the Notice of Completion must be posted within 24 hours of receipt and must remain posted for a period of at least 30 days

Project Location: Statewide

Lead Agency: California Fish and Game Commission

Review Period: January 7, 2015 – February 23, 2015

Project Description: AB 711, which became effective January 1, 2014 (Stats. 2013, ch 742, § 2, adding Fish & G. Code, § 3004.5) requires the use of nonlead ammunitions statewide not later than July 1, 2019 when taking any wildlife with a firearm. More specifically as to the advanced phasing that is a subject of the Proposed Program, Section 3004.5 requires that by July 1, 2015, the Commission must promulgate regulations that phase in the statute's requirements, and that, if any of the statutes requirements can be implemented practicably, in whole or in part, in advance of July 1, 2019, the Commission shall implement those requirements (Fish & G. Code § 3004.5(j)).

The Proposed Program is the phasing-in of the nonlead requirement not later than July 1, 2019. In the first phase, effective July 1, 2015, nonlead ammunition will be required when taking all wildlife on state Wildlife Areas and Ecological Reserves. In addition, nonlead ammunition will be required for hunters taking Nelson bighorn sheep in California's desert areas. In phase two, effective July 1, 2016, nonlead ammunition will be required when taking upland game birds with a shotgun, except for dove, quail, and snipe, and any game birds taken under the authority of a licensed game bird club as provided in sections 600 and 600.4, Title 14, California Code of Regulations. In addition, nonlead ammunition will be required for the take of resident small game mammals, furbearing mammals, nongame mammals, nongame birds, and any wildlife for depredation purposes, with a shotgun statewide. In the final phase, effective July 1, 2019, pursuant to Fish and Game Code 3004.5 only nonlead ammunition may be used when taking any wildlife with a firearm for any purpose in California.

Anticipated Environmental Effects: The Proposed Program is not anticipated to have any significant effects on the environment.

Submission of Comments: For those interested, written comments or questions concerning this Draft EA should be submitted within this review period and directed to the name and address

6

listed below. Submittal of written comments via e-mail (Microsoft Word format) would be greatly appreciated.

California Department of Fish and Wildlife
Attn: Craig Stowers
Phasing of Nonlead Ammunition Requirement
Draft ED Comments
1812 9th Street
Sacramento, CA 95811
Phone: 916-445-3553
Email: Wildlifemgmt@wildlife.ca.gov

All documents mentioned herein or related to this Program can be reviewed online at the Program Website (<https://www.dfg.ca.gov/wildlife/hunting/lead-free/>). Additionally, copies of the Draft ED along with all referenced documents are available for public review at the following location:

California Department of Fish and Wildlife
Resources Building
1416 9th Street, 12th Floor
Sacramento, CA 95814

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: Castro Cares Program
Attachments: castrocares2.doc

From: Larry Blake [<mailto:larry94114@yahoo.com>]
Sent: Wednesday, January 07, 2015 9:01 AM
To: Board of Supervisors (BOS)
Subject: Castro Cares Program

Dear Members of the Board:

Attached is an "open letter" addressed to you and Mayor Ed Lee. I intend to present this during the "public comment" portion at today's (7 Jan 2015) meeting.

Sincerely,
Larry Blake

7

An Open Letter to:

The Honorable Ed Lee, the Mayor of San Francisco,
The Members of the Board of Supervisors of the City & County of San Francisco,
and My Fellow San Franciscans.

Recently, I received a pamphlet in the mail, addressed to: "Local Postal Customer," titled: Castro Cares. Several claims stated as facts therein I think are observations based on opinions. Since they are not facts, but instead, opinions, I wish to register my disagreement with them.

The idea contained in the pamphlet that an affluent neighborhood is allowed to buy additional city services, including SFPD officers and hours, I find abhorrent. Such a policy reeks of racism and class-ism, and is rife with the entrenchment of inequality that can tear a neighborhood and a city apart. Such a policy is contrary to the values of tolerance and equal protection that we San Franciscans hold so dear. After all, a case may easily be made that economically disadvantaged neighborhoods are in greater need of additional SFPD officers and hours to address higher levels of violent crimes (i.e. drive-by-shootings, assaults, homicides, etc.) than the Castro.

Additionally, I take issue with several of "the quality-of-life issues" that are cited as needing to be addressed more diligently by the Castro Cares Program. Some of the behaviors involve conduct I rarely see perpetrated in the Castro. I include among these: the open use of drugs and public urination. Others involve infractions of S.F. Civic Code that I would like to see totally unenforced. Examples of these are bicycling or skateboarding on the sidewalks and late-night party-rs.

Having lived in San Francisco since 1979, residing in the Castro continually since 1983, I would hope that my thirty-one years of observations and opinions might be given some weight in any discussion of this proposed "Castro Cares" program. I think my on-going presence as a gay observer/participant in one of the first openly, "gay/lesbian/bi-sexual/transgender/transvestite" ghettos in the U.S.A. and in the world, gives me a unique first-person perspective on our ever changing community, including alleged increases in crime.

Finally, I wonder about how the pricing on the "suggested donations" was determined. I find it odd that under the heading "...to be billed annually" one finds:

- Residents living inside the "highlighted area" - \$25,
- Residence living outside this area - \$10/monthly.

Why is it suggested that those living outside this area pay \$120/annually, \$95 more than those living within the area?

I found some of the proposed use of donated funds admirable. Additional outreach and services to the home-less and drug addicts are always needed and welcomed. I hope that my above mentioned concerns will be addressed as "Castro Cares Program is rolled out.

An Open Letter to:

The Honorable Ed Lee, the Mayor of San Francisco,
The Members of the Board of Supervisors of the City & County of San Francisco,
and My Fellow San Franciscans.

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Danny P Blake 7/Jan 13
DANNY P BLAKE
2470 KIPPERHILL ST #2
SAN FRANCISCO, CA 94114

BOS 10 - 0 Pages



Edwin M. Lee, Mayor
Naomi Kelly, City Administrator

**OFFICE OF THE
CITY ADMINISTRATOR
RISK MANAGEMENT DIVISION**



TO: HONORABLE BOARD OF SUPERVISORS

FROM: MATT HANSEN
DIRECTOR

DATE: January 16, 2014

RE: INDEMNIFICATION QUARTERLY REPORT
JANUARY - DECEMBER 2013

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2015 JAN -6 AM 10:20

This report is submitted to the Board of Supervisors as per Administrative Code Section 1.24, wherein the Risk Manager is required to maintain a record of all indemnification agreements approved under the authority granted to the Risk Manager by said Code and to submit quarterly reports of such approvals.

Copy of this report will be furnished to the City Attorney and City Controller as per ordinance, and forwarded to the San Francisco Main Library for filing.

cc: Dennis Herrera, City Attorney
Ben Rosenfield, Controller
SF Main Library, Government Section

8

APPROVAL OF INDEMNITY PROVISIONS

JANUARY - DECEMBER 2013

Agreement between the Department of the Environment (Melanie Nutter, Director) and Pacific Gas and Electric Company to fund implementation of energy efficiency programs for 2013-2014. January 13, 2013

The referenced contract between PG&E and the City will be the fourth contract of its kind since 2003. PG&E ratepayers, including all homes and businesses in San Francisco that are PG&E customers, contribute to this funding and are entitled to receive energy efficiency benefits from programs supported by the funds. The CPUC has ordered PG&E to enter into contracts with local governments to develop and implement programs in their jurisdiction and the Department of the Environment has been actively engaged in the process to access these funds. The transfer of funds can only be accomplished by entering into a contract with PG&E. The contract will enable the department to continue to help local property owners and businesses make energy efficient upgrades on their facilities by providing education, technical services, and substantial financial incentives.

Agreement between Fleet Management (Tom Fung, Director) and General Motors, April 12, 2013

General Motors will provide a new bi-fuel (CNG/gasoline) pick up truck and/or a dedicated CNG van to the City. This loan of the vehicles would be for a limited time at no cost to the City.

Agreement between Fleet Management (Tom Fung, Director) and Smart Center San Francisco May 22, 2013

Smart Center may provide two Smart Electric Vehicles to the City. This loan of the vehicles would be for a limited term at no cost to the City.

Agreement between Department of Technology and San Francisco Citizens Initiative for Technology and Innovation (SF Citi). December 11, 2013

With the approval of the BOS the Department of Technology will enter into an agreement with SF City to accept a cash gift to enable the Department to install and maintain for two years certain facilities at certain parks and open spaces operated by the SFPUC. The Department of Technology will use these facilities to provide free, wireless, unsecured access to the Internet service to park visitors. All of the funds from the gift will be provided by Google Inc.



Edwin M. Lee, Mayor
Naomi Kelly, City Administrator

**OFFICE OF THE
CITY ADMINISTRATOR
RISK MANAGEMENT DIVISION**



TO: HONORABLE BOARD OF SUPERVISORS

FROM: MATT HANSEN
DIRECTOR

DATE: January 2, 2015

RE: INDEMNIFICATION QUARTERLY REPORT
JANUARY – DECEMBER 2014

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2015 JAN - 6 AM 10:20
6

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Copy of this report will be furnished to the City Attorney and City Controller as per ordinance, and forwarded to the San Francisco Main Library for filing.

cc: Dennis Herrera, City Attorney
Ben Rosenfield, Controller
SF Main Library, Government Section

9

APPROVAL OF INDEMNITY PROVISIONS

JANUARY - DECEMBER 2014

Grant agreement between the General Services Agency, Earthquake Safety Implementation Program, (Patrick Otellini, Director) and the Rockefeller Foundations 100 Resilient Cities Challenge. February 27, 2014

Over 400 municipalities applied for this grant and San Francisco is one of the proud members of the first 30 pilot cities to create the position of Chief Resilience Officer. This position will represent the CCSF at the international network of 100 Resilient Cities and will have the task of creating a unified resilience strategy and implementation plan for San Francisco. The grant funds are specifically appropriated to cover the salary and fringe benefits of the Chief Resilience Officer for two years.

Bos 11 - Cpage



OFFICE OF THE SHERIFF CITY AND COUNTY OF SAN FRANCISCO

1 DR. CARLTON B. GOODLETT PLACE
ROOM 456, CITY HALL
SAN FRANCISCO, CALIFORNIA 94102



Ross Mirkarimi
SHERIFF

January 2, 2015
Reference: CFO 2015-002

To: Angela Calvillo
Clerk of the Board of Supervisors

From: Bree Mawhorter
Deputy Director/CFO

Re: Waiver Request – Northpointe Inc.

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BOARD OF SUPERVISORS
SAN FRANCISCO
2015 JAN -7 PM 3:40
AK

Pursuant to the San Francisco Administrative code Chapters 12B & 14B, attached is a copy of the Waiver Request Form (CMD Form 201) sent to the Contract Monitoring Division on 12/18/14.

First, the Sheriff's department is requesting a sole source waiver for Compas for the reasons set forth in this memo. The Sheriff's department's current data collection infrastructure does not meet the department's needs and does not comply with the California Community Corrections Performance Incentives Act of 2009/Senate Bill 678 (SB 678) and Administrative Office of the Courts CALRAPP programs. Currently, the application that meets all requirements is NorthPointe's COMPAS copyrighted software, which provides an integrated Case Management and Risk/Needs Assessment single database solution, and includes the JUSTIS interface and supervise release file functionality. In addition, COMPAS is the only risk and needs software package that provides access to the States 600,000 completed felon assessments.

Second, the Adult Probation Department previously received a Sole Source Waiver from the Office of Contract Administration (OCA) for this system and is currently using COMPAS. A seamless interface between the SFSD and APD regarding in and out of custody clients participating in City provided programs is unavailable through any other source.

Third, Northpointe does not license any outside vendors, or consulting firms to sell, develop, train, conduct research or provide any other form of support.

If you have any questions about this request, please contact Henry Gong at (415) 554-7241. Thank you for your consideration of this matter.

PHONE: 415-554-7225 FAX: 415-554-7050

WEBSITE: WWW.SFSHERIFF.COM

EMAIL: SHERIFF@SFGOV.ORG

10



**OFFICE OF THE SHERIFF
CITY AND COUNTY OF SAN FRANCISCO**

1 DR. CARLTON B. GOODLETT PLACE
ROOM 456, CITY HALL
SAN FRANCISCO, CALIFORNIA 94102



**Ross Mirkarimi
SHERIFF**

January 2, 2015
Reference: CFO 2015-002

To: Maria Cordero,
Contract Monitoring Division

From: Bree Mawhorter
Deputy Director/CFO

Re: Request for Waiver of Applicable San Francisco Administrative Code 14B.

The San Francisco Sheriff's Department (SFSD) requests your approval of the above referenced 14B waiver request for the reasons set forth in this memo.

First, the San Francisco Sheriff's Department current data collection infrastructure does not meet the Department's needs and does not comply with the California Community Corrections Performance Incentives Act of 2009/Senate Bill 678 (SB 678) and Administrative Office of the Courts CALRAPP programs. Currently, the application that meets all requirements is NorthPointe's COMPAS copyrighted software, which provides an integrated Case Management and Risk/Needs Assessment single database solution, and includes the JUSTIS interface and supervise release file functionality. In addition, COMPAS is the only risk and needs software package that provides access to the States 600,000 completed felon assessments.

Second, the Adult Probation Department previously received an Office of the Controller Administration (OCA) sole source waiver for this system, and is currently using COMPAS. An interface between the SFSD and APD regarding in and out of custody clients participating in city provided programs would be seamless and unavailable through any other source.

Third, I have attached a letter from NorthPointe stating their copyrighted and proprietary ownership of the COMPAS instrument. NorthPointe does not license any outside vendors, or consulting firms to sell, develop, train, conduct research or provide any other form of support.

On this basis, the Sheriff's Department respectfully requests a waiver to 14b subcontracting goals. Please call Henry Gong at (415) 554-7241 with any questions you may have regarding this request.

PHONE: 415-554-7225 FAX: 415-554-7050

WEBSITE: WWW.SFSHERIFF.COM

EMAIL: SHERIFF@SFGOV.ORG



CITY AND COUNTY OF SAN FRANCISCO CONTRACT MONITORING DIVISION

S.F. ADMINISTRATIVE CODE CHAPTERS 12B and 14B WAIVER REQUEST FORM (CMD-201)

Send completed waiver requests to:
cmd.waiverrequest@sfgov.org or
CMD, 30 Van Ness Avenue, Suite 200, San Francisco, CA
94102

FOR CMD USE ONLY
Request Number: _____

► Section 1. Department Information

Department Head Signature: [Signature]
 Name of Department: San Francisco Sheriff's Department
 Department Address: 1 Dr. Carlton B. Goodlett Place, Room 456
 Contact Person: Henry Gong
 Phone Number: (415) 554-7241 E-mail: henry.gong@sfgov.org

► Section 2. Contractor Information

Contractor Name: NorthPointe, Inc. Vendor No.: 85589
 Contractor Address: 112 North Rubey Drive, Suite 135, Golden, CO 80403
 Contact Person: Jimmy Choi Contact Phone No.: (213) 207-6777

► Section 3. Transaction Information

Date Waiver Request Submitted: 1/2/2015 Type of Contract: Software Lic., Maint., & Suppt.
 Contract Start Date: 2/1/2015 End Date: 1/31/2016 Dollar Amount of Contract: \$ \$ 100,740.00

► Section 4. Administrative Code Chapter to be Waived (please check all that apply)

Chapter 12B
 Chapter 14B *Note: Employment and LBE subcontracting requirements may still be in force even when a 14B waiver (type A or B) is granted.*

► Section 5. Waiver Type (Letter of Justification *must* be attached, see Check List on back of page.)

A. Sole Source
 B. Emergency (pursuant to Administrative Code §6.60 or 21.15)
 C. Public Entity
 D. No Potential Contractors Comply (Required) Copy of waiver request sent to Board of Supervisors on: _____
 E. Government Bulk Purchasing Arrangement (Required) Copy of waiver request sent to Board of Supervisors on: _____
 F. Sham/Shell Entity (Required) Copy of waiver request sent to Board of Supervisors on: _____
 G. Subcontracting Goals
 H. Local Business Enterprise (LBE)

CMD/HRC ACTION	
12B Waiver Granted: _____	14B Waiver Granted: _____
12B Waiver Denied: _____	14B Waiver Denied: _____
Reason for Action: _____	
CMD Staff: _____	Date: _____
CMD Director: _____	Date: _____
HRC Director (12B Only): _____	Date: _____



OFFICE OF THE SHERIFF
CITY AND COUNTY OF SAN FRANCISCO

1 DR. CARLTON B. GOODLETT PLACE
ROOM 456, CITY HALL
SAN FRANCISCO, CALIFORNIA 94102



Ross Mirkarimi
SHERIFF

Box 11, 0 Page

December 31, 2014
Reference: 2014-099

To: Angela Calvillo
Clerk of the Board of Supervisors

From: Bree Mawhorter
Deputy Director/CEO *[Signature]*

Re: Waiver Request – Thomson Reuters

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2015 JAN -7 PM 3:40
AK

Pursuant to the San Francisco Administrative code Chapters 12B & 14B, attached is a copy of the Waiver Request Form (CMD Form 201) sent to the Contract Monitoring Division on 12/18/14.

The Sheriff's Department is requesting a sole source waiver for Thomson Reuters.

This is a 24-month subscription to access Thomson Reuters CLEAR, an online investigative research service. CLEAR enables the Investigation Unit to quickly access a vast collection of public and proprietary records.

The San Francisco Sheriff's Department researched and evaluated several investigative services and found CLEAR to be the most comprehensive. In addition, CLEAR is currently used by the San Francisco District Attorney Investigators and Public Defender's Office. The efficiencies and advantages to have all Agencies working with the equivalent data source will expedite location of subjects and finding resolutions to investigations.

If you have any questions about this request, please contact Henry Gong at (415) 554-7241. Thank you for your consideration of this matter.

11



**OFFICE OF THE SHERIFF
CITY AND COUNTY OF SAN FRANCISCO**

1 DR. CARLTON B. GOODLETT PLACE
ROOM 456, CITY HALL
SAN FRANCISCO, CALIFORNIA 94102



**Ross Mirkarimi
SHERIFF**

December 31, 2014
Reference: 2014-097

To: Maria Cordero,
Contract Monitoring Division

From: Bree Mawhorter
Deputy Director *Bree Mawhorter*

Re: Sole Source Waiver for Thomson Reuters

The Sheriff's Department is requesting a Sole Source Waiver for Thomson Reuters CLEAR. CLEAR is an online investigative research service which enables the Sheriff's Investigation Unit to quickly access a vast collection of public and proprietary records.

This is a 24-month subscription to access Thomson Reuters CLEAR. CLEAR includes live gateways that provide real-time access to data; such as credit header data, vehicle registration data, and phone data – including cell phones.

The San Francisco Sheriff's Department researched and evaluated several investigative services and found CLEAR to be the most comprehensive. In addition, CLEAR is currently used by the San Francisco District Attorney Investigators and Public Defender's Office. Given the complex interactions between the Sheriff's Department and the Agencies currently utilizing CLEAR; the efficiencies and advantages to have all Agencies working with the equivalent data source will expedite location of subjects and finding resolutions to investigations.

Please find attached the completed CMD Form 201 for your review and approval.

If you have any questions about this request, please contact Henry Gong at (415) 554-7241. Thank you for your consideration of this matter.

PHONE: 415-554-7225 FAX: 415-554-7050

WEBSITE: WWW.SFSHERIFF.COM

EMAIL: SHERIFF@SFGOV.ORG



CITY AND COUNTY OF SAN FRANCISCO CONTRACT MONITORING DIVISION

S.F. ADMINISTRATIVE CODE CHAPTERS 12B and 14B WAIVER REQUEST FORM (CMD-201)

Send completed waiver requests to:
cmd.waiverrequest@sfgov.org or
CMD, 30 Van Ness Avenue, Suite 200, San Francisco, CA
94102

FOR CMD USE ONLY
Request Number: _____

Section 1. Department Information

Department Head Signature: [Signature]

Name of Department: San Francisco Sheriff's Department

Department Address: 1 Dr. Carlton B. Goodlett Place, Room 456

Contact Person: Henry Gong

Phone Number: (415) 554-7241 E-mail: henry.gong@sfgov.org

Section 2. Contractor Information

Contractor Name: Thomson Reuters Vendor No.: 19738

Contractor Address: P.O. Box 64833, St. Paul, MN 55164-1803

Contact Person: Paul Vandenberg Contact Phone No.: (510) 995-8129

Section 3. Transaction Information

Date Waiver Request Submitted: 1/2/2015 Type of Contract: Subscription

Contract Start Date: 2/1/2015 End Date: 1/31/2017 Dollar Amount of Contract: \$ \$ 57,148.80

Section 4. Administrative Code Chapter to be Waived (please check all that apply)

- Chapter 12B
- Chapter 14B *Note: Employment and LBE subcontracting requirements may still be in force even when a 14B waiver (type A or B) is granted.*

Section 5. Waiver Type (Letter of Justification *must* be attached, see Check List on back of page.)

- A. Sole Source
- B. Emergency (pursuant to Administrative Code §6.60 or 21.15)
- C. Public Entity
- D. No Potential Contractors Comply (Required) Copy of waiver request sent to Board of Supervisors on: _____
- E. Government Bulk Purchasing Arrangement (Required) Copy of waiver request sent to Board of Supervisors on: _____
- F. Sham/Shell Entity (Required) Copy of waiver request sent to Board of Supervisors on: _____
- G. Subcontracting Goals
- H. Local Business Enterprise (LBE)

CMD/HRC ACTION	
12B Waiver Granted: _____	14B Waiver Granted: _____
12B Waiver Denied: _____	14B Waiver Denied: _____
Reason for Action: _____	
CMD Staff: _____	Date: _____
CMD Director: _____	Date: _____
HRC Director (12B Only): _____	Date: _____

SAN FRANCISCO PUBLIC DEFENDER

JEFF ADACHI – PUBLIC DEFENDER
MATT GONZALEZ – CHIEF ATTORNEY



January 5, 2015

Ms. Angela Calvillo
Board of Supervisors
1 Dr. Carlton B. Goodlett, #244
San Francisco, CA 94102

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2015 JAN -5 AM 10:50
u

Dear Ms. Calvillo,

I am pleased to present you with a copy of the San Francisco Public Defender’s 2014 Annual Report and 2015 Calendar, “The Art of Justice.” This report, which was not printed at public expense, highlights our successes over the past year and offers transparent data about our outcomes, services, and accomplishments.

In 2014, we provided vigorous legal representation to more than 20,000 San Franciscans who could not afford private attorneys. Some of their artwork illustrates these pages, along with the art created by our employees and supporters. We chose this theme because we believe creative expression is a powerful force in creating a just and compassionate society. It also reflects our philosophy: Because people are more than the criminal charges they face, our advocacy must reach beyond the confines of the courtroom.

Thank you for your continued support of the mission of the San Francisco Public Defender’s Office.

Very truly yours,

Jeff Adachi
San Francisco Public Defender

12



The Art of Justice

San
Francisco
Public
Defender

2014 Annual Report

2015 Calendar

San Francisco Public Defender

Contact Information and Resources

Main Office

555 7th Street
San Francisco, CA 94103
Directory: 415-553-1671
Intern and Volunteer Program: 415-553-9630
Website: sfpublicdefender.org

Juvenile Division

375 Woodside Avenue, Room 118
San Francisco, CA 94127
Front Desk: 415-753-7601

Bayview MAGIC

Phone: 415-558-2487
Email: community@bayviewmagic.org
Website: bayviewmagic.org

Mo' MAGIC

Phone: 415-567-0400
Email: info@momagic.org
Website: momagic.org

Production Credits:

Editor: Jeff Adachi
Managing Editor/Writer: Tamara Barak Aparton
Designer: Larry Roberts
Group photo: Richard Bui
Thanks to: Mario Silano, Five Keys Charter School;
Khary Dvorak-Ewell, Citywide Employment Program;
and all contributing artists.

Clean Slate Program

Phone: 415-553-9337
Email: cleanslate@sfgov.org

Hours and Locations:

Arriba Juntos Office

1850 Mission Street
2nd & 4th Monday of the month, 10:30 a.m.-12:30 p.m.
Se habla Español

Community Justice Center

555 Polk St., 2nd floor
1st & 3rd Monday of the month, 10 a.m.-11 a.m.

Main Office

555 7th Street
Every Tuesday, 9 a.m.-11 a.m.

Ella Hill Hutch Community Center

1050 McAllister Street
(between Webster & Buchanan in the Fillmore)
1st Thursdays of the month, 9 a.m.-11 a.m.

The Village Community Center

1099 Sunnydale Avenue
4th Wednesday of the month, 3 p.m.-5 p.m.

Southeast Community Center

1800 Oakdale Avenue
1st & 3rd Thursday of the month, 9 a.m.-11 a.m.

We are witnessing a watershed moment in criminal justice. After years of “tough on crime” policies that disenfranchised millions while failing to make us safer, the national conversation has shifted to reforming the system.

Nationally, police shootings of unarmed black men have highlighted racial inequality while prompting demands of more accountability for law enforcement. Californians rejected over-criminalization, passing a law to reduce nonviolent felonies to misdemeanors and pass the savings on to education. In San Francisco, schools banned “willful defiance” suspensions that funneled students out of the classroom and into the juvenile justice system.

It’s clear we have reached a tipping point. As guardians of constitutional rights and due process, I believe public defenders must be at the forefront of these reforms. In 2014, fixing the broken system was our priority. We worked toward “justice for all” in the following ways:

- Partnered with the Quattrone Center for the Fair Administration of Justice on a study to identify racial disparities in San Francisco’s criminal justice system and advance solutions.
- Hired a full-time civil immigration attorney to help clients facing deportation.
- Earned both citywide and national honors for our unique Legal Educational Advocacy Program, which ensures juvenile clients receive the proper services to succeed in school. As a

result of LEAP’s success, the city provided the program with permanent funding.

- Handed out more than 4,000 backpacks stuffed with school supplies to families in underserved neighborhoods through our MAGIC programs.
- Served more than 5,000 people through our Clean Slate criminal record expungement program.
- Launched a public interest show on San Francisco Government Television to educate citizens on their rights.

Our 2014 Annual Report and 2015 Calendar allows us to share these accomplishments and initiatives, as well as provide transparent data to those we serve. This year’s publication represents the intersection of art and justice. It is illustrated by our talented clients, supporters and employees.

We are gratified to work on behalf of our more than 23,000 clients each year and honored to protect the constitutional rights of all San Franciscans. We wish you a happy and healthy 2015.

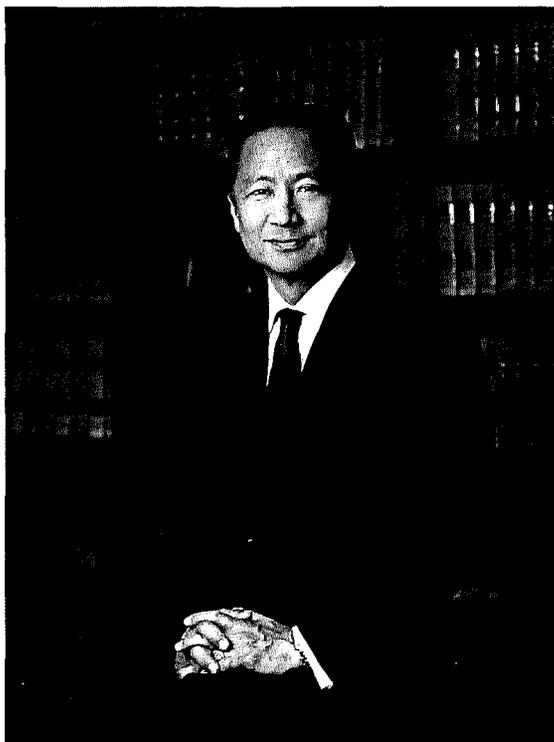
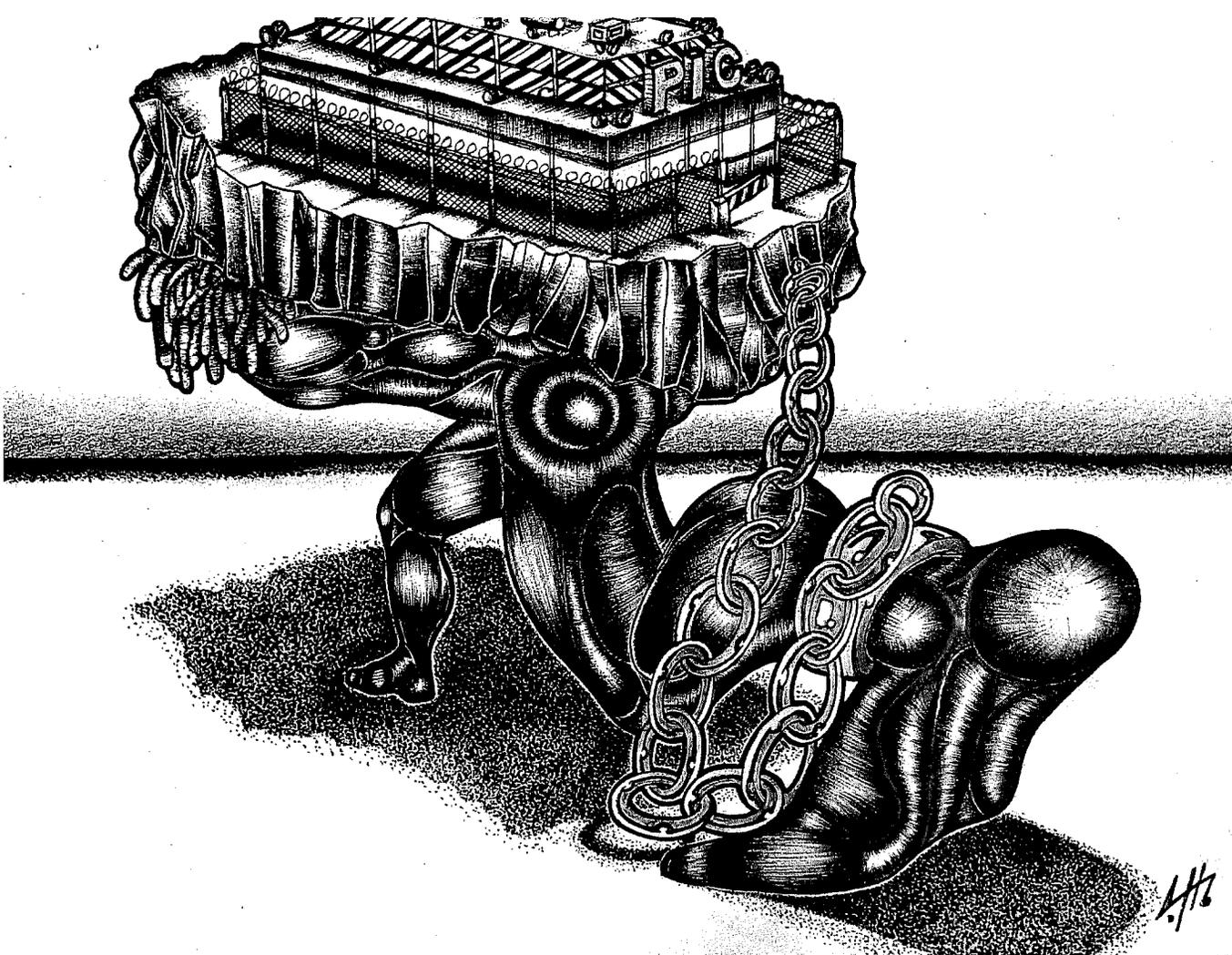


Photo of Jeff Adachi by Robert Fujioka

Sincerely,

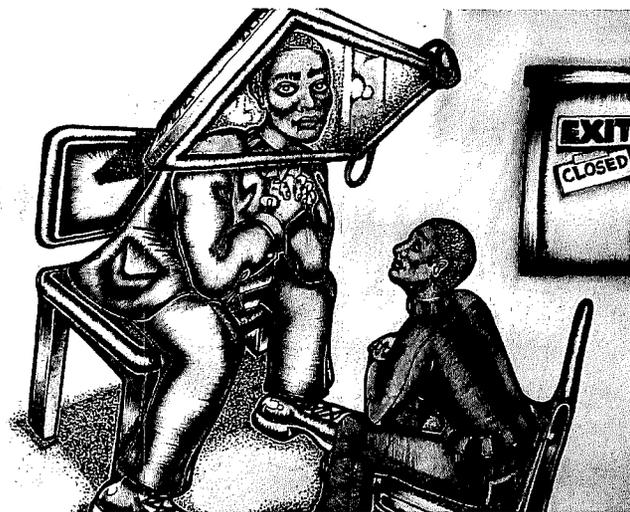
Jeff Adachi
San Francisco Public Defender



Left: "Prison Industrial Complex"
Above: "Soul Assassin"
ink pen and colored pencil

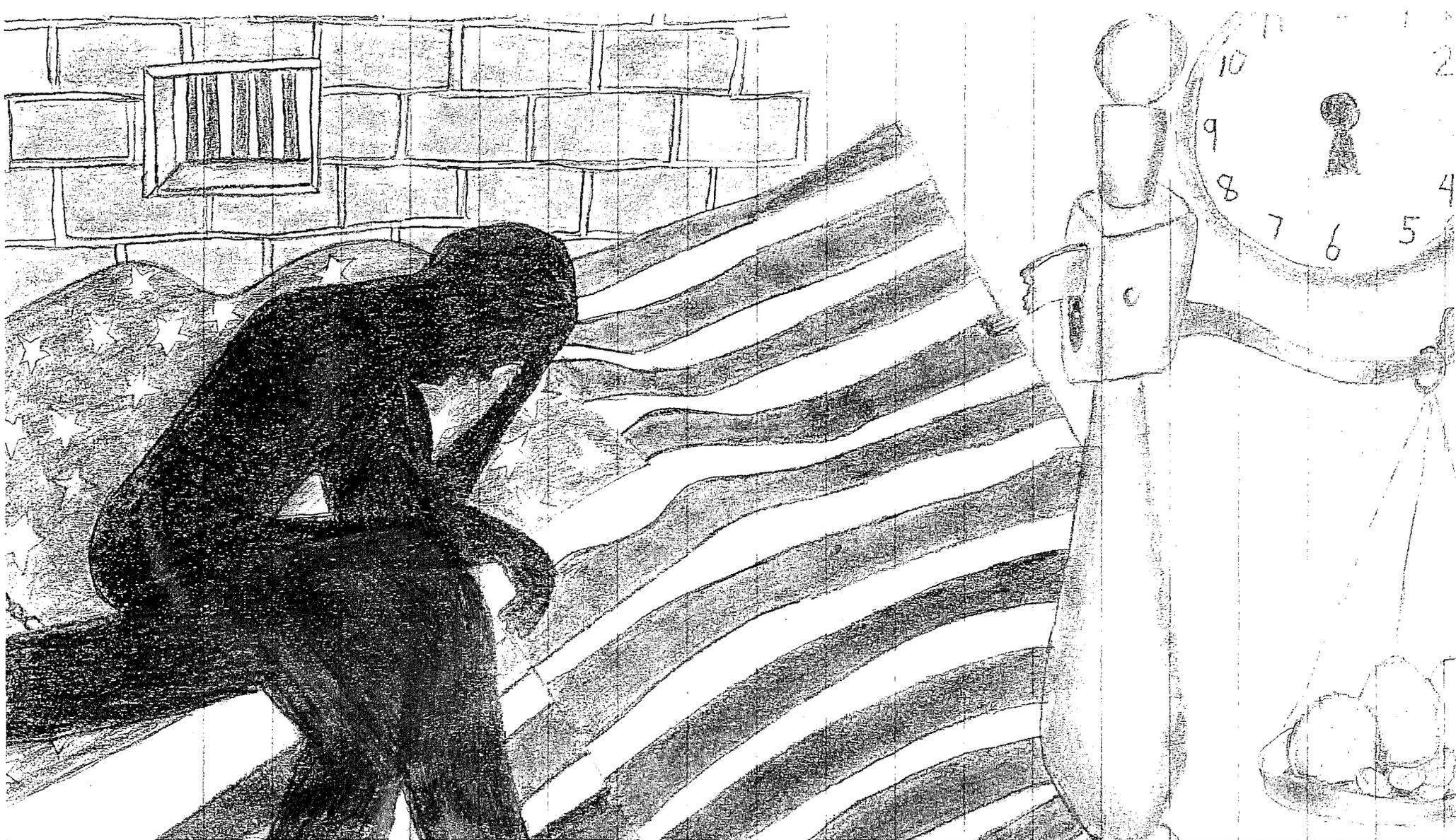
Louis Honore is a man, a father, and an artist. He's always been involved in creative projects, ranging from product design and illustrations to magazine and event production. These illustrations are an expression of his reflections since his incarceration on March 7, 2013. He is a client of the San Francisco Public Defender and a student at the groundbreaking Five Keys Charter Schools, high schools for adults inside county jails, at post-release sites, and at community programs throughout San Francisco.

Five Keys presents an annual art show at San Francisco Main Library that showcases student voices through artwork, poetry, film, writing, video, and speakers. The annual event is a visible, tangible way to showcase student talent, as well as to show that they are more than students, more than inmates, more than just disenfranchised people. Its goal is to build bridges of humanity and strengthen the relationship between the incarcerated, formerly incarcerated, and the community.



JANUARY 2015

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
				1 <i>New Year's Day</i>	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19 <i>Martin Luther King Jr. Holiday</i>	20	21	22	23	24
25	26	27	28	29	30 <i>Fred Korematsu Day</i>	31



Fernando Renteria is a San Francisco Public Defender client who has been drawing since he was 10. In 2014, he was granted a new trial after a judge found two jurors had poisoned the deliberations with their comments.

“I find drawing a good way to express myself. Sometimes I express my feelings in art, like if I’m happy, mad, sad or feeling helpless, I grab a piece

of paper and let my mind spill. This drawing expresses how I currently feel in my situation and how I see justice through my eyes. I’m glad I got a chance to be part of this little project and I like that my attorney is allowing me to participate in it. If anyone is ever feeling down, grab a piece of paper and draw. You don’t have to be an amazing artist, just express yourself. It really helps you feel better.”

FEBRUARY 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
	<i>President's Day</i>					



Lynn Mechanic, who passed away in 2014, was known as both the mom and the heart and soul of the San Francisco Public Defender's juvenile office. During her two decades of service, she would diffuse difficult times by cracking a joke, or, if that didn't work, with kind words and hugs. She treated the clients with respect and affection. They came back to visit her even after they aged out of the juvenile justice system. A talented artist, Lynn focused on her creative pursuits after retiring in 2011.

MARCH 2015

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
		<i>César Chávez Day</i>				

THE DEFENDER

Nate Lewis has been an artist from a young age. He is a former client of the San Francisco Public Defender and attended the Academy of Art University in San Francisco. His dream is to open an art program in his hometown of Compton to encourage youth to express themselves in positive ways and steer them away from involvement in the criminal justice system. His piece, "Keep Fighting the Good Fight," depicts Deputy Public Defender Sangeeta Sinha as a superhero. His art can be found by searching "Nate Lewis" on Pixels.com



APRIL 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		



Former San Francisco Public Defender client Jeremy Novy uses stenciled street art to explore social and political issues. Novy has two intentions for his stencils. First, to create public art for people, regardless of income, by giving new life to blighted structures such as abandoned telephone booths and boarded up buildings. His second intention is to bring gay imagery into the sometimes homophobic subculture of street artists. His unique stencils of drag queens, gay pulp-kvetch and koi have been spotted across San Francisco and are responsible for netting him a showcase at the Yerkes Street Center for the Arts. His stencils have benefited a number of advocacy organizations and community service programs. Website: jnovy6.wix.com/street-art#



In 2014, Jeremy successfully fought a misdemeanor vandalism charge over his "Lady Bear" stencil (right) with the help of his San Francisco public defender.

MAY 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
					7
3	4	5	6	7	8
10	11	12	13	14	15
17	18	19	20	21	22
24	25	26	27	28	29
31	Memorial Day				

Hoovey Milk Day



A Bay Area printmaker, Doug Minkler specializes in fundraising, outreach and educational posters. Past collaborations include work with the San Francisco Public Defender's Office, ILWU, Rainforest Action Network, SF Mime Troupe, ACLU, The Lawyers Guild, CISPES, United Auto Workers, Africa Information Network, Ecumenical Peace Union, ADAPT, Cop Watch, Street Sheet, and Veterans for Peace.
dminkler.com

JUNE 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

2014 Awards & Celebrations



Jeff Adachi, San Francisco public defender: Distinguished Citizen Award, for dedication to youth mentorship; West Bay Pilipino Multi Service Center.

Kwixuan Maloof, managing attorney: (left) Gideon Award, for protecting the constitutional rights of the Bay Area's poorest residents; Santa Clara County Black Lawyers Association.



Legal Educational Advocacy Program, Juvenile Unit: (left, LEAP team members Marc Babus and Lauren Brady flank Mayor Ed Lee and Juvenile Unit Manager Patti Lee) Program of the Year, California Public Defenders Association; Public Managerial Excellence Award, SPUR. Both awards for keeping young people in the classroom rather than the courtroom.



Vilaska Nguyen, deputy public defender: (right, with California Supreme Court Justice Carol Corrigan) Outstanding Volunteer in

Public Service, for outreach regarding criminal record clean-up and volunteering with Project Homeless Connect to address homeless people's legal issues; Justice and Diversity Center of the Bar Association of San Francisco.

Abigail Rivamonte, deputy public defender: Two Unity Awards, for work with the Filipino Bar Association and serving as founding president of the Asian American Criminal Trial Lawyers Association; Minority Bar Coalition, Bar Association of San Francisco.

Honoring Harriet Ross

The San Francisco Public Defender honored trailblazing attorney Harriet Ross during a reception celebrating female public defenders.

San Francisco Public Defender Jeff Adachi presented Ross with the Wing of Justice award for her remarkable, 60-year career as an attorney.

Following the award presentation, Adachi unveiled a series of portraits of notable women who served as San Francisco public defenders.

In 1967, Ross was hired as the second female deputy public defender in San Francisco history. A fierce and effective litigator, she argued over 200 jury trials, securing acquittals in most.



BMAGIC celebrates a decade of building community

Ten years ago, the San Francisco Public Defender launched a neighborhood program that would address the root issues of juvenile crime. Since then, Bayview Hunters Point Mobilization for Adolescent Growth in Our Communities (BMAGIC) has become a leading force in advancing educational, economic and juvenile justice in Bayview Hunters Point. Led by Executive Director Lyslynn Lacoste, BMAGIC has handed out 32,174 backpacks stuffed with school supplies, inspired a love of reading for 4,325 children through its literacy events, and grown its collaborative to include youth-led, Asian-Pacific Islander, Latino and LGBTQ organizations.



Felony

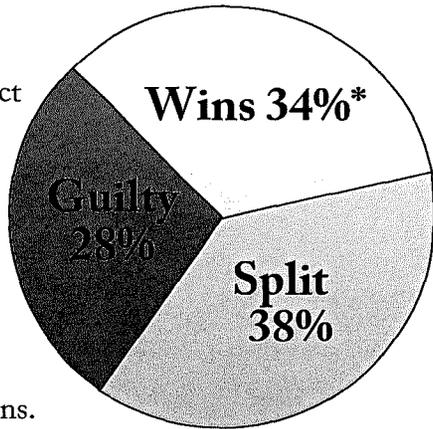
- 865 Motions litigated
- 64 Jury trials
- 397 Cases dismissed
- 857 Preliminary hearings
- 720 Cases reduced to misdemeanor
- 581 Cases resolved by plea agreement
- 44 Average cases per attorney at any given time
- 772 Strikes avoided
- 337 Motions to reduce bail
- 10 Murder trials

Murder Trial Results

- 1 Acquittal
- 1 Hang
- 4 Split verdict
- 4 Guilty

Felony Trial Outcomes

* not guilty/hung
 Statistics include year-end projections.



Training

- 39 In-house workshops and lectures
- 91 New attorney training sessions
- 58 Case conferences
- 286 Case conference attendees
- 76 Case conference hours
- 68 Felony trial practice group meetings
- 102 Misdemeanor trial practice groups

Clean Slate

- 5,202 People served
- 1,335 Motions filed
- 84% Motions granted
- 785 Convictions expunged
- 59 Felony convictions reduced to misdemeanors

Drug Court

- 179 New cases
- 41 Charges dismissed
- 100% Graduates who are drug free, safely housed and with a legal source of income

Mental Health Unit & Behavioral Health Court

- 184 Behavioral Health Court clients
- 100% Graduates who remain connected to community behavioral health services
- 3,243 Mental Health Unit cases
- 3 Dismissals granted for conserved clients facing criminal charges
- 8 Mental Health Unit jury trials

Children of Incarcerated Parents

- 69 Families served
- 100% Families referred to services

Social Work

- 208 Clients Assessed
- 90% Clients referred to treatment, housing, vocational training and other services

Community Justice Center

- 1,800 Cases handled
- 90% Referred to services or performed community service
- 65% Successfully completed program/charges dismissed



art by Amie Mangisal, former client

2014 Public Forums

Justice Summit: The Jury is Out

A former law student who served nearly 17 years in prison for a murder she did not commit provided the keynote address for the San Francisco Public Defender's Justice Summit on April 23.

Each year, approximately 300 community members and city leaders gather for the summit—a free public event that explores today's most compelling criminal justice issues.

Keynote speaker Gloria Killian, who was unjustly convicted of masterminding the 1981 robbery and murder of an elderly man, was exonerated in 2002. Today, Killian is an attorney, author of *Full Circle: A True Story of Murder, Lies and Vindication*, and director of the Action Committee for Women in Prison.

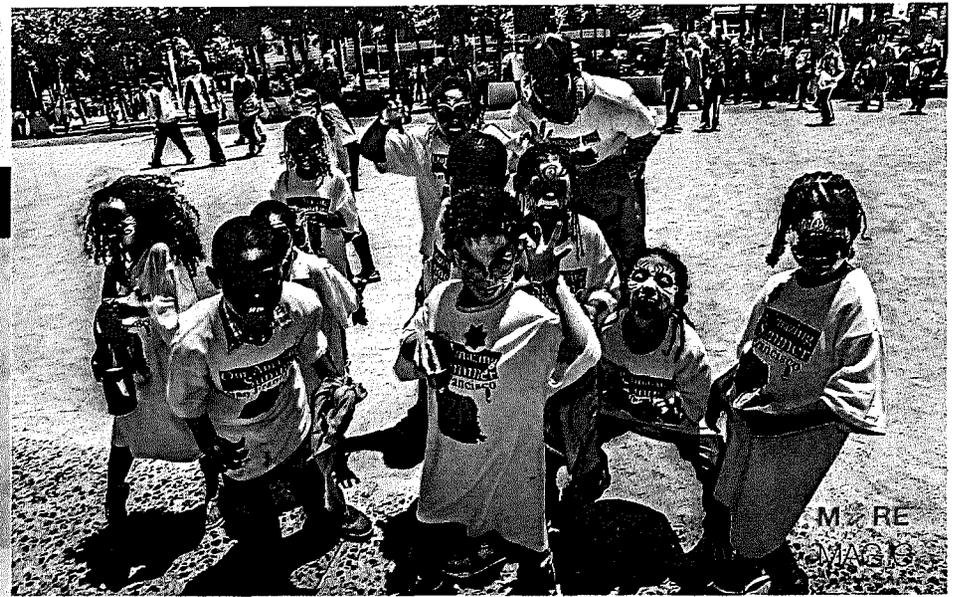
Killian's speech was followed by a day of lively panel discussions on children of incarcerated parents, the science and controversy behind recovered memories, and the death of the jury trial.

Justice Matters

In December, we filmed the pilot episode of our new public affairs show, Justice

Matters for San Francisco Government Television. Our goal? To provide enlightening and educational discussion on criminal justice issues that affect ordinary San Franciscans, such as police body cameras, sky-high bail and racial inequalities.

Watch our Justice Summits, Justice Matters episodes and more at YouTube.com/sfpublicdefender



Mo'MAGIC Leads Summer Learning Day

On June 6, hundreds of San Francisco families converged on the Civic Center for an epic festival of summer learning. Led by the San Francisco Public Defender's Mo'MAGIC program, Summer Learning Day aims to draw attention to summer learning loss among students. Studies show that half of the achievement gap between wealthy and poor students can be explained by unequal access to summer learning opportunities. Mo'MAGIC, founded by the San Francisco Public Defender to steer youth in the Western Addition away from the juvenile justice system, is a leader in educational summer programming.

Mo'MAGIC

- 1,500 Backpacks distributed
- 1,000 Summer learning day participants
- 175 Students who engaged in 90 hours of reading enrichment
- 300 Youth who engaged in 100 hours recreation
- 20 Events for more than 1,000 children youth and their families
- 3,200 Meals provided during the summer
- 1,000 Books distributed

BMAGIC

- 228 Children who participated in book fair
- 2,659 Backpacks distributed
- 120 Teens who participated in BVHP Youth Summit
- 4,000 Neighborhood resource guides distributed

Sonya Tafoya, researcher, Public Policy Institute of California; Dan Macallair, executive director, Center for Juvenile and Criminal Justice; Jeff Adachi; Corrin Rankin, bail agent





Deputy Public Defender Chris Hite speaks at the rally at the Hall of Justice.

Hands Up Protest

Also in December, San Francisco Public Defender employees and allies held a “hands up, don’t shoot” demonstration to show support for racial justice and stand in solidarity with protesters in New York, Ferguson and around the country. Public defenders in Contra Costa, Solano, Alameda, and Santa Clara counties held similar protests the same day. The idea was sparked by the Public Defender’s Racial Justice Committee, which formed in 2013 to address racial disparities in the criminal justice system and to advocate for reform in police detentions and arrests, prosecutorial charging and sentencing. The committee has partnered with the University of Pennsylvania Law School’s Quattrone Center to study the impact of race on the criminal justice system in San Francisco.

Intern

- 30 High school students
- 150 College and law students
- 25 Post-Bar clerks
- 74,960 Hours volunteered

Investigation

- 4,150 Subpoenas served
- 2,444 Investigation requests received
- 5 Average number of attorneys served by one investigator

Research

- 131 Trial motions
- 19 Legal memos
- 51 Writs and Appeals
- 27 Legal seminars/trainings conducted

Misdemeanor

- 113 Jury trials
- 152 Cases dismissed at trial
- 85 Average number of cases per attorney at any given time
- 500 Motions
- 17 Participants in the Volunteer Attorney Program
- 40 Trials by volunteer attorneys
- 139 Motions by volunteer attorneys

Clerical

- 940 File requests fulfilled
- 105,000 Phone calls answered

Transcription

- 162 Transcript requests received
- 2,681 Pages of transcripts completed

Paralegal

- 3,510 Subpoenas prepared
- 858 Days of support for felony attorneys in trial

Juvenile

- 26 Trials
- 53 Contested dispositions
- 1 Youth committed to California Department of Juvenile Justice
- 0 Youth transferred to adult court

Youth Advocate/Juvenile Social Work

- 269 Referrals
- 75% Favorable outcomes

Juvenile Investigation

- 135 Investigation requests
- 236 Witness interviews
- 170 Subpoenas served
- Legal Educational Advocacy Program (LEAP)**
- 80 Referrals
- 105 Individualized Education Program (IEP) meetings attended
- 407 Court appearances
- 237 Meetings with client families
- 0 LEAP students referred for expulsion
- 525 School visits

Misdemeanor Trial Outcomes



* not guilty/hung/dismissed at trial



Anahid Aslanyan is an Armenian/American artist born in Iran. San Francisco is her home; she has been drawing since childhood. She is a supporter of the San Francisco Public Defender's mission, and a client of Citywide Case Management Employment Services, a frequent partner of the San Francisco Public Defender's office. Her website: anahida-creations.weebly.com This is art that comes from the spirit, exploring the dream universe of the soul, she says.

"I follow my vision wherever it takes me without regard for trends or fashion. The painting is a vehicle of expression, a magical process, the artist being a vessel or channel for the muses. I rarely impose my ideas on the painting, instead, I let the painting tell me what needs to be done next. This intuitive process is what makes art-making so exciting and unpredictable. I do use drawings, photographs I take, collage, but all in the service of the vision that is presenting itself at the moment and changing as it completes itself."



JULY 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
						<i>Independence Day</i>
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



“The Lawyer Blah-Blah-Blahing to his Paralegal”

Gregory Goldman has been an attorney with the San Francisco Public Defender’s Office for the past 15 years. He started making art with his daughter, when she was 3. As someone who believes all kinds of justice stem from environmental justice, he makes a point to produce art from discarded and found items. While not political, his paintings strive to show the complexity of human expression in even the most ordinary of scenes. His goal in making art is to find a constructive way to deal with the stresses of the job, and to provide a bit of levity to a place where people often work under great pressure.

AUGUST 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						7
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



J. Tony Serra

© Paulette Frankl

“You’re lyin’ aren’t cha!”

Paulette Frankl has been an artist all her life. Her first public art exhibit was at age 7. Frankl is a former photojournalist, courtroom artist, professional magician, mime and author. Her courtroom art has been aired on CNN, NBC, ABC, CBS, FOX, WGN-TV and Talk America, and has taken her all the way to the U.S. Supreme Court. She was an author/panelist at the San Francisco Public Defender’s Justice Summit: Justice By The Book. Her book *LUST FOR JUSTICE: The Radical Life & Law of J. Tony Serra* illuminates one of the greatest criminal defense lawyers of the century. paulettefrankl.com

SEPTEMBER 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7 <i>Labour Day</i>	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			



Russell Bacosa, 60, is a client of Citywide Case Management Services, a frequent partner of the San Francisco Public Defender and collaborator in Behavioral Health Court. Bacosa began painting as part of his therapy to treat Post Traumatic Stress Disorder. His focus is creating art with a healing effect. His plans include becoming a peer counselor and starting an arts and crafts group for people living with mental health issues.

OCTOBER 2015

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
				1	2	3
4	5	6	7	8	9	10
11	12 <i>Indigenous People's Day</i>	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



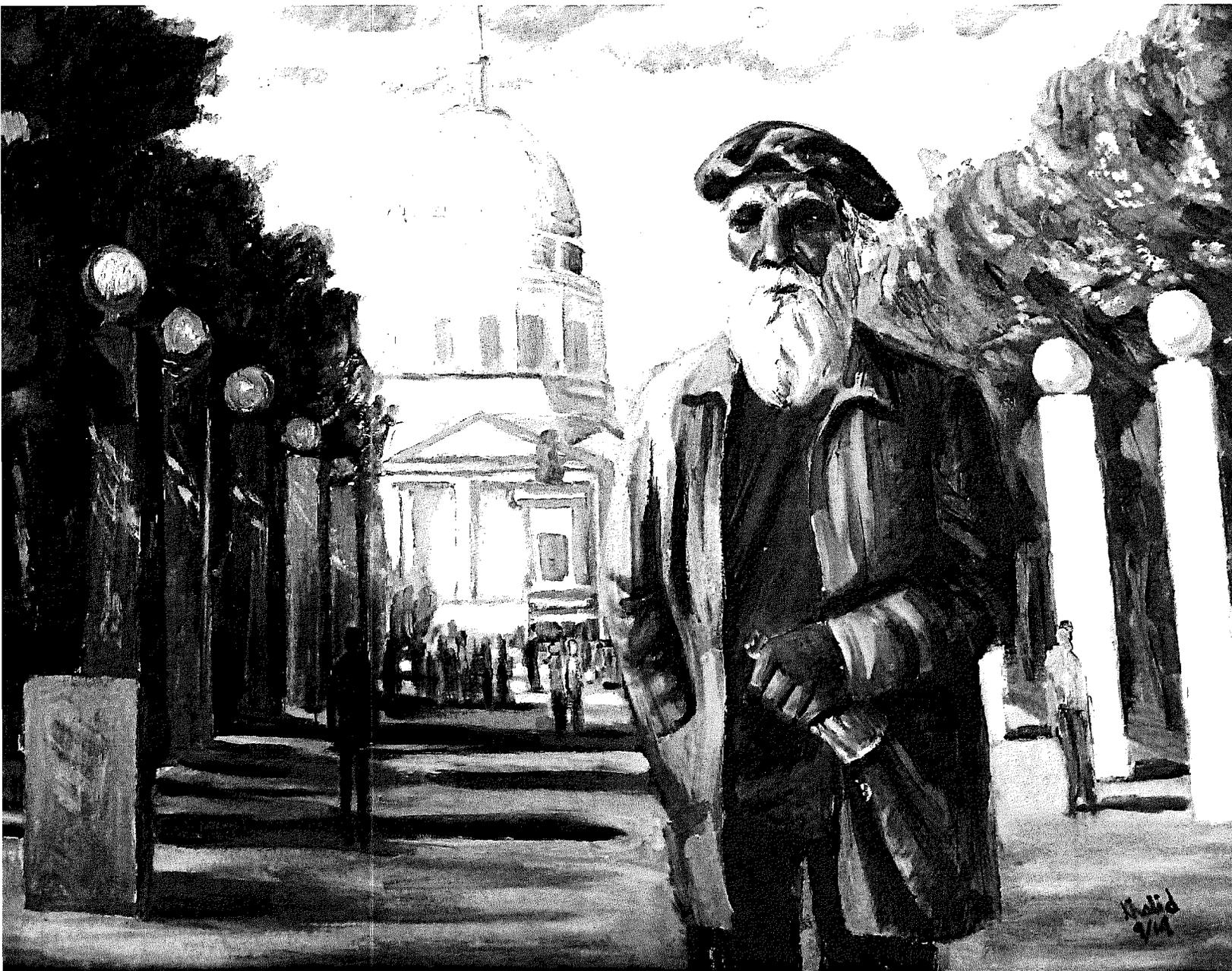
“Get a Handle on Crime Before it Gets a Handle on You.”

Kile Young, 17, is a primarily self-taught artist who connected with the San Francisco Public Defender’s office and its mission over social media. His favorite medium is acrylic painting but he has more recently created work in watercolor and graphite.



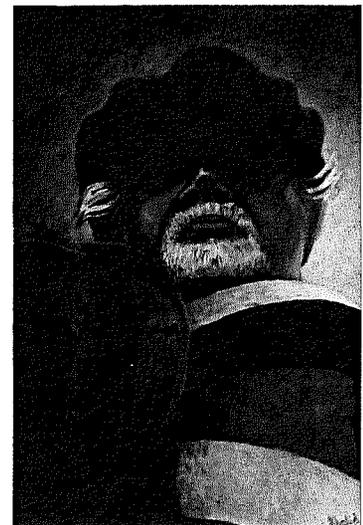
NOVEMBER 2015

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
1	2	3 <i>Election Day</i>	4	5	6	7
8	9	10	11 <i>Veterans' Day</i>	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26 <i>Thanksgiving Day</i>	27	28
29	30					



Left: "Me Homeless
in Civic Center SF"

Below "Self-Portrait"



Khalid Rasool, 60, has been painting since he was 7. Born in Pakistan, he came to the U.S. in 1981 and earned a degree from San Francisco State University in advanced medical technology. For a time, mental health issues left him homeless. Today, he is a client of Citywide Case Management, a UCSF/San Francisco General Hospital psychiatry program that partners with the public defender's office to serve clients through Behavioral Health Court. He has been a member of the Society of Western Artists, where he won a Best in Show award, and the San Francisco Art Guild.

khalidrasool.com

DECEMBER 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	Christmas	



Cover art credit: Raymond Norman is a talented and prolific artist and client of the San Francisco Public Defender. While in state prison as a teenager, he spent countless hours developing his craft of drawing. He is currently incarcerated and is developing his portfolio in the hopes of becoming a professional graphic artist.

San Francisco Public Defender's Office
555 7th Street
San Francisco, CA 94103
415-553-1671

sfpublicdefender.org



This report was not printed at government expense

From: Reports, Controller (CON) [controller.reports@sfgov.org]
Sent: Tuesday, January 06, 2015 12:33 PM
To: Calvillo, Angela (BOS); BOS-Supervisors; BOS-Legislative Aides; Kawa, Steve (MYR); Howard, Kate (MYR); Elliott, Jason (MYR); Steeves, Asja (CON); Campbell, Severin (BUD); Newman, Debra (BUD); Rose, Harvey (BUD); sfdocs@sfpl.info; CON-EVERYONE; Fong, Jaci (ADM); Garcia, Barbara (DPH); Gamino, Miguel; Herrera, Luis (LIB); Hom, Nancy (PUC); Kelly, Jr, Harlan (PUC); Kelly, Naomi (ADM); Rhorer, Trent (HSA); ed.reiskin@sfmta.com; Sakelaris, Kathleen (MTA); alicia.john-baptiste@sfmta.com; Sue, Candace (MTA)
Subject: Issued: Citywide Contract Compliance Audits: Combined Report, Fiscal Years 2011-12 and 2012-13

The Office of the Controller's City Services Auditor Division (CSA) today issued the combined report of its citywide contract compliance audits for fiscal years 2011-12 and 2012-13. The majority of audits concluded that selected contractors generally complied with contract terms and conditions; however, city departments can strengthen their contract administration and oversight. The 10 audit reports include a total of 43 findings and 87 recommendations. The overarching finding in this report summarizes the need for the seven departments audited to either develop or improve their contract administration and monitoring policies and procedures.

To view the full report, please visit our Web site at:
<http://openbook.sfgov.org/webreports/details3.aspx?id=1866>
This is a send-only e-mail address.

For questions about the [report or memorandum], please contact Director of City Audits Tonia Lediju at tonia.lediju@sfgov.org or 415-554-5393 or the CSA Audits Unit at 415-554-7469.

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City and County of San Francisco

Office of the Controller – City Services Auditor

CITYWIDE CONTRACT COMPLIANCE PROGRAM:

Combined Audits

Fiscal Years 2011-12 and 2012-13



January 6, 2015

**OFFICE OF THE CONTROLLER
CITY SERVICES AUDITOR**

The City Services Auditor Division (CSA) was created in the Office of the Controller through an amendment to the Charter of the City and County of San Francisco (City) that was approved by voters in November 2003. Charter Appendix F grants CSA broad authority to:

- Report on the level and effectiveness of San Francisco's public services and benchmark the City to other public agencies and jurisdictions.
- Conduct financial and performance audits of city departments, contractors, and functions to assess efficiency and effectiveness of processes and services.
- Operate a whistleblower hotline and Web site and investigate reports of waste, fraud, and abuse of city resources.
- Ensure the financial integrity and improve the overall performance and efficiency of city government.

CSA may conduct financial audits, attestation engagements, and performance audits. Financial audits address the financial integrity of both city departments and contractors and provide reasonable assurance about whether financial statements are presented fairly in all material aspects in conformity with generally accepted accounting principles. Attestation engagements examine, review, or perform procedures on a broad range of subjects such as internal controls; compliance with requirements of specified laws, regulations, rules, contracts, or grants; and the reliability of performance measures. Performance audits focus primarily on assessment of city services and processes, providing recommendations to improve department operations.

CSA conducts audits in accordance with the Government Auditing Standards published by the U.S. Government Accountability Office. These standards require:

- Independence of audit staff and the audit organization.
- Objectivity of the auditors performing the work.
- Competent staff, including continuing professional education.
- Quality control procedures to provide reasonable assurance of compliance with the auditing standards.

For questions regarding the report, please contact Director of City Audits Tonia Lediju at Tonia.Lediju@sfgov.org or 415-554-5393, or CSA at 415-554-7469.

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City and County of San Francisco

Office of the Controller - City Services Auditor

**Citywide Contract Compliance Audits:
Combined Report, Fiscal Years 2011-12 and 2012-13**

January 6, 2015

Purpose of the Audits

The Office of the Controller's City Services Auditor Division (CSA) audited seven departments' management of and general compliance with ten City and County of San Francisco (City) contracts. The audits assessed whether departments adhere to and have adequate policies and procedures to properly and effectively administer the contract, monitor performance according to terms and conditions, and review contract expenditures related to costs and quality. This combined report summarizes the findings and recommendations of the ten contracts audited in fiscal years 2011-12 and 2012-13. In fiscal year 2011-12 CSA began a series of planned annual audits of compliance with selected city contracts. Also, CSA completed a citywide contract risk assessment to identify, measure, and prioritize each contract's potential level of risk to the City.

Highlights

The majority of the ten audits concluded that selected contractors generally complied with contract terms and conditions. However, city departments can strengthen their contract administration and oversight. The ten audit reports include a total of 43 findings and 87 recommendations. The overarching finding in this report summarizes the need for the seven departments audited to either develop or improve their contract administration and monitoring policies and procedures.

CSA audited the following ten city contracts:

- \$120 million Technology Store contracts, as used by the General Services Agency (General Services)—Administrative Services' Department of Technology and the San Francisco Public Utilities Commission.
- \$78 million Western States Oil Company contract with the San Francisco Municipal Transportation Agency and General Services.
- \$75 million AT&T Corporation contract with DT and the Department of Public Health (Public Health).
- \$27.1 million MedImpact HealthCare Systems, Inc., contract with Public Health.
- \$19.3 million Guardsmark, G.P., contract with the Human Services Agency.
- \$10 million Netsmart Technologies contract with Public Health.
- \$6 million Konica Minolta Business Solutions USA, Inc., citywide term contract, as used by Public Health.
- \$4.2 million Baker & Taylor Corporation contract with the Public Library.
- \$2.2 million KCI USA, Inc., (sole source) contract with Public Health.
- \$1 million GRM Information Management Services contract with Public Health.

Recommendations

The reports include a total of 87 recommendations made for city departments to strengthen their contract management, including that they:

- Create written procedures to guide employees in the invoice review and approval process.
- Implement contract monitoring procedures, including periodic trend analyses and vendor oversight.
- Collect amounts for any overcharges paid.
- Review invoices and supporting documentation to ensure that rates are accurately billed in compliance with the contract terms.
- Enforce contract requirements that vendors submit required service or machine uptime reports and bill in accordance with contract terms.
- Segregate duties among different employees involved in fiscal intermediary purchases and payments.

Copies of the full report may be obtained at:

*Office of the Controller • City Hall, Room 316 • 1 Dr. Carlton B. Goodlett Place • San Francisco, CA 94102 • 415.554.7500
or on the Internet at <http://www.sfgov.org/controller>*

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CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER

Ben Rosenfield
Controller

Todd Rysdstrom
Deputy Controller

January 6, 2015

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Purchaser and Director
Office of Contract Administration

Ms. Naomi M. Kelly
City Administrator
General Services Agency

Ms. Anne Hinton
Executive Director
Department of Aging & Adult Services

Ms. Barbara A. Garcia
Director of Health
Department of Public Health

Mr. Trent Rhorer
Executive Director
Human Services Agency

Mr. Harlan Kelly, Jr.
General Manager
San Francisco Public Utilities Commission

Mr. Luis Herrera
City Librarian
Public Library

Mr. Miguel Gamiño
Chief Information Officer and Director
Department of Technology

Mr. Edward D. Reiskin
Director of Transportation
San Francisco Municipal Transportation Agency

Board of Directors, San Francisco Municipal Transportation Agency
President and Commissioners, Health Commission
President and Commissioners, Public Utilities Commission
President and Commissioners, Public Library Commission
President and Commissioners, Human Services Commission

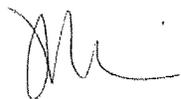
Dear Board and Commission Members, Ladies, and Gentlemen:

The City Services Auditor Division (CSA) of the Office of the Controller (Controller) presents the combined report of its citywide contract compliance audits for fiscal years 2011-12 and 2012-13. CSA audited ten City and County of San Francisco (City) contracts, assessing whether city departments adhere to and have adequate policies and procedures to properly and effectively administer the contracts, monitor performance according to terms and conditions, and review contract expenditures related to costs and quality.

The majority of audits concluded that selected contractors generally complied with contract terms and conditions; however, city departments can strengthen their contract administration and oversight. The ten audit reports include a total of 43 findings and 87 recommendations. The links to the individual reports, including findings, recommendations, and department responses, are attached as an appendix. CSA is working with the departments to follow up on the status of the recommendations made in these reports.

CSA appreciates the assistance and cooperation of all of your staffs during the audits. For questions about this report, please contact me at Tonia.Lediju@sfgov.org or 415-554-5393 or CSA at 415-554-7469.

Respectfully,



Tonia Lediju
Director of City Audits

cc: Board of Supervisors
Citizens Audit Review Board
City Attorney
Civil Grand Jury
Budget Analyst
Mayor
Public Library

GLOSSARY OF TERMS

ACH	Automated Clearing House
AOSD	Office of the Controller's Accounting Operations and Systems Division
BPO	Blanket Purchase Order
City	City and County of San Francisco
Charter	Charter of the City and County of San Francisco
Controller	Office of the Controller
CSA	Office of the Controller's City Services Auditor Division
DT	Department of Technology
FAMIS	Financial Accounting and Management Information System
General Services	General Services Agency
Guardsmark	Guardsmark, G.P.
Human Services	Human Services Agency
Library	Public Library
Netsmart	Netsmart Technologies
OCA	Office of Contract Administration
PO	Purchase Order
Program	Citywide Contract Compliance Monitoring Program
Public Health	Department of Public Health
SFMTA	San Francisco Municipal Transportation Agency

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INTRODUCTION

Audit Authority

The audits included in this report were conducted under the authority of the Charter of the City and County of San Francisco (Charter), which requires the Office of the Controller (Controller), City Services Auditor Division (CSA), to conduct periodic, comprehensive financial and performance audits of city departments, services, and activities. The CSA audits summarized in this report are part of a series of contract compliance audits of various contracts established by city departments.

Purpose of the Combined Report

This combined report summarizes the findings and recommendations from the reports of the ten contract audits CSA conducted in fiscal years 2011-12 and 2012-13. The overarching finding in this report summarizes the need for the audited departments to either develop or improve their contract administration and monitoring policies and procedures.

The ten audit reports include a total of 43 findings and 87 recommendations. Links to the individual reports, which include all of the findings, recommendations, and the departments' responses, are attached as an appendix.

CSA follows up on the recommendations in all of its issued reports to determine whether corrective actions have been taken.

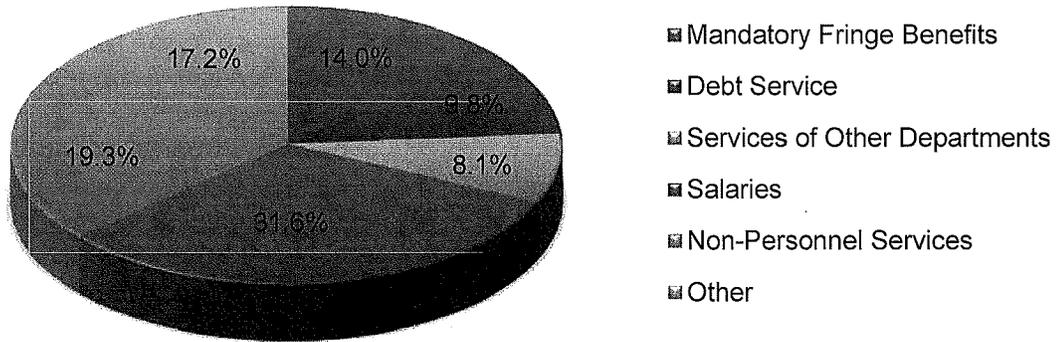
Background

The City's annual operating budget was \$6.8 billion and \$7.4 billion in fiscal years 2011-12 and 2012-13, respectively.

Besides the services that a typical municipality would provide, the City and County of San Francisco (City) also operates an international airport, a seaport, a public transportation system that comprises buses, trolleys, streetcars, trains, and cable cars, a regional water system, and a major acute care hospital, to name just a few elements. The City purchases a vast array of goods and services from contractors to support city operations. The City's annual operating budget was \$6.8 billion and \$7.4 billion in fiscal years 2011-12 and 2012-13, respectively, including amounts expected to be paid to city vendors.

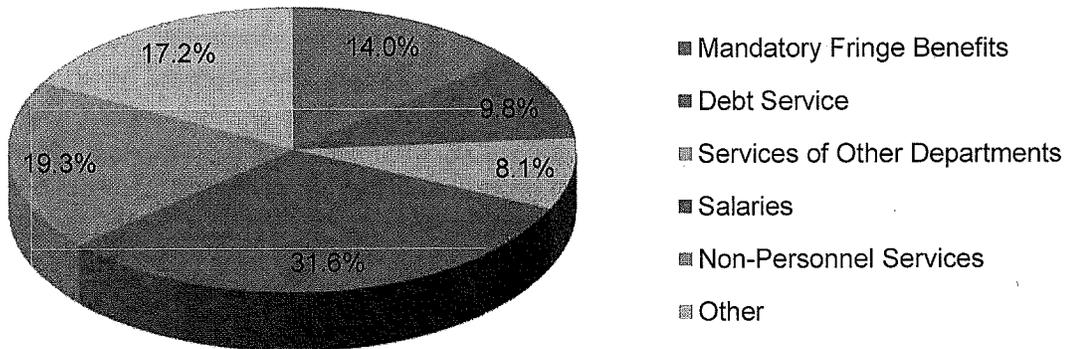
Exhibits 1 and 2 show the City's uses of funds based on the fiscal years 2011-12 and 2012-13 adopted budgets.

EXHIBIT 1 Uses of the \$6.8 Billion Budgeted Operating Expenditures in Fiscal Year 2011-12



Source: Consolidated Budget and Annual Appropriation Ordinance for the fiscal years ending June 30, 2011, and June 30, 2012.

EXHIBIT 2 Uses of the \$7.4 Billion Budgeted Operating Expenditures in Fiscal Year 2012-13



Source: Consolidated Budget and Annual Appropriation Ordinance for the fiscal years ending June 30, 2011, and June 30, 2012.

In fiscal years 2011-12 and 2012-13 the City budgeted \$3.6 billion to pay vendors.

In fiscal years 2011-12 and 2012-13 the City budgeted approximately \$3.6 billion for commodities and services, much of which was to be paid through contracts. With millions of taxpayer dollars at stake, the City needs strong controls to provide reasonable assurance that contract funds are not being lost to improper payments (fraud and errors), waste, and mismanagement, and that vendors perform in accordance with contract terms.

Effective contract oversight, which includes effective internal controls throughout each phase of the contracting cycle, is essential to protecting public funds and taxpayer interests. The contracting cycle consists of activities throughout the acquisition process, including pre-award and award, contract administration and management, and contract closeout.

Overview of Commodity and Service Purchasing

The Purchaser oversees the City's purchasing function and is OCA's director.

The Purchaser oversees the City's purchasing function in accordance with the Administrative Code and serves as the director of the Office of Contract Administration (OCA). Both the Purchaser and OCA are organized under the General Services Agency and report to the City Administrator. OCA manages more than 1,500 active contracts valued at approximately \$2 billion. Each year, OCA bids and awards contracts with a total value exceeding \$400 million. Although the Administrative Code gives the Purchaser the authority to conduct the City's procurement process, the Charter and the Administrative Code also authorize city departments to directly purchase commodities or services in the following instances:

The Charter authorizes:

- The San Francisco Municipal Transportation Agency (SFMTA) to purchase all commodities and services for SFMTA.

The Administrative Code authorizes:

- The Airport Commission, Department of Public Works, Public Utilities Commission, Recreation and Park Department, Port Commission, and SFMTA to directly enter into public works contracts.
- The Public Utilities Commission's general manager to purchase electricity, natural gas, and water.
- The Department of Public Health (Public Health) to enter and execute written agreements with the University HealthSystems Consortium, the University HealthSystems Consortium Services Corporation, and suppliers of goods and materials selected by the University HealthSystems Consortium Services Corporation through its

competitive bidding process.

- The delegation of authority to departments to purchase products and services up to a stated amount, which is currently \$10,000, as set by the Purchaser.

The City's Purchasing System

*FAMIS is the City's
accounting system.*

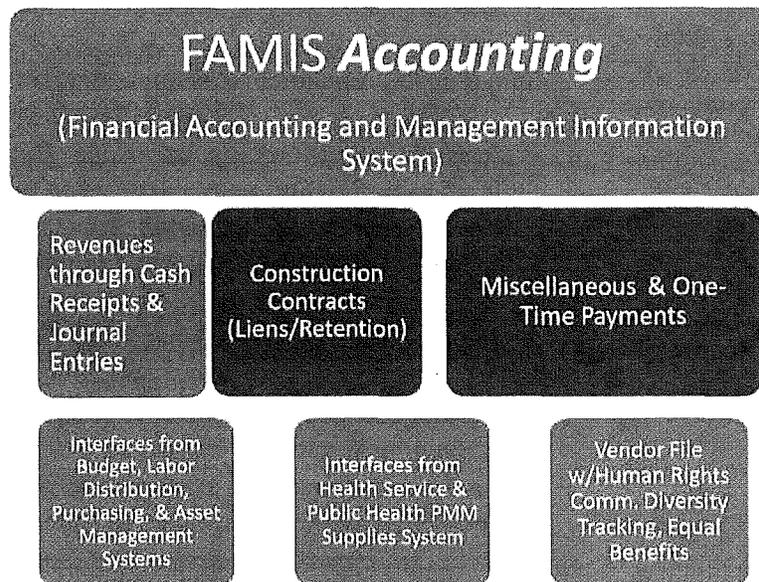
The Financial Accounting and Management Information System (FAMIS) is the City's accounting system. FAMIS and its purchasing component, FAMIS Purchasing, facilitate budgetary management and accounting for the City.¹ FAMIS Purchasing is used to record accounting entries related to purchases. FAMIS Purchasing is also the City's primary centralized system for tracking certain high-level information that is typically associated with contracts, such as contract not-to-exceed encumbrance amounts and start and end dates.

FAMIS Purchasing information automatically interfaces to the FAMIS Accounting System. The flow of information between the FAMIS Accounting system and its interfaces is shown in Exhibit 3.

¹ Previously known as Advanced Purchasing and Inventory Control System (ADPICS).

EXHIBIT 3 Flow of Information Through FAMIS Accounting

FAMIS Accounting



Source: Office of the Controller's Web site.

The City is seeking to replace FAMIS and implement a comprehensive citywide financial management system. Ideally, a contract management system would be able to clearly identify city contracts and track them through all stages of the contracting process, allow contract managers to query contract information and create ad hoc reports, permit users to view labor costs of detailed expenditure items, track performance recovery amounts, include standardized contract templates, and perform various other tasks.

The Controller is the gatekeeper for city disbursements.

Charter Section 3.105 states that:

All disbursements of funds in the custody of the Treasurer must be authorized by the Controller. No officer or employee shall bind the City to expend money unless there is a written contract or other instrument and unless the Controller shall certify that sufficient unencumbered balances are available in the proper fund to meet the payments under such contract or other obligation as these become due, or that he or she expects sufficient unencumbered

balances to be available in the proper fund during the course of the budgetary cycle to meet the payments as they become due.

An encumbrance transaction in FAMIS certifies that funds are available for purchases.

The City uses an encumbrance method of accounting to help ensure that obligations are not incurred or expenditures made in excess of available funds, allotments, or appropriation. Certification of available funds for all purchases, contracts, and other obligations is done by posting an encumbrance transaction in FAMIS. For most purchases, the City uses competitive bidding procedures to select vendors and requires that all city vendors comply with city ordinances and other requirements before entering into a contract with the City.

Formal competitive bidding is required for commodities and general services in excess of \$100,000 and professional services in excess of \$400,000, unless otherwise exempted under the Administrative Code. Although formal solicitation is not required for certain purchases totaling \$10,000 or less, departments are encouraged to solicit a minimum of three written bids or written price quotations and are required to select the lowest responsive and responsible bidder. For purchases exceeding \$10,000, departments are required to submit a purchase requisition to OCA.

Once a vendor has been selected, departments must encumber funds in FAMIS before issuing a purchase order, contract, or other commitment to a vendor. All contracts are administered by the customer department that uses the product or service; the only exception is term contracts, which are managed by OCA. Term contracts benefit the City because vendors are usually willing to provide price discounts in exchange for a high volume of business.

A blanket purchase order (BPO) is used to obtain approval for future purchases from a specific vendor for a specified time period and dollar limit. BPOs do not encumber funds; purchase order (PO) releases do. One BPO exists for one contract and its amendments. Below are the types of BPOs analyzed through the citywide contract compliance monitoring program:

*Types of blanket purchase
order agreements.*

City blanket authorizations ("BP" Purchasing Type): City blanket authorizations are used for term contracts and are usually fixed-price, multiyear signed formal contracts used by one or more departments for large quantities of products or services that cover a wide variety of goods and services for which the City has a large and recurring need. Office supplies, fuel, information technology, and janitorial services are illustrative examples of goods and services for which a term contract may be used. A BPO is created in FAMIS for the term contract, and then departments make purchase order releases to order the products or services available under the contract.

Contract blanket authorizations ("CB" Purchasing Type): Contract blanket authorizations are used for any purchases where the City and the vendor have signed separate formal contracts. This happens most often when a department has used one of the City's model contracts, such as for professional services, equipment maintenance, and software related purchases.

Departmental blanket authorizations ("DB" Purchasing Type): Departmental blanket agreements are used to secure OCA approval for anticipated purchases of certain goods and services for a specific period and dollar limit. Departmental blanket agreements are usually established for purchases not covered under other city contracts. A departmental blanket enables a department to order directly from the vendor in accordance with agreed upon terms, and departments can make purchases by issuing a purchase order release against a departmental blanket agreement.

Code Delegation Authority Blankets ("YB" Purchasing Type): The Administrative Code authorizes certain departments to directly purchase commodities or services in some instances. In these instances, the departmental blanket is not required to be approved by OCA before the department issues a purchase order release against it.

In all cases, an encumbrance against a BPO must be recorded before an order can be placed or a contract can be issued. This is done in FAMIS Purchasing by issuing a standard purchase order release. Before a purchase order release can be created, a purchase requisition

must first be entered into FAMIS Purchasing. Purchase requisitions leading to the creation of a standard purchase order go through the review and approval path of the requisitioning departments, with final approval by OCA. A purchase requisition is not a contract, but merely a request to OCA to establish a contract. Funds are pre-encumbered when a purchase requisition is entered in FAMIS Purchasing, and approved purchase requisitions become standard purchase orders in FAMIS Purchasing. The issuance of a standard purchase order liquidates the requisition and creates an encumbrance in FAMIS. After the competitive bidding process has been completed, a standard purchase order is used, which in turn liquidates the purchase requisition, creating an encumbrance in FAMIS.

The Citywide Contract Compliance Program

Contracts play an important role in the way the City meets its statutory obligations and provides services to the public. Due to the sheer size of procurement in the City, contract spending poses significant risk if effective processes, controls, and oversight are not present. To identify such vulnerabilities in existing contracts, the Controller's City Services Auditor Division implemented a citywide contract compliance monitoring program (program) to track contract adherence and accuracy. The program consists of an ongoing, comprehensive audit process that allows CSA to select and audit up to six contracts each year using a risk-based approach. The primary objectives of the program are to:

1. Develop and execute a systematic process to survey and review the City's contracts and contracting procedures to detect risk or vulnerabilities that may suggest the need for contract compliance audits.
2. Determine whether relevant city departments adhere to and have adequate policies and procedures to properly and effectively administer the contract, monitor performance according to terms and conditions, and review contract expenditures related to costs and quality.
3. Determine whether selected contractors complied with contract terms and conditions, including those pertaining to costs and quality. For example, this

program will review contractor billings and payments to determine the City's exposure to overpayments.

Citywide Contract Compliance Risk Assessment

The Institute of Internal Auditors' standards encourage an audit organization's chief audit executive to establish a risk-based approach to determine the priorities for auditor activities. Using data available in FAMIS for fiscal year 2011-12, CSA conducted a citywide contract risk assessment to help identify, measure, and prioritize the City's potential audits based on the levels of risk to the City. Risk assessment is a process of systematically scoring (or rating) the relative impact of a variety of "risk factors."² The first step in creating the City's contract risk assessment model was to define the audit universe, or potential audits that could be performed.

For purposes of the program and to be able to determine whether vendors consistently comply with contract provisions, CSA chose to focus the risk assessment on multiyear contract agreements, as opposed to one-time purchase orders or agreements. To do so, CSA obtained from the Controller's Accounting Operations and Systems Division (AOSD) a list of all BPOs that were open during fiscal years 2011-12 and 2012-13 because purchases applied against a BPO are typically made under a signed contract.

According to AOSD, FAMIS Purchasing cannot distinguish whether or not a purchase is made against a formal contract unless the purchase is made under a term contract, which requires a signed formal agreement. According to AOSD, this is because city blanket authorizations generally have formal contracts, whereas departmental blanket authorizations may not. From that list, CSA filtered out construction-related BPOs (denoted by a "NB" purchasing type) because compliance with the associated contracts is already covered by CSA's Construction Audit Program.

As a result, the audit universe covered BPOs in effect as of June 30, 2012, and was limited to BPOs with the following purchasing types: city blanket authorizations,

² A risk factor is an observable or measurable indicator of conditions or events that could adversely affect the organization.

departmental blanket authorizations, contract blanket authorizations, and code delegation authority blankets.

Contract risk factors were identified in part based on discussions with OCA, AOSD, and various departmental contract managers.

Understanding both the nature of the program's objectives and the types of possible risks under consideration are keys in determining the scope of the risk assessment. Because CSA conducted its assessment across the City, the risk factors identified were broad and qualitative in nature. Likewise, these risk factors span across many categories (for example, material dollar value, term, good/service category). CSA identified the risk factors shown in Exhibit 4 based on discussions with AOSD, OCA, and various departmental contract managers and by reviewing contract data in FAMIS Purchasing.

EXHIBIT 4 Contract Risks Identified by CSA			
Risk Factors	Risk Ratings		
	Lowest (1)	Medium (3)	Highest (5)
Type of goods or services	general services/ commodities	N/A	professional services
Not-to-exceed contract amount (in millions = M)	<= \$1M	> \$1M <= \$5M	> \$5M
Contract term	<= 2 years	> 2 years <= 5 years	> 5 years
Number of city departments using the contract	<= 5	> 5 & <= 10	> 10
Contractor is paid using Automated Clearing House (ACH)	Yes	N/A	No
Number of whistleblower complaints in the last five years	none	> 0 <= 2	>2
Pricing structure (for example, fixed price, cost reimbursable)	fixed price (tied to a deliverable)	cost reimbursable	cost-plus or if not specified
Written policies and procedures regarding contract administration are available to staff	Yes	Yes, but needs improvement	No
Sole-source contract	No	N/A	Yes

Source: CSA analysis based on information from FAMIS and AOSD.

**Analyzing Contract
Data to Assess Risk**

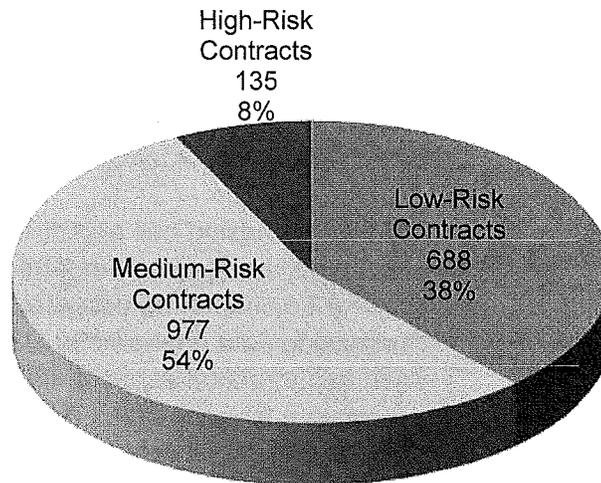
Capturing and analyzing key risk indicators enhances the audit team's ability to anticipate possible risks and opportunities for audit. As such, for each BPO included in its scope, CSA analyzed certain key risk factors of the associated contract. The results were compiled to provide a risk profile that was viewed in relation to the City's willingness to take on such risks.

FAMIS Purchasing has approval paths to help identify when purchasing data is incorrectly entered into the system. To ensure the accuracy of the FAMIS Purchasing data analyzed by CSA, the audit team asked each departmental contract manager to review the basic information for each of the departments' contracts in order to identify any errors or omissions in the data. Although purchasing departments are responsible for entering contract information into the system, many contract managers identified inputted purchasing data as being incomplete or inaccurate. This information was corrected by the respective contract managers and was then used by CSA to analyze the data based on the identified risk factors

CSA completed a citywide contract risk assessment using available data for fiscal year 2011-12 to help identify, measure, and prioritize potential audits.

For each contract, CSA systematically scored the relative impact of the nine risk factors identified in Exhibit 4 and calculated the total risk score for each contract. The contracts were then ranked with respect to their risk scores in descending order, with the highest possible score being 45 and the lowest possible score being 9. CSA identified contracts with scores of 28 or higher as high-risk, contracts with scores of 19 through 27 as medium-risk, and contracts with scores less than 19 as low-risk. Exhibit 5 below details CSA's analysis of contract risk based on the FAMIS data.

EXHIBIT 5 CSA's Analysis of Contract Risk for Fiscal Year 2011-12



Note: For purposes of this report, contracts refer to multiyear agreements.

Source: Auditor's analysis of FAMIS Purchasing data.

While areas of risk do not necessarily translate to contracting failure, they may indicate opportunities to address contracts and activities that may warrant and benefit from additional management action or audit services. Each contract's risk score was considered when selecting audits for CSA's annual audit work plan.

Audit Objectives

The objectives of the audits were to determine whether:

1. Relevant city departments adhere to and have adequate policies and procedures to properly and effectively administer the contract, monitor performance according to terms and conditions, and review contract expenditures related to costs and quality.
2. Selected contractors complied with contract terms and conditions, including those pertaining to costs and quality.

**Scope and
Methodology**

Audits performed under the program covered fiscal year payments made under selected contracts during the period of July 1, 2011, through June 30, 2013. CSA audited the following ten contracts:

1. The General Services Agency (General Services)- Administrative Services, Department of Technology (DT), and the San Francisco Public Utilities Commission's use of four contracts made under the Technology Store master agreement, totaling \$120 million.
2. The use by SFMTA and the General Services of the \$78 million citywide contract with Western States Oil Company.
3. The DT and Public Health's use of the \$75 million citywide contract with AT&T Corporation.
4. Public Health's \$27.1 million contract with MedImpact HealthCare Systems, Inc.
5. The Human Services Agency's \$19.3 million contract with Guardsmark, G.P.
6. Public Health's \$10 million contract with Netsmart Technologies.
7. Public Health's use of the \$6 million citywide term contract with Konica Minolta Business Solutions USA, Inc.
8. The Public Library's \$4.2 million contract with Baker & Taylor Corporation.
9. Public Health's \$2.2 million sole source contract with KCI USA, Inc.
10. Public Health's \$1 million contract with GRM Information Management Services.

In addressing these objectives, the audit team:

- Reviewed and gained an understanding of the contract terms and conditions.
- Interviewed department personnel to understand billing, payment, and contract monitoring procedures.
- Extracted payment information from FAMIS Purchasing to identify a sample for testing.
- Purposefully selected a sample of payments made to the vendor for detailed testing.

Traced the billing data on the sample invoices to approved contract rates, recalculated the invoices, and ensured that the correct amount was paid.

Statement of Auditing Standards

These performance audits were conducted in accordance with generally accepted government auditing standards. These standards require planning and performing the audits to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on the audit objectives. CSA believes that the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

AUDIT RESULTS

Summary

The majority of the audits found that selected contractors generally comply with contract terms and conditions. However, many of the audited departments have weak—or completely lack—contract administration and monitoring policies and procedures. Many departments do not fully comply with contract terms, insufficiently review invoices and supporting documentation, or do not appropriately segregate duties.

Finding

Many audited departments have weaknesses in their contract administration and monitoring processes or up-to-date contracting policies and procedures.

The six audited departments need to either develop or improve their contract administration and monitoring policies and procedures.

The audits found that the Department of Technology, Department of Public Health, General Services Agency, Human Services Agency (Human Services), Public Library (Library) and San Francisco Municipal Transportation Agency either lack current contracting policies and procedures or have weaknesses in their contract administration and monitoring processes. Without guidelines, contract administration and monitoring controls may be inconsistent among city departments, insufficient, or not implemented at all.

Exhibit 6 summarizes the contract administration and monitoring controls that need improvement.

Office of the Controller, City Services Auditor
 Citywide Contract Compliance Audits: Combined Report, Fiscal Years 2011-12 and 2012-13

EXHIBIT 6 Summary of Contract Monitoring Controls That Need Improvement						
Contract	Department/ Division	Up-to-Date Written Policies and Procedures	Contract Non compliance	Weak Invoice Review	Lack of Supporting Documentation	Lack of Segregation of Duties
Konica Minolta Business Solutions USA, Inc. Citywide	Public Health and OCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AT&T Corporation Citywide	DT	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
KCI USA, Inc. (Sole Source)	Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Western States Oil Company Citywide	OCA, General Services, SFMTA, and Central Shops	<input type="checkbox"/>			<input type="checkbox"/>	
GRM Information Management Services Citywide	OCA and Public Health		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MedImpact HealthCare Systems, Inc.	Public Health	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Baker & Taylor Corporation	Public Library	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Guardsmark, G.P.	Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netsmart Technologies	Public Health			<input type="checkbox"/>		<input type="checkbox"/>
Technology Store Category 1 and 2 Term Contracts	OCA and chief information officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Source: CSA analysis.

Examples of areas where guidelines on contract administration and monitoring controls are insufficient or lacking include:

- Compliance With Contract Terms. Departments do not ensure that invoiced amounts and/or items are allowable or correctly billed based on contract terms before authorizing the items for payment. This causes departments to pay unnecessary or unauthorized charges. For example, Public Health incorrectly paid a contractor \$46,795 for unauthorized rentals and DT was unaware that it was erroneously being charged certain administrative fees. Also, Human Services did not comply with certain contract requirements that are designed to increase vendor accountability and capacity. Consequently, Human Services paid an estimated \$613,000 to a vendor for hours not worked based on an arrangement not provided for under the contract.

Further, OCA fails to ensure that contractors comply with certain contract documentation requirements, including a requirement to submit annual service reports and quarterly machine uptime reports.

- Review of Amounts Invoiced. Although departments paid for charges billed, not all departments consistently verify the legitimacy of the amounts invoiced. Departments have not defined and/or documented all procedures of their invoice review and approval processes, such as obtaining the supporting documentation needed to verify the completeness and accuracy of the amounts charged. This causes inconsistencies among departments in the way they review invoices. For example, Public Health program staff does not always thoroughly review invoices before approving them for payment and, at times, did not appear to understand the required levels of review. Also, DT was unaware of how certain administrative fees were being applied to line items charged by a vendor.
- Lack of Supporting Documentation. Departments are inconsistent when obtaining, reporting, and documenting quantities, usage amounts, and rates

related to contracts. This causes departments not to possess documents that would be needed for verifications. For example, SFMTA does not consistently obtain delivery reports, which increases the risk that the City pays for items it does not receive. Also, DT lacks documentation to justify specific rates charged by a contractor and was unaware that it was erroneously being charged certain administrative fees. Furthermore, two of the four departments audited do not maintain complete contract administration files, which can limit the City's ability to defend its position if a dispute arises with respect to a contract.

- Segregation of Duties. At Public Health's Community Behavioral Health Services Division, the same employee submits payment requests and receives and mails checks, indicating a lack of segregation of duties in the process. Also, a Human Services vendor did not adhere to proper segregation of duties in timesheet preparation and review, increasing the risk that inaccurate hours could be charged to the City.

APPENDIX: LINKS TO PUBLISHED AUDIT REPORTS

Issuance Date	Department(s) and Division(s)	Contract	Report Name and Web Link
06/28/2012	Department of Public Health and Office of Contract Administration	Konica Minolta Business Solutions USA, Inc., Citywide Contract	Audit of the \$6 Million Citywide Konica Solutions USA, Inc., Contract http://openbook.sfgov.org/webreports
07/17/2012	Department of Technology	AT&T Corporation Citywide Contract	Audit of the \$75 Million Citywide AT&T Corporation Citywide Contract http://openbook.sfgov.org/webreports
07/25/2012	Department of Public Health	KCI USA, Inc., Sole Source Contract	Audit of the \$2.2 Million KCI USA, Inc. Sole Source Contract http://openbook.sfgov.org/webreports
09/06/2012	Office of Contract Administration, General Services Agency, San Francisco Municipal Transportation Agency, and Central Shops	Western States Oil Company Citywide Contract	The \$78 Million Citywide Western States Oil Company Citywide Contract Should Be Better Administered http://openbook.sfgov.org/webreports
09/12/2012	Office of Contract Administration and Department of Public Health	GRM Information Management Services Citywide Contract	The Office of Contract Administration and Department of Public Health Should Better Administer the Citywide Contract With GRM Information Management Services http://openbook.sfgov.org/webreports

Issuance Date	Department(s) and Division(s)	Contract	Report Name and Web Link
06/19/2013	Department of Public Health	MedImpact HealthCare Systems, Inc., Contract	The Department of Public Health Ade MedImpact's Prescription Claims but Over Its Use of MedImpact as a Fisc http://openbook.sfgov.org/webreports
01/22/2014	Public Library	Baker & Taylor Corporation Contract	The Public Library Needs Improved I Administer and Monitor Its Contract V Corporation http://openbook.sfgov.org/webreports
02/18/2014	Human Services Agency	Guardsmark, G.P., Contract	The Human Services Agency's Contr Contractor Is Silent on Paying Securi Worked on City Holidays http://openbook.sfgov.org/webreports
05/07/2014	Department of Public Health	Netsmart Technologies Contract	The Department of Public Health Ade Payments Remitted Under Its Contra Should Improve Controls Over Invoic http://openbook.sfgov.org/webreports
10/20/2014	Office of Contract Administration and chief information officer	Technology Store Category 1 and 2 Term Contracts	Technology Store Vendors Do Not Al Percentage Markup Limits, Resulting Goods Purchased http://openbook.sfgov.org/webreports

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: CPUC Notification - Verizon Wireless - Broadway & Battery SC1
Attachments: CPUC Filing - Verizon - Broadway & Battery.pdf

From: Salem, Melinda [<mailto:Melinda.Salem@VerizonWireless.com>]
Sent: Tuesday, January 06, 2015 12:58 PM
To: Rahaim, John (CPC); Administrator, City (ADM); Board of Supervisors (BOS)
Cc: West Area CPUC
Subject: CPUC Notification - Verizon Wireless - Broadway & Battery SC1

This is to provide your agency with notice according to the provisions of General Order No. 159A of the Public Utilities Commission of the State of California ("CPUC"). This notice is being provided pursuant to Section IV.C.2.

If you prefer to receive these notices by US Mail, please reply to this email stating your jurisdiction's preference.

Thank You

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January 6, 2015

Ms. Anna Hom
Consumer Protection and Safety Division
California Public Utilities Commission
505 Van Ness Avenue
San Francisco, CA 94102
alh@cpuc.ca.gov

RE: Notification Letter for Broadway & Battery SC1
San Francisco-Oakland, CA / GTE Mobilnet of California Limited Partnership / U-3002-C

This is to provide the Commission with notice according to the provisions of General Order No. 159A of the Public Utilities Commission of the State of California ("CPUC") for the project described in Attachment A.

A copy of this notification letter is also being provided to the appropriate local government agency for its information. Should there be any questions regarding this project, or if you disagree with any of the information contained herein, please contact the representative below.

Sincerely,

Molly Kales
2795 Mitchell Drive, Walnut Creek, CA 94598
(925) 279-6762



CPUC Attachment A

Site Name	BROADWAY & BATTERY SC1
Legal Entity	GTE Mobilnet California LP
Choose Type of Project	Note: Select IB Initial Build (New Verizon Wireless Presence) or AM Modification to existing Verizon site
Street Address of Site	701 Battery Street
Site Location City	San Francisco
Site Location Zip Code	94111
Site Location County	San Francisco
Site Location APN Number	0165-004

	Degrees	Minutes	Seconds
COORDINATES			
Site Location Latitude	37	47	51.82
Site Location Longitude	122	24	4.09
NAD_27_or_83	27		

Brief Description of Project
Two (2) Charles cabinets, four (4) RRUs, two (2) panel antennas behind stealth enclosures, and one (1) temporary microwave dish; power and telco in basement.

Number and type of Antennas/Dishes	2 panel antennas; 1 GPS antenna; 1 temporary microwave dish
Tower Design	N/A
Tower Appearance	N/A
Tower Height (in feet)	N/A
Size of Building or NA	Existing 48.6' building w/antennas mounted to penthouse walls; behind stealth enclosure.

Planning Director (or equivalent)	Planning Director
Contact 1 Agency Name	City of San Francisco
Contact 1 Street Address	1660 Mission Street, #400
Contact 1 City	San Francisco
Contact 1 State & ZIP	CA 94103
Contact 1 Email	John.Rehaim@sfgov.org

City Manager (or equivalent)	City Administrator
Contact 2 Agency Name	City of San Francisco
Contact 2 Street Address	1 Dr. Carlton B. Goodlett Place
Contact 2 City	San Francisco
Contact 2 State & ZIP	CA 94102
Contact 2 Email	city.administrator@sfgov.org

City Clerk (or equivalent)	Clerk of the Board
Contact 3 Agency Name	City of San Francisco
Contact 3 Street Address	1 Dr. Carlton B. Goodlett Place
Contact 3 City	San Francisco
Contact 3 State & ZIP	CA 94102
Contact 3 Email	Board.of.Supervisors@sfgov.org

Director of School Board (or equivalent)	N/A
Contact 4 Agency Name	
Contact 4 Street Address	
Contact 4 City	
Contact 4 State	
Contact 4 Zip Code	

LAND USE OR BUILDING APPROVALS

Type of Approval Issued	Building Permit
Issue Date of Approval	12/23/2014
Effective Date of Approval	12/23/2014
Agency Name	Department of Building Inspections (San Francisco)
Approval Permit Number	No. 201410179286
Resolution Number (if applicable)	N/A

Type of Approval Issued (2)	
Issue Date of Approval (2)	
Effective Date of Approval (2)	
Agency Name (2)	
Approval (2) Permit Number	
Resolution Number (2) (if applicable)	

Subject: FW: Reentry Stakeholders: Volunteers needed for homeless count, support group for young mothers, Realignment conference, and more

From: Scaife, Jennifer (ADP)
Sent: Monday, January 05, 2015 6:11 PM
To: Calvillo, Angela (BOS)
Subject: Reentry Stakeholders: Volunteers needed for homeless count, support group for young mothers, Realignment conference, and more

Happy New Year! Below are announcements and information about upcoming meetings, events and opportunities related to safe and successful reentry in San Francisco.

ANNOUNCEMENTS

More Volunteers Needed for the 2015 Homeless Count. This count requires people to walk or drive 1-2 assigned routes in pairs or groups of 3 in San Francisco to visually count homeless people. As you likely know, this is a major requirement of the Department of Housing and Urban Development requirements of our Continuum of Care for our \$23 Million + in local homeless assistance grants. Please take a moment to register and encourage your networks to register. **Volunteers are most needed in the Sunset and downtown locations.** [Follow this link to register.](#) While it's wonderful to have homelessness experts, this volunteer experience does not require expertise in homelessness. Anyone over 18 and interested in helping is very welcome.

San Francisco Sheriff's Department Programs Unit announces new Innovation Challenge Grant Program. The Mission of the Sheriff's Departments Programs Unit is to provide programs and services to the incarcerated, previously incarcerated, and survivors, using the principles of Restorative Justice to assist in the positive, productive reintegration into our communities. In partnership with nonprofit organizations and other providers, the Sheriff's Programs Unit works to ensure a continuum of services as clients transition from in-custody programs to out of custody programs. Challenge grants are designed to create a platform for small community-based organizations that may not have experience with contracting with the City of San Francisco to present their ideas on stopping the cycle of incarceration and addressing the needs of San Franciscans returning from jail to their communities. Challenge grantees must align their activities with the Sheriff's Department goal of protecting public safety and reducing recidivism. The Department expects to award one grant for up to \$24,500 and one grant for up to \$5,000 for FY 14-15. Application packets [are now available.](#) **Deadline is January 9.**

A Home Within Offers Support Group for Young Mothers. A Home Within recently launched a new website and program called [Fostering Relationships.](#) As part of the program they are currently recruiting young mothers for an online parenting group. This group, facilitated by an experienced therapist, will serve as an alternative to traditional mental health care in meeting the needs of young parents. The project is designed to address two root causes of stress and depression among this population: social isolation and unprocessed trauma. To learn more about the group or to refer yourself or someone you know for an initial intake please contact Renè Fay at 415-446-9182 or email rfay@ahomewithin.org.

Fourth Annual Conference on Public Safety Realignment. *Innovations in public safety and justice in California: transitioning from triage to long term sustainability.* The annual Public Safety Realignment conference brings together public safety, corrections, justice, policy and service agency executives to examine public safety and justice innovations in California counties. At the direction of the Joint Training Partnership among the California State Association of Counties, California State Sheriffs' Association and the Chief Probation Officers of California, the 2015 conference is designed to afford criminal justice system stakeholders the opportunity to reflect upon the transition from triage mode

in the early years of Realignment to making sustainable and ongoing improvements in public safety throughout California. This year's conference will include three tracks to address the movement from triage to optimal performance across all stages of the justice system, from prevention to successful reintegration. Thursday, January 22nd and Friday, January 23rd, 2015 at the Sacramento Convention Center. [Register for the conference here.](#)

The SF Adult Probation Department has launched a new Leadership Academy for people currently or previously involved in the criminal justice system. The purpose of the Leadership Academy is to change the face of criminal justice and to create a venue for the exchange of perspectives and experiences. Activities include honing basic public speaking skills, learning how to impact public policy, and participating in public forums, roundtables, and other civic engagements. To find out more about the Leadership Academy, to join, or to contribute to the work, please contact Steve Adami, Reentry Resources Coordinator, at steve.adami@sfgov.org or (415) 241-4254.

Get included in the 2015/2016 Edition of *Getting Out and Staying Out: A Guide to San Francisco Resources for People Leaving Jails and Prisons.* The Reentry Division of the Adult Probation Department publishes and distributes this resource guide for individuals returning to San Francisco from jail and prison. Please complete a survey (available in [Word](#) or [PDF](#)) to add or update your agency's profile and to help us create as comprehensive a resource as possible. We receive about 20 requests for this guide every week from people in jail and prison across the state, and from family members, service providers, and advocates. If you would like a copy of the current edition, or know someone who would, please contact us by email at reentry.council@sfgov.org. It is also available [online](#). The new edition will be released in spring 2015.

UPCOMING MEETINGS & EVENTS

Subcommittee on Assessment and Connections

Wednesday January 14, 2015

9:00-11:00am

City Hall Room 305

1 Carlton B Goodlett Place

San Francisco

A conversation about *Burning Down the House: The End of Juvenile Prison*

Wednesday January 14, 2015

6:00-8:00pm

Impact Hub Oakland

2323 Broadway

Oakland

With Nell Bernstein, author; Raj Jayadev, founder and Executive Director, Silicon Valley DeBug; and Zachary Norris, Executive Director, Ella Baker Center; moderated by Lateefah Simon, Program Director at the Rosenberg Foundation. [Register here](#) for free.

Subcommittee on Policy and Operational Practices

Wednesday January 14, 2015

3:00-5:00pm

City Hall Room 305

1 Carlton B Goodlett Place

San Francisco

Subcommittee on Support and Opportunities

Thursday January 22, 2015

1:00-3:00pm

City Hall Room 305
1 Carlton B Goodlett Place
San Francisco

Community Corrections Partnership

Thursday February 5, 2015

10:00am

City Hall Room 305
1 Carlton B Goodlett Place
San Francisco

Complex Trauma: Effects and Intervention

Friday February 6, 2015

2:30-4:30pm

Milton Marks Auditorium
455 Golden Gate Avenue
San Francisco

This training will provide an overview of complex trauma, its long term effects on adults, and current empirically-based treatment approaches. Complex trauma typically involves early, repetitive, interpersonal maltreatment (e.g., sustained child abuse and neglect), and additional traumas in adulthood. Its effects range from anxiety, depression, and posttraumatic stress to affect dysregulation, as well as dysfunctional avoidance responses such as dissociation, self-injury, aggression, and substance abuse. Modern treatment approaches include titrated exposure, affect regulation skills development, and relational processing. In the second hour, a case(s) will be presented and discussed. A second speaker will join the discussion for additional clinical feedback as well as a legal perspective on the case.

The training is free and CEU credits (MCLE and BBS) will be provided. RSVP is not required. Room is available based on seating capacity.

San Francisco Sentencing Commission

Wednesday February 25, 2015

10:00am

Location to be announced
San Francisco

Full Reentry Council

Tuesday March 24, 2015

10:00am

Milton Marks Auditorium
455 Golden Gate Ave
San Francisco

If you have information you think would be of interest to Reentry Council stakeholders, please reply to this email. Feel free to forward this email to anyone you think may be interested in improving reentry programs and policies affecting people living in San Francisco. If you would like to be removed from this list or if you would prefer to receive these digests via postal mail, please contact us.

Thank you!

Jennifer Scaife
Director, Reentry Division
Adult Probation Department
(415) 553-1593 | jennifer.scaife@sfgov.org

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: City myopia now impacts healthcare as well

From: michael [<mailto:mich7sf@yahoo.com>]
Sent: Thursday, January 08, 2015 7:54 PM
To: Board of Supervisors (BOS)
Subject: City myopia now impacts healthcare as well

From: michael <mich7sf@yahoo.com>;
To: <board.of.supervisors@sfgov.org>;
Subject: City myopia now impacts healthcare as well
Sent: Fri, Jan 9, 2015 3:50:36 AM

From: michael <mich7sf@yahoo.com>;
To: <board.of.supervisor@sfgov.org>;
Subject: City myopia now impacts healthcare as well
Sent: Fri, Jan 9, 2015 3:43:31 AM

Congratulations, the city has failed to serve the needs of its constituents again: this time with poor health care options that are a direct result of City decisions.

Sutter Health now effectively controls the majority of medical facilities, emergency rooms & affiliated physicians in San Francisco. This consolidation was a direct result of short-sightedness, city officials' poor recommendations and lack of concern for competition in a city of ever increasing costs. Without a doubt this Board will blame prior administration's decisions...

This city allowed Sutter Health to create a stranglehold on medical care under the guise of efficiency and lower costs; now people with Blue Cross health plans will be forced to scramble and choose between the one university medical facility and another Catholic-associated (!) consortium to provide the only 2 alternatives. This is a direct result of City Board decisions influenced by money.

This city and its officials should be embarrassed by the decisions being made: no foresight and financial interests are always prioritized. Prime examples continue: has anyone bothered to count the number of gas stations in this city (yes: we still use gasoline!) ? Business tax breaks abound. No consideration is made for anyone who is not a campaign contributor.

Looking forward to seeing this city have the bills finally come due...

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From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: 5m project comment
Attachments: IMG_0314.JPG; ATT00001.txt

-----Original Message-----

From: Aaron Goodman [<mailto:amgodman@yahoo.com>]
Sent: Thursday, January 08, 2015 9:04 PM
To: Jacinto, Michael (CPC)
Cc: Board of Supervisors (BOS)
Subject: 5m project comment

I know I'm late for additional feedback on extension

But since the 5m project and EIR is mostly tech offices and media and the sign now shows a big tenant aka Yahoo! And that means Alibaba. They will most likely take over or rent a good chunk of space in the future development

Perhaps it's a good idea to talk about tech financed affordable housing and funding for improved street transit since this development is obviously going to increase auto and housing demand in the area

Tax yahoo and alibaba accordingly!!!! They like other companies need to have their impacts assessed

Aaron Goodman
D11
Amgodman@yahoo.com

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From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: General message

-----Original Message-----

From: Randall Kovar [<mailto:leoncito9@optonline.net>]
Sent: Thursday, January 08, 2015 5:07 AM
To: Board of Supervisors (BOS)
Subject: General message

Attn: Board of Supervisors,....The youth commission has suggested that the voting age in your city be lowered to 16. I am against it. Any arguments for the change are weak. Factors like driving have nothing to w/ the ability to vote. In terms of paying taxes, kids younger than 16 in effect pay taxes on stuff they purchase/consume. Should we let them vote? Absolutely not. The minimum age to vote in our country is 18 for a reason. In terms of gauging the success of a lower voting age in some foreign countries by comparing it to the United States, the results would yield an unfair comparison. This is due to the fact that societal, political and governmental factors are different than ours. It would be like comparing apples to oranges. In conclusion, I strongly urge the board to absolutely not lower the city's voting age to 16. Please e-mail me back at Leoncito9@optonline.net ASAP. Thanks.--Randall S. Kovar

Sent from my iPhone

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From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: Supervisor Tang's January Newsletter

From: Diane Rivera [<mailto:dianariver@aol.com>]
Sent: Thursday, January 08, 2015 7:07 AM
To: Tang, Katy (BOS)
Cc: Board of Supervisors (BOS); Lee, Mayor (MYR); Hayes-White, Joanne (FIR); Arteseros, Erica (FIR); dianariver@aol.com
Subject: Re: Supervisor Tang's January Newsletter

Dear Katy,

Thank you ! What a great newsletter. Of course, I am so happy that you and your staff will take the full NERT training. I will be there in spirit with you!

I thank you and the San Francisco Board of Supervisors for honoring me as a member of the San Francisco Neighborhood Emergency Team, NERT, yesterday. I was very proud to be standing in front of the full Board as you honored my contributions. And as you heard me say many times, I do not believe that we do things in life without the help and support of others.

While in the NERT program, I have had the distinct pleasure and honor to work under the directions of Lt. Erica Arteseros. If I have learned anything from her, it is the importance of team work. Not one of us could accomplish very much if it were not for our universal understanding of preparedness. Our respect for the NERT program, our collective belief that we will survive a disaster if we are prepared and ready to recover, and the sharing of this belief with our family, friends and neighbors, is so important to each one of us, to our teams and to the City and County of San Francisco.

Many thanks go to Chief Joanne Hayes-White, Chief of the San Francisco Fire Department, for her time honored support of the NERT program for the people who live and work in San Francisco.

I think that the Napa earthquake give us an opportunity to see what can happen! By some accounts, with a population of (now) more than 1,600,000 given any work day, and a residential population of (now) more than 800,000, all of us working together as a team to make this training available to any one who desires it, we will be prepared and recover so much faster.

I know that you will contribute greatly to making the Sunset Parkside district a diverse and thriving community for all the people who have lived here for a long time and for those who are new and bring new and wonderful ideas into play.

Sincerely,

Diane Rivera
KG6QLX

-----Original Message-----

From: Tang, Katy (BOS) (BOS) <katy.tang@sfgov.org>

To: Tang, Katy (BOS) (BOS) <katy.tang@sfgov.org>

Sent: Wed, Jan 7, 2015 2:33 pm

Subject: Supervisor Tang's January Newsletter

Dear Community Members,

Welcome to 2015! I hope everyone had a wonderful holiday season and transition into the new year.

Our January newsletter is available through the links below:

Link to English version: <http://www.sfbos.org/Modules/ShowDocument.aspx?documentid=51229>

Link to Chinese version: <http://www.sfbos.org/Modules/ShowDocument.aspx?documentid=51231>

In this month's newsletter, you will find information about:

- Joining our office in becoming certified for neighborhood emergency preparedness and response;
- Upcoming Discover Your District events: www.sfbos.org/DiscoverYourDistrict;
- Re-evaluating fines related to dangerous driving behaviors;
- SFMTA's new online protest platform;
- Landscaping Sunset Boulevard; and more!

Wishing everyone a successful year ahead.

Katy

Katy Tang

District 4 Supervisor

San Francisco Board of Supervisors

City Hall, Room 264

Phone: (415) 554-7460

Office website:

www.sfbos.org/Tang

View our Sunset District Blueprint:

www.sfbos.org/SunsetBlueprint

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: 4,082 signers: Stop SFMTA (San Francisco Municipal Transportation Agency) petition

From: ENUF and CSFN [<mailto:petitions@moveon.org>]
Sent: Monday, January 12, 2015 8:17 AM
To: Board of Supervisors (BOS)
Subject: 4,082 signers: Stop SFMTA (San Francisco Municipal Transportation Agency) petition

Dear San Francisco Board of Supervisors,

I started a petition to you titled *Stop SFMTA (San Francisco Municipal Transportation Agency)*. So far, the petition has 4,082 total signers.

You can post a response for us to pass along to all petition signers by clicking here:
http://pac.petitions.moveon.org/target_talkback.html?tt=tt-23483-custom-39844-20250112-cnbtg

The petition states:

"As residents and taxpayers of San Francisco we believe that the SFMTA's first and foremost responsibility is to improve MUNI and to make MUNI a more desirable means of transportation. It is not SFMTA's job to make owning and driving a motor vehicle more expensive and difficult. The SFMTA needs to be accountable to all the citizens of San Francisco. We need a balanced, unbiased municipal transportation policy. We respectfully request that the Mayor and District Supervisors immediately stop the SFMTA from: 1. Installing new parking meters and extending the hours of enforcement 2. Enforcing Sunday parking meters 3. Increasing meter rates, fees and fines "

To download a PDF file of all your constituents who have signed the petition, including their addresses, click this link: http://petitions.moveon.org/deliver_pdf.html?job_id=1385721&target_type=custom&target_id=39844

To download a CSV file of all of your constituents who have signed the petition, including their addresses, click this link:
http://petitions.moveon.org/deliver_pdf.html?job_id=1385721&target_type=custom&target_id=39844&csv=1

Thank you.

--ENUF and CSFN

If you have any other questions, please email petitions@moveon.org.

The links to download the petition as a PDF and to respond to all of your constituents will remain available for the next 14 days.

This email was sent through MoveOn's petition website, a free service that allows anyone to set up their own online petition and share it with friends. MoveOn does not endorse the contents of petitions posted on our public petition website. If you don't want to receive further emails updating you on how many people have

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signed this petition, click here:

http://petitions.moveon.org/delivery_unsub.html?e=m0xZcWlJXzqH9ZTz_cNZWJyYXJkLm9mLnN1cGVydmlz_b3JzQHNmZ292Lm9yZw--&petition_id=23483.

Lagunte, Richard (BOS)

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: Traffic Calming

BOS 11
C pages

-----Original Message-----

From: Joan Hasselgren [mailto:joanhasselgren@gmail.com]
Sent: Tuesday, January 13, 2015 5:57 PM
To: Board of Supervisors (BOS)
Subject: Traffic Calming

Hello:

Is it possible that none of you drive yourselves around San Francisco?

It would appear so. The idea of "traffic calming" is not in the best interest of us who must drive, walk, live in San Francisco.

The most egregious being the most current discussion between the SFFD and Scott Wiener. Is it really possible you do not understand the importance of our Fire Department? With so many wooden buildings that are REALLY close together and the hills, I would think (obviously erroneously) that their ability to get to a fire in the quickest time possible would be very important.

However, Mr. Wiener doesn't get this one.

Instead of asking the SFPD to site all those pedestrians who stand in the street waiting for the light to change or jay walkers oblivious to cars or crossing against the light with on-coming cars or cars running red lights or not paying attention, we get bulbouts, narrowing of streets, endless lane closures and double parking.

Maybe, just maybe, we can encourage people to be responsible for their safety by paying attention to the lights, standing on the sidewalk instead of in the street and having cars obey the laws ALREADY ON THE BOOKS!

Mr. Wiener seems to believe he lives in Kansas or maybe Arizona or somewhere else ~ Walnut Creek??

Slowing already painfully slow traffic isn't a great idea!

Maybe a great idea would be to improve MUNI! Maybe a great idea would be to have more police on bikes so they can site all the bikers that do not follow ANY of the rules.

MAYBE Mr. Wiener needs to live somewhere else!

Some of us have businesses which requires us to drive. Some of us cannot take MUNI because to do so would require us to carry knives, shovels, ropes, pruners, soil, ladders, irrigation equipment, fertilizers and a whole lot more onto the bus which wouldn't speed up the bus's progress.

Thank you!

Cheers,

Joan

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Lagunte, Richard (BOS)

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: Better Together Project
Attachments: BETTER TOGETHER Final Proposal Doc..docx

BOS 11
C pages

From: Better Together [<mailto:better2gether2015@gmail.com>]
Sent: Tuesday, January 13, 2015 8:37 PM
To: Board of Supervisors (BOS)
Subject: Better Together Project

Hello,

My name is Vanessa Bailey, member of the "Better Together" organization in Bayview Hunters Point. Please consider our proposal and looking to hear from you all soon. Thanks and God bless.

BETTER TOGETHER PROJECT



BOS 11

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4

Better Together youth & teens Spring Festival 2015

Saturday, March 7, 2015

Teen Drug Abuse and Police Abuse we can fix this problem

Statistics have a way of getting to the meat of a matter. This is especially true when it comes to teen drug abuse statistics because they don't lie. It is hard for parents to imagine that teens go around taking drugs that will be harmful to their bodies and could kill them just to 'get high' or experiment. But they do, the statistics show it. And they tell the survey people, but parents are the ones left to puzzle it out on their own. The latest statistics of teen cocaine use from the National Survey on Drug Use and Health (NSDUH) in 2008, stated that nearly 1.4 million Americans met the Diagnostic and Statistical Manual of Mental Disorders criteria for dependence or abuse of cocaine and crack for the previous year. Which means that they are showing signs of addiction. And the same organization's study showed in 1998 that past month and past year cocaine drug use peaks among the 18 to 20 age group, with 16-year-old teens to 17-year-old teens having the highest statistics among youth at 3.6 percent. These statistics point to the fact that first time use of cocaine happens often at these ages and they aren't far from becoming addicted when they begin to use the drug at this young age. Among persons aged 18 or older who reported lifetime marijuana use, almost 53 percent reported that they first used marijuana between ages 12 and 17, and about 2 percent reported that they first used marijuana before age 12.

The report, entitled "Operation Ghetto Storm", was performed by the Malcolm X Grassroots Movement, an antiracist grassroots activist organization. The organization has chapters in Atlanta, Detroit, Fort Worth-Dallas, Jackson, New Orleans, New York City, Oakland, and Washington, D.C. It has a history of organizing campaigns against police brutality and state repression in black and brown communities. Their study's sources included police and media reports along with other publicly available information. Last year, the organization published a similar study showing that a black person is killed by security forces every 36 hours. However, this study did not tell the whole story, as it only looked at shootings from January to June 2012. Their latest study is an update of this.

These killings come on top of other forms of oppression black people face. Mass incarceration of nonwhites is one of them. While African-Americans constitute 13.1% of the nation's population, they make up nearly 40% of the prison population. Even though African-Americans use or sell drugs about the same rate as whites, they are 2.8 to 5.5 times more likely to be arrested for drugs than whites. Black offenders also receive longer sentences compared to whites. Most offenders are in prison for nonviolent drug offenses. Major projects like Better Together can make a difference in the lives of deteriorating people and communities. The Better Together Project originated in the Bayview Hunters Point community when local residents and community leaders decided to change the way drugs, crime and

education was destroying their neighborhood. Also youth and teen Young African American men are falling behind their peers in the classroom. BTP reports only 54% of African Americans graduate from high school, compared to more than 75% of their Caucasian and Asian American peers.

Black male students in grades K-12 were “nearly 2.5 times more likely to be suspended from school in 2000 as white students,” and their twelfth-grade reading scores are currently lower than any other racial and ethnic group. Better together five years ago visited schools, youth guidance Centers, and drug programs. We found that our youth and teens need help from the community where they live. We created a three point stagey project (1) support youth and teens by having festivals and organized activities in their community (2) Develop a pool of social support and mentorship programs (3) create small after school jobs to help during school. These three strategies has become the main focus driven components of better together project. On March 7, 2015 the Better Together Project will have the largest festival in San Francisco for youth and teens. We will invite and organize eight thousand youth and teens from all over San Francisco for a day of games, fun, singing, dancing, spoken word and food with educational instructions and building relationships with San Francisco Police. Please review our Budget for financial support.

Our Mission:

To put community principles into practice through youth festivals and educational programs that build healthy spirit, mind and body for all.

Project Purpose

The purpose of the Better Together Project is to strengthen our community with an aim directed each day to work side by side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. With a focus on youth development, healthy living and social responsibility, the Better Together Project will nurture the potential of every youth teen and family, improving San Francisco health and well-being, and provide opportunities to give back and support neighbors.

Project Goal

Increase harmony in our communities in San Francisco and establish a sense of togetherness to decrease crime and build a better relationship with San Francisco Police Department by increasing love, hope, peace and faith in one another.

Project Objective

The objective is to impact our community and encourage youth and teens to live a happy and crime free life. Empowering San Francisco youth and teens to secure a positive and productive life. Informing them about various community based organizations and events.

Project Outcome

Reduce drugs and crime among youth and teens by 20% in district 10 by the year 2017

Reduce dropout rate by 10%

Build a stronger relationship with San Francisco Police Department

We need your help! The Better Together Project is in need of funding and we have a financial goal to meet. Our budget for this event is \$15,467.13

We are requesting that each person and/or Organization donate by Feb 9th, 2015 in order to reach our goal. If led to give more, thank you.

All donations can be sent to Better Together Project 1277 Ingalls St. San Francisco, CA 94124. Checks can be written out to (Checks Payable to): BETTER TOGETHER PROJECT

All Donations are Tax Deductible

Tax ID: 47-2562299

Project Budget

ITEM	AMOUNT	JUSTIFICATION
Stage	\$ 1,280.00	36 Deck 4x8 used to construct stage for performers
Sound System	\$ 2,087.13	On Stage
Outreach materials	\$ 1200.00	Flyers and posters
Homeless Care Packages	\$ 1000.00	500 Care package for homeless individuals and families that attend festival
Food	\$ 2000.00	Hot dogs, Chips and Juice
Permits	\$500.00	Permits for Park and sound
Cleanup Crew	\$ 400.00	\$25 x 8 for youth that work on cleanup crew
Security	\$ 600.00	\$ 100 x 7 security personal
Musicians	\$ 1,500.00	\$ 100 x 15 for musicians
Dressing Room	\$ 300.00	Space for headliner and musicians
Interview Tent	\$ 300.00	Used for performers and musicians
Travel	\$ 3,000.00	Used for headliner and special guest flight cost
Video/photographer	\$ 700.00	Pictures and video for production
D J	\$ 600.00	Play during intermission and opening and closing of festival
Total \$15,467.13		

will email to the
Board's email

Vanessa
Bailey
415 845 6733
"Better together"

Lagunte, Richard (BOS)

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: New Human Rights Commission needed

BOS 11
C pages

From: Allen Jones [mailto:jones-allen@att.net]
Sent: Tuesday, January 13, 2015 6:25 PM
To: Brown, Vallie (BOS); Breed, London (BOS)
Cc: Wheaton, Nicole (MYR); Board of Supervisors (BOS); CohenStaff (BOS); Heather Knight
Subject: New Human Rights Commission needed

Yet to be published opinion

New SF Board President Should Fight for New Human Rights Commission

There is a new sheriff in town... I mean... a new president of the San Francisco Board of Supervisors. She is Supervisor London Breed and I don't need to tell anyone who knows of her that, she is no shrinking violet.

However, Blacks excited at the fact that a Black person will now guide this board is a trap that only sycophants can really enjoy. City Hall is still hostile to the San Francisco Black community.

In fact, if electing a Black man President of the United States did not mean less racism, coming out of Washington D.C., then a Black woman president of our local city legislative body will not, mean less racism coming from SF City Hall. Nevertheless, I do see hope.

Great leaders of Black San Francisco include, Publisher Dr. Carlton B. Goodlet, Judge Joe Kennedy & Supervisor Willie B. Kennedy, Supervisor Ella Hill Hutch, Supervisor Doris Ward, Supervisor Terry Francois to name a few.

These are some of the thousands of Black San Franciscans that made me proud to call San Francisco home. Just like my late father, many saw a great opportunity for Blacks in California and moved to The City. Surprised to discover that the deviant but subtle racism was here too, with determination, they stuck it out.

Principled, dignified and nobody's fool, these late and former Black leaders of San Francisco fought for the civil and human rights with John Carlos and Tommy Smith type Olympic style.

Sadly, in passing the baton, I am willing to admit that my generation dropped the baton. But to the credit of new leaders like Supervisor London Breed; raised in a housing project in the Fillmore district of San Francisco, she picked up that baton, along with a college degree to now be able to control the gavel at the weekly SF Board of Supervisor meetings. Along with other responsibilities for the next two years, Blacks will not be able to say she did nothing, if we are not willing to run with her.

Ms. Breed is also well qualified to do battle for all San Franciscans, but particularly in the area of reversing the city's dwindling Black population.

One of the first tasked for the new board president should be to hit the gavel so hard the entire board wakes up the sleeping dogs at the current San Francisco Human Rights Commission. Then pressure Mayor Ed Lee to look into the commission's record on fighting racism in San Francisco.

"The San Francisco Human Rights Commission (HRC) is a department of the City and County of San Francisco [and County of San Francisco] that works to increase equality, eradicate discrimination, and to protect human rights for all people. The HRC enforces City Ordinances and policies on nondiscrimination and promotes social and economic progress for all."

First formed in 1964 to deal with the discrimination against Blacks back then, it too has since dropped the baton. And it is time for the Black community to encourage the new board president to demand a new HRC pick up the baton and relay a message to racism, that racism, bigotry, prejudice and marginalization of Blacks will not be tolerated in a new Human Rights Commission.

Many young SF Blacks do not know that they use to have a powerful ally in fighting for their rights by this charter commission.

According to the HRC 12A.5 "Powers and Duties" the Commission shall have the power and duty to: *"a. Study, investigate, mediate and hold public hearings on community-wide problems arising in this City and County which may result in intergroup tensions or discrimination..." This includes the power to petition for a court order pursuant to Section 1991 of the California Code of Civil Procedure.*

Daryl Washington, a Black father of five was once employed at Recology Co. One day in December 2013, he arrived on his job, only to be greeted by a noose. He reported the incident to his boss and in typical fashion, he got the hollow promises. The White co-worker who put up the noose should have been hauled into the HRC along with his supervisor and read the riot act.

Mr. Washington did not know that the city's Human Rights Commission was established to help him fight against racial harassment on the job. Seven months later, Washington quit working for Recology Co. The stress of working alongside someone with racist tendencies and no real reprimand from company bosses allowed an unhealthy work environment to fester.

As this country faces renewed racial tensions between Blacks and Whites, over the White police who shot and killed several unarmed Black men, we need a Human Rights Commission.

If the new board president is willing to fight for a new commission that is as ugly as a bulldog or bites like a pit-bull; anyone with racist tendencies, it can only happen if we first, take the cute little tutu off of the current Human Rights Commission.

Allen Jones
(415) 756-7733
jones-allen@att.net

The only thing I love more than justice is the freedom to fight for it!
--Allen Jones--

✓

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: December 2014 Pooled Investment Report
Attachments: CCSF Monthly Pooled Investment Report for December 2014 FINAL.pdf

From: Durgy, Michelle (TTX)
Sent: Thursday, January 15, 2015 6:52 AM
To: amee.brown@mac.com; Board of Supervisors (BOS); Perl, Charles (PUC); Cisneros, Jose (TTX); cynthia.fong@sfcta.org; Grazioli, Joseph; Lediju, Tonia (CON); Marx, Pauline (TTX); Morales, Richard (PUC); Pereira Tully, Marisa (MYR); Ronald Gerhard; Rosenfield, Ben (CON); Rydstrom, Todd (CON); SF Docs (LIB); Torre, Rosanne (CON)
Subject: December 2014 Pooled Investment Report

Hello All -

Please find the CCSF Monthly Pooled Investment Report for December 2014 attached for your use.

Regards,
Michelle

Michelle Durgy
Chief Investment Officer
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 140
San Francisco, CA 94102
415-554-5210

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**Office of the Treasurer & Tax Collector
City and County of San Francisco**



José Cisneros, Treasurer

Pauline Marx, Chief Assistant Treasurer
Michelle Durgy, Chief Investment Officer

Investment Report for the month of December 2014

January 15, 2015

**The Honorable Edwin M. Lee
Mayor of San Francisco
City Hall, Room 200
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4638**

**The Honorable Board of Supervisors
City and County of San Francisco
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4638**

Ladies and Gentlemen,

In accordance with the provisions of California State Government Code, Section 53646, we forward this report detailing the City's pooled fund portfolio as of December 31, 2014. These investments provide sufficient liquidity to meet expenditure requirements for the next six months and are in compliance with our statement of investment policy and California Code.

This correspondence and its attachments show the investment activity for the month of December 2014 for the portfolios under the Treasurer's management. All pricing and valuation data is obtained from Interactive Data Corporation.

CCSF Pooled Fund Investment Earnings Statistics *

<i>(in \$ million)</i>	Current Month		Prior Month	
	Fiscal YTD	December 2014	Fiscal YTD	November 2014
Average Daily Balance	\$ 5,844	\$ 6,436	\$ 5,724	\$ 5,940
Net Earnings	22.66	3.85	18.81	3.66
Earned Income Yield	0.77%	0.70%	0.78%	0.75%

CCSF Pooled Fund Statistics *

<i>(in \$ million)</i>	% of Portfolio	Book Value	Market Value	Wtd. Avg. Coupon	Wtd. Avg. YTM	WAM
Investment Type						
U.S. Treasuries	10.06%	\$ 659.9	\$ 662.1	1.11%	1.05%	627
Federal Agencies	66.36%	4,366.7	4,367.4	0.85%	0.77%	821
State & Local Government						
Agency Obligations	2.73%	181.2	179.6	1.42%	0.92%	687
Public Time Deposits	0.01%	0.5	0.5	0.46%	0.46%	68
Negotiable CDs	6.31%	415.5	415.3	0.43%	0.43%	632
Commercial Paper	3.80%	250.0	250.0	0.00%	0.17%	16
Medium Term Notes	9.97%	661.2	656.2	1.19%	0.45%	271
Money Market Funds	0.76%	50.1	50.1	0.04%	0.04%	1
Totals	100.0%	\$ 6,585.0	\$ 6,581.2	0.86%	0.72%	694

In the remainder of this report, we provide additional information and analytics at the security-level and portfolio-level, as recommended by the California Debt and Investment Advisory Commission.

Very truly yours,

**José Cisneros
Treasurer**

cc: Treasury Oversight Committee: Aimee Brown, Ronald Gerhard, Joe Grazioli, Charles Perl
Ben Rosenfield, Controller, Office of the Controller
Tonia Lediju, Internal Audit, Office of the Controller
Cynthia Fong, Deputy Director for Finance & Administration, San Francisco County Transportation Authority
Carol Lu, Budget Analyst
San Francisco Public Library

* Please see last page of this report for non-pooled funds holdings and statistics.

Portfolio Summary

Pooled Fund

As of December 31, 2014

<i>(in \$ million)</i>							
Security Type	Par Value	Book Value	Market Value	Market/Book Price	Current % Allocation	Max. Policy Allocation	Compliant?
U.S. Treasuries	\$ 660.0	\$ 659.9	\$ 662.1	100.34	10.06%	100%	Yes
Federal Agencies	4,362.9	4,366.7	4,367.4	100.01	66.36%	100%	Yes
State & Local Government							
Agency Obligations	179.1	181.2	179.6	99.16	2.73%	20%	Yes
Public Time Deposits	0.5	0.5	0.5	99.98	0.01%	100%	Yes
Negotiable CDs	415.5	415.5	415.3	99.96	6.31%	30%	Yes
Bankers Acceptances	-	-	-	-	0.00%	40%	Yes
Commercial Paper	250.0	250.0	250.0	100.01	3.80%	25%	Yes
Medium Term Notes	655.0	661.2	656.2	99.25	9.97%	25%	Yes
Repurchase Agreements	-	-	-	-	0.00%	10%	Yes
Reverse Repurchase/ Securities Lending Agreements	-	-	-	-	0.00%	\$75mm	Yes
Money Market Funds	50.1	50.1	50.1	100.00	0.76%	10%	Yes
LAIF	-	-	-	-	0.00%	\$50mm	Yes
TOTAL	\$ 6,573.1	\$ 6,585.0	\$ 6,581.2	99.94	100.00%	-	Yes

The City and County of San Francisco uses the following methodology to determine compliance: Compliance is pre-trade and calculated on both a par and market value basis, using the result with the lowest percentage of the overall portfolio value. Cash balances are included in the City's compliance calculations.

Please note the information in this report does not include cash balances. Due to fluctuations in the market value of the securities held in the Pooled Fund and changes in the City's cash position, the allocation limits may be exceeded on a post-trade compliance basis. In these instances, no compliance violation has occurred, as the policy limits were not exceeded prior to trade execution.

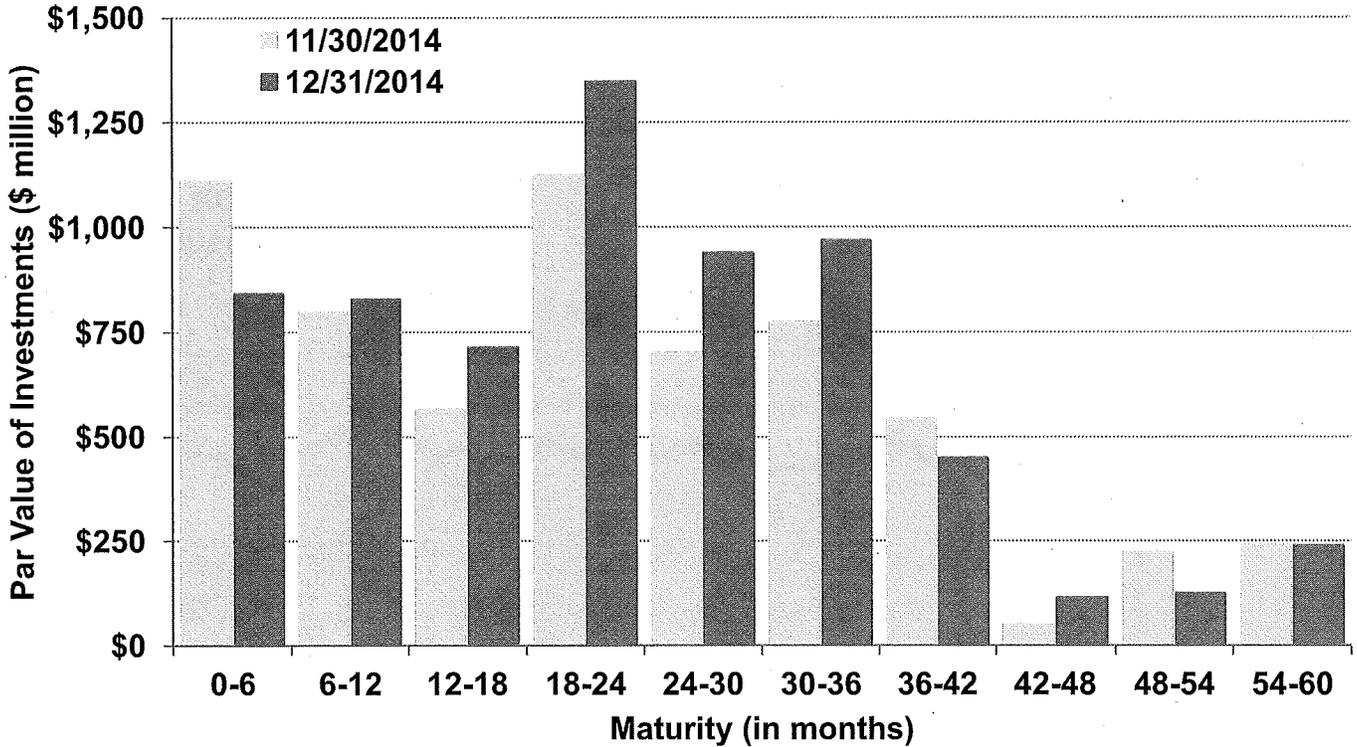
The full Investment Policy can be found at <http://www.sftreasurer.org/>, in the Reports & Plans section of the About menu.

Totals may not add due to rounding.

Portfolio Analysis

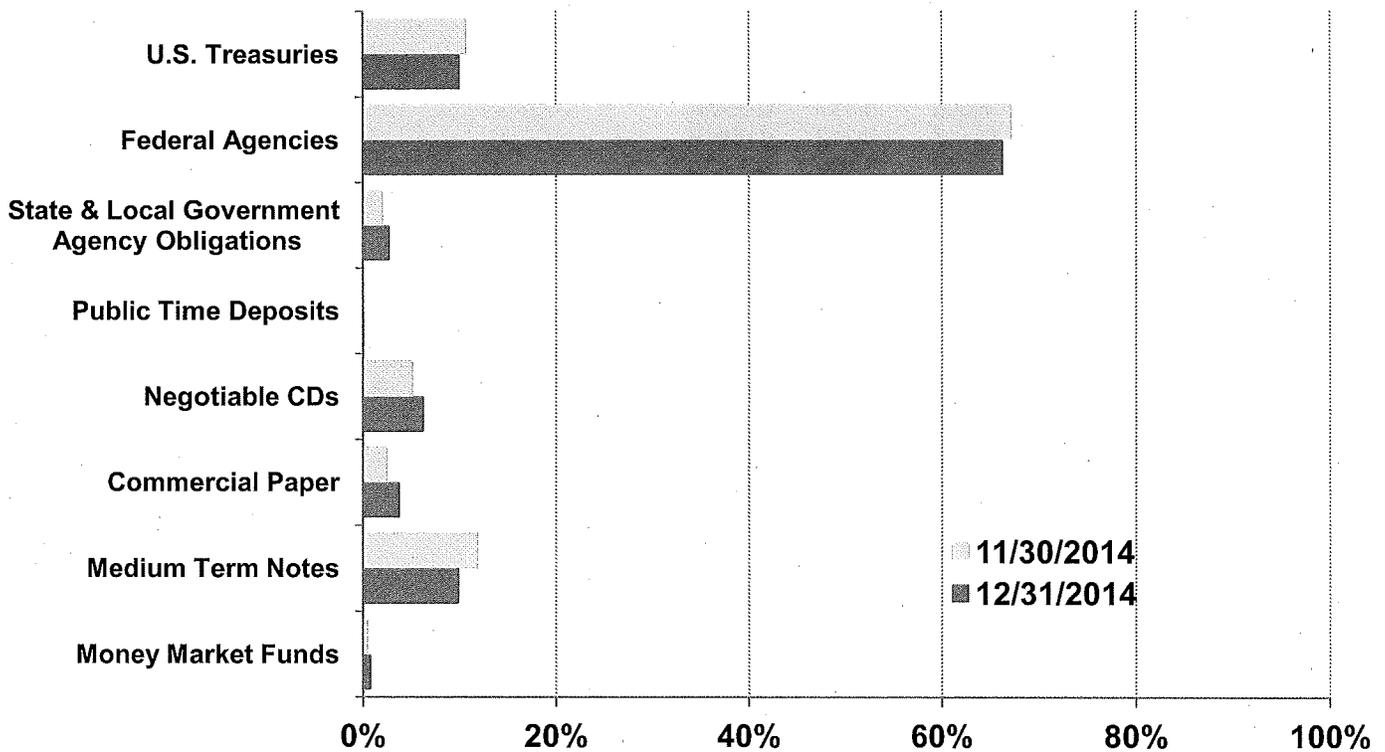
Pooled Fund

Par Value of Investments by Maturity

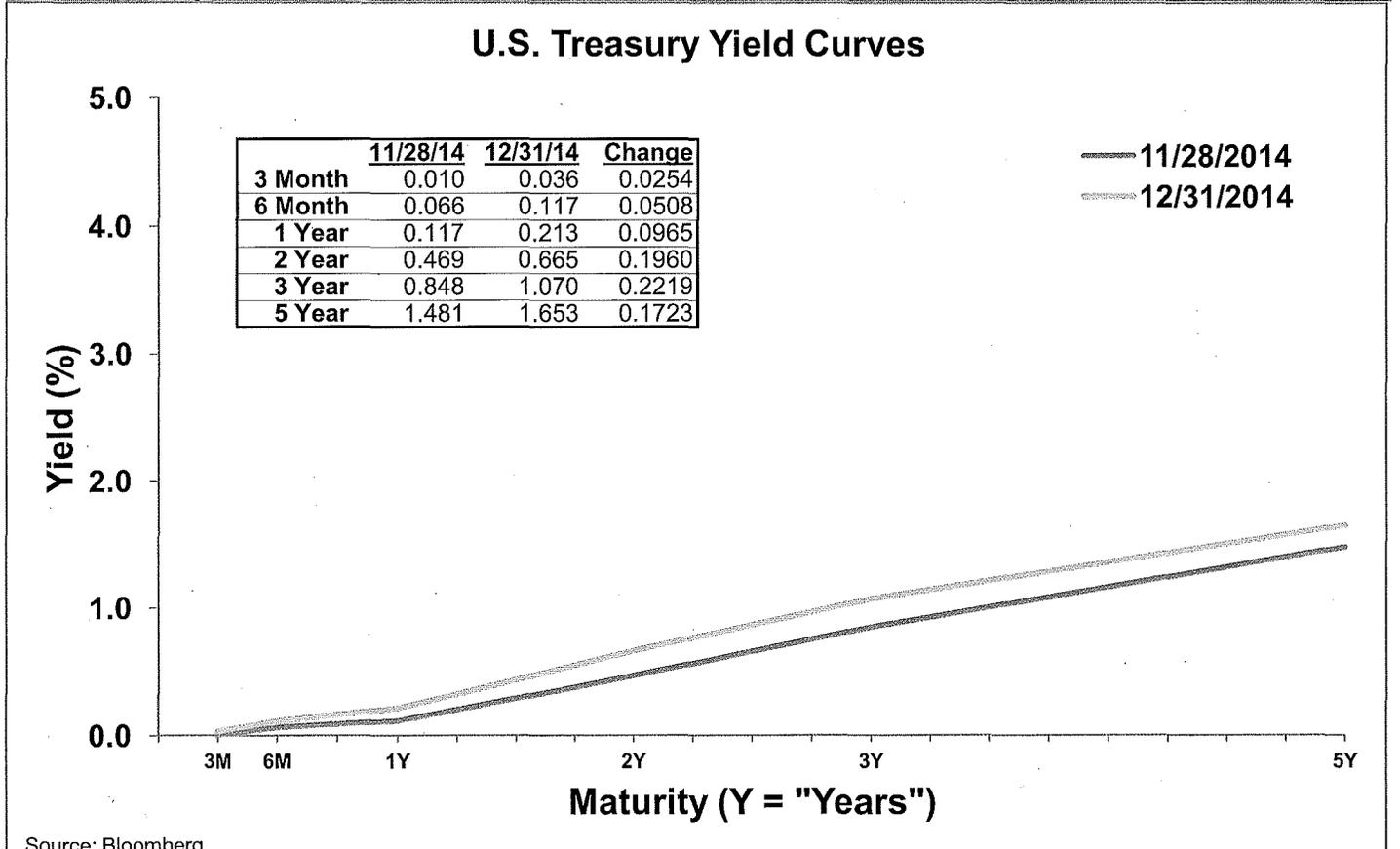
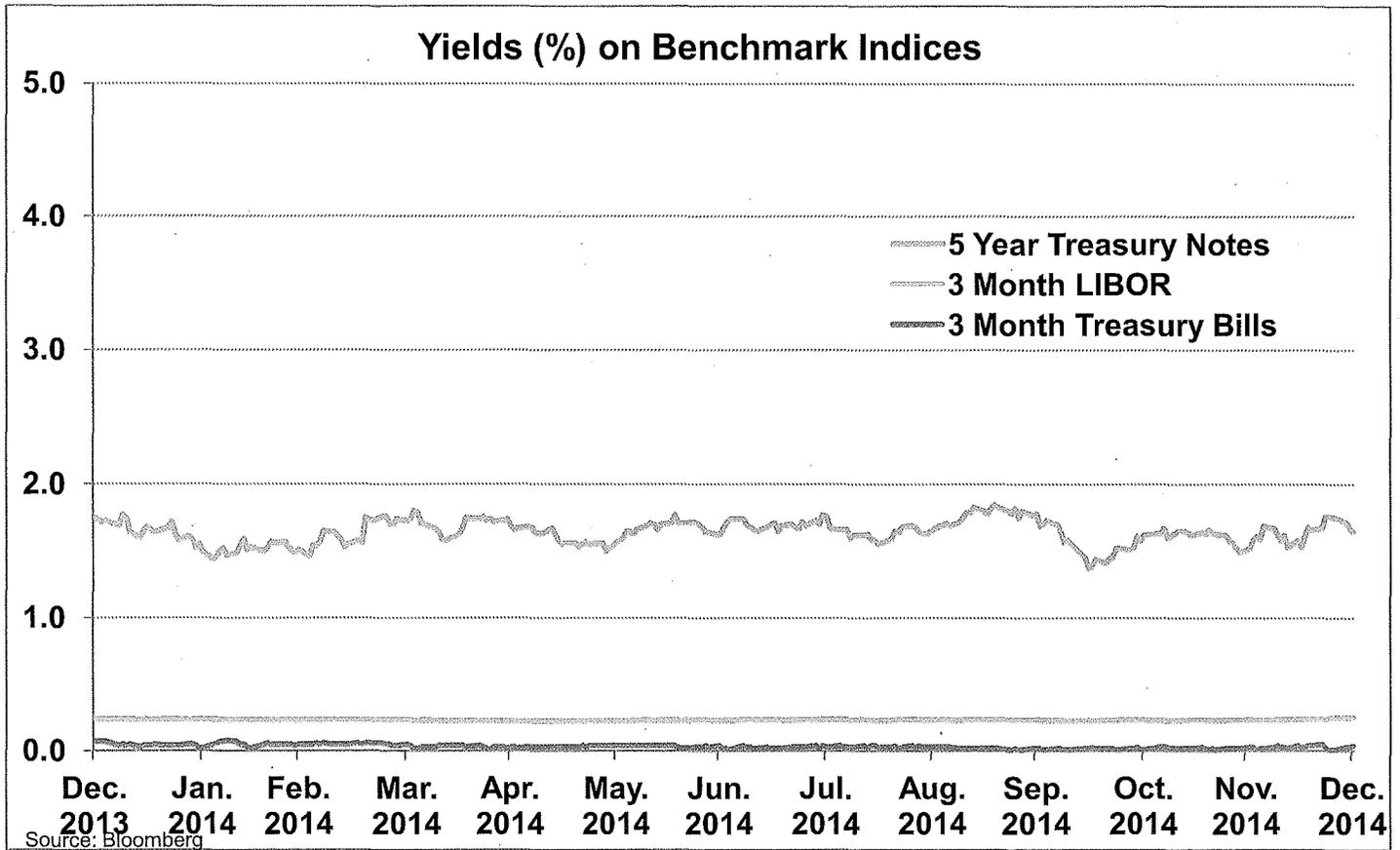


Callable bonds shown at maturity date.

Asset Allocation by Market Value



Yield Curves



Investment Inventory

Pooled Fund

As of December 31, 2014

Type of Investment	CUSIP	Issue Name	Settle	Maturity	Duration	Coupon	Par Value	Book Value	Amortized	
			Date	Date					Book Value	Market Value
U.S. Treasuries	912828MW7	US TSY NT	2/24/12	3/31/15	0.25	2.50	\$ 50,000,000	\$ 53,105,469	\$ 50,244,374	\$ 50,291,000
U.S. Treasuries	912828PE4	US TSY NT	12/23/11	10/31/15	0.83	1.25	25,000,000	25,609,375	25,131,137	25,201,250
U.S. Treasuries	912828PJ3	US TSY NT	12/16/10	11/30/15	0.91	1.38	50,000,000	49,519,531	49,911,604	50,500,000
U.S. Treasuries	912828PJ3	US TSY NT	12/16/10	11/30/15	0.91	1.38	50,000,000	49,519,531	49,911,604	50,500,000
U.S. Treasuries	912828PJ3	US TSY NT	12/23/10	11/30/15	0.91	1.38	50,000,000	48,539,063	49,730,176	50,500,000
U.S. Treasuries	912828RJ1	US TSY NT	10/11/11	9/30/16	1.74	1.00	75,000,000	74,830,078	74,940,303	75,550,500
U.S. Treasuries	912828F88	US TSY NT	11/6/14	10/31/16	1.83	0.38	25,000,000	24,928,312	24,933,969	24,896,500
U.S. Treasuries	912828RM4	US TSY NT	12/26/13	10/31/16	1.82	1.00	25,000,000	25,183,594	25,118,100	25,179,750
U.S. Treasuries	912828RX0	US TSY NT	2/25/14	12/31/16	1.99	0.88	25,000,000	25,145,508	25,102,135	25,093,750
U.S. Treasuries	912828SJ0	US TSY NT	3/14/12	2/28/17	2.15	0.88	75,000,000	74,771,484	74,900,497	75,181,500
U.S. Treasuries	912828SJ0	US TSY NT	3/21/12	2/28/17	2.15	0.88	25,000,000	24,599,609	24,824,982	25,060,500
U.S. Treasuries	912828SJ0	US TSY NT	3/21/12	2/28/17	2.15	0.88	25,000,000	24,599,609	24,824,982	25,060,500
U.S. Treasuries	912828SM3	US TSY NT	4/4/12	3/31/17	2.23	1.00	50,000,000	49,835,938	49,926,163	50,211,000
U.S. Treasuries	912828TM2	US TSY NT	9/17/12	8/31/17	2.64	0.63	60,000,000	59,807,813	59,896,629	59,428,200
U.S. Treasuries	912828UE8	US TSY NT	1/4/13	12/31/17	2.97	0.75	50,000,000	49,886,719	49,931,919	49,472,500
Subtotals					1.70	1.11	\$ 660,000,000	\$ 659,881,632	\$ 659,328,574	\$ 662,126,950
Federal Agencies	3135G0HG1	FNMA GLOBAL	1/13/14	3/16/15	0.21	0.38	\$ 9,399,000	\$ 9,418,089	\$ 9,402,308	\$ 9,403,136
Federal Agencies	31315PWJ4	FARMER MAC FLT NT FF+26	5/3/12	5/1/15	0.09	0.38	50,000,000	50,000,000	50,000,000	50,038,000
Federal Agencies	3133EAQC5	FFCB FLT NT 1ML+1	6/8/12	5/14/15	0.04	0.17	50,000,000	49,985,500	49,998,198	50,016,000
Federal Agencies	3133EAVE5	FFCB FLT NT 1ML+2	12/5/12	6/22/15	0.06	0.19	50,000,000	49,987,300	49,997,649	50,023,000
Federal Agencies	31315PDZ9	FAMCA	11/22/13	7/22/15	0.55	2.38	15,000,000	15,511,350	15,170,169	15,175,500
Federal Agencies	3133ECVW1	FFCB FLT NT T-BILL+14	8/5/13	8/5/15	0.10	0.18	62,500,000	62,487,500	62,496,301	62,517,500
Federal Agencies	313383V81	FHLB	12/12/13	8/28/15	0.67	0.38	9,000,000	9,014,130	9,005,412	9,007,830
Federal Agencies	3137EACM9	FHLMC BONDS	12/15/10	9/10/15	0.69	1.75	50,000,000	49,050,000	49,861,619	50,512,500
Federal Agencies	313370JB5	FHLB	12/15/10	9/11/15	0.69	1.75	75,000,000	73,587,000	74,793,478	75,766,500
Federal Agencies	31315PGT0	FARMER MAC	9/15/10	9/15/15	0.70	2.13	45,000,000	44,914,950	44,988,030	45,595,350
Federal Agencies	3133ECJB1	FFCB FLT NT QTR T-BILL+16	4/24/13	9/18/15	0.21	0.20	16,200,000	16,198,073	16,199,429	16,207,452
Federal Agencies	31398A3T7	FNMA EX-CALL NT	10/14/11	9/21/15	0.72	2.00	25,000,000	25,881,000	25,161,129	25,313,250
Federal Agencies	3133EAJF6	FFCB FLT NT 1ML+2.5	11/30/12	9/22/15	0.06	0.19	27,953,000	27,941,120	27,949,943	27,971,169
Federal Agencies	31398A4M1	FNMA	12/15/10	10/26/15	0.82	1.63	25,000,000	24,317,500	24,885,481	25,284,500
Federal Agencies	31398A4M1	FNMA	12/23/10	10/26/15	0.82	1.63	42,000,000	40,924,380	41,818,702	42,477,960
Federal Agencies	31331J2S1	FFCB	12/15/10	11/16/15	0.87	1.50	25,000,000	24,186,981	24,855,674	25,262,500
Federal Agencies	3133ECLZ5	FFCB FLT NT MONTHLY 1ML+0	5/8/13	11/19/15	0.05	0.16	25,000,000	24,997,000	24,998,956	25,012,250
Federal Agencies	313371ZY5	FHLB	12/3/10	12/11/15	0.94	1.88	25,000,000	24,982,000	24,996,624	25,364,750
Federal Agencies	313371ZY5	FHLB	12/14/10	12/11/15	0.94	1.88	50,000,000	49,871,500	49,975,752	50,729,500
Federal Agencies	3133ED5A6	FFCB FLT	12/12/13	1/20/16	0.05	0.17	50,000,000	50,000,000	50,000,000	50,024,500
Federal Agencies	31315P3B3	FARMER MAC MTN	1/27/14	1/25/16	1.06	0.42	30,000,000	30,000,000	30,000,000	30,027,900
Federal Agencies	3130A3P81	FHLB	12/29/14	1/29/16	1.08	0.25	25,000,000	25,000,000	25,000,000	24,974,000
Federal Agencies	313375RN9	FHLB NT	4/13/12	3/11/16	1.19	1.00	22,200,000	22,357,620	22,248,015	22,342,746
Federal Agencies	3133XXP43	FHLB	12/12/13	3/11/16	1.17	3.13	14,000,000	14,848,400	14,450,066	14,440,720
Federal Agencies	3133EAJU3	FFCB NT	4/12/12	3/28/16	1.23	1.05	25,000,000	25,220,750	25,069,003	25,201,500
Federal Agencies	3135G0VA8	FNMA GLOBAL NT	12/13/13	3/30/16	1.24	0.50	25,000,000	25,022,250	25,012,054	25,147,750
Federal Agencies	31315PTF6	FAMCA FLT MTN 1ML+0	4/1/13	4/1/16	0.00	0.16	50,000,000	50,000,000	50,000,000	50,021,500
Federal Agencies	313379Z21	FHLB NT	4/18/12	4/18/16	1.29	0.81	20,000,000	19,992,200	19,997,475	20,072,200
Federal Agencies	3133ECWT7	FFCB NT	11/20/13	5/9/16	1.35	0.65	22,650,000	22,746,489	22,702,903	22,709,570
Federal Agencies	3133EDB35	FFCB FLT NT 1ML+3	1/15/14	6/2/16	0.01	0.18	50,000,000	49,991,681	49,995,041	50,038,500
Federal Agencies	31315PB73	FAMCA NT	2/9/12	6/9/16	1.43	0.90	10,000,000	10,000,000	10,000,000	10,047,100
Federal Agencies	313373SZ6	FHLB	10/23/14	6/10/16	1.43	2.13	28,000,000	28,790,468	28,697,628	28,627,200

Investment Inventory

Pooled Fund

Type of Investment	CUSIP	Issue Name	Settle	Maturity	Duration	Coupon	Par Value	Book Value	Amortized	
			Date	Date					Book Value	Market Value
Federal Agencies	313771AA5	FHLB SUB NT	5/20/13	6/13/16	1.41	5.63	16,925,000	19,472,890	18,128,423	18,145,123
Federal Agencies	313771AA5	FHLB SUB NT	5/30/13	6/13/16	1.41	5.63	14,195,000	16,259,095	15,178,699	15,218,318
Federal Agencies	313771AA5	FHLB SUB NT	9/4/14	6/13/16	1.41	5.63	8,620,000	9,380,715	9,241,016	9,241,416
Federal Agencies	3133EDDP4	FFCB NT	2/11/14	6/17/16	1.46	0.52	50,000,000	50,062,000	50,038,560	49,876,000
Federal Agencies	3130A1BK3	FHLB EX-CALL NT	3/24/14	6/24/16	1.48	0.50	25,000,000	25,000,000	25,000,000	24,942,000
Federal Agencies	3135G0XP3	FNMA GLOBAL NT	3/25/14	7/5/16	1.51	0.38	50,000,000	49,753,100	49,836,684	49,862,500
Federal Agencies	31315PA25	FAMCA MTN	7/27/11	7/27/16	1.54	2.00	15,000,000	14,934,750	14,979,536	15,304,800
Federal Agencies	31315PA25	FAMCA MTN	3/26/13	7/27/16	1.54	2.00	14,100,000	14,735,205	14,398,583	14,386,512
Federal Agencies	31315PA25	FAMCA MTN	3/26/13	7/27/16	1.54	2.00	11,900,000	12,440,498	12,154,065	12,141,808
Federal Agencies	31315PA25	FAMCA MTN	3/26/14	7/27/16	1.54	2.00	20,000,000	20,643,350	20,431,663	20,406,400
Federal Agencies	3134G4UC0	FHLMC CALL NT	11/20/14	7/29/16	1.57	0.65	15,000,000	15,052,563	15,051,031	14,978,700
Federal Agencies	3135G0YE7	FNMA GLOBAL NT	3/17/14	8/26/16	1.64	0.63	50,000,000	50,124,765	50,084,248	49,990,000
Federal Agencies	31315PQB8	FAMCA NT	10/29/13	9/1/16	1.65	1.50	7,000,000	7,156,240	7,091,667	7,086,730
Federal Agencies	313370TW8	FHLB BD	10/11/11	9/9/16	1.66	2.00	25,000,000	25,727,400	25,250,031	25,553,750
Federal Agencies	313370TW8	FHLB	11/5/14	9/9/16	1.66	2.00	25,000,000	25,739,903	25,683,907	25,553,750
Federal Agencies	3133EDH21	FFCB FLT NT 1ML+2	3/14/14	9/14/16	0.04	0.18	50,000,000	49,993,612	49,998,658	50,030,000
Federal Agencies	3134G4XW3	FHLMC EX-CALL MTN	3/26/14	9/26/16	1.73	0.60	25,000,000	25,000,000	25,000,000	24,921,500
Federal Agencies	3134G3P38	FHLMC NT CALL	12/14/12	10/5/16	1.75	0.75	75,000,000	75,071,250	75,000,379	75,003,750
Federal Agencies	313378UB5	FHLB	10/23/14	10/11/16	1.76	1.13	5,000,000	5,062,083	5,056,222	5,030,700
Federal Agencies	3133EDJA1	FFCB FLT NT 1ML+2	4/11/14	10/11/16	0.03	0.18	25,000,000	24,993,750	24,995,562	25,015,000
Federal Agencies	3130A3CE2	FHLB	11/3/14	10/14/16	1.78	0.63	40,000,000	40,045,194	40,042,539	39,933,600
Federal Agencies	3137EADS5	FHLMC GLOBAL NT	3/3/14	10/14/16	1.77	0.88	25,000,000	25,200,250	25,136,572	25,093,250
Federal Agencies	3136G1WP0	FNMA CALL NT	11/4/13	11/4/16	1.82	1.50	18,000,000	18,350,460	18,147,385	18,161,100
Federal Agencies	3134G5LS2	FHLMC CALL MTN	11/17/14	11/17/16	1.87	0.60	25,000,000	25,000,000	25,000,000	24,911,750
Federal Agencies	3130A3J70	FHLB	11/17/14	11/23/16	1.89	0.63	25,000,000	24,990,000	24,990,611	24,970,500
Federal Agencies	313381GA7	FHLB NT	11/30/12	11/30/16	1.91	0.57	23,100,000	23,104,389	23,102,100	22,997,898
Federal Agencies	313371PV2	FHLB	11/6/14	12/9/16	1.92	1.63	25,000,000	25,513,000	25,475,398	25,405,750
Federal Agencies	313371PV2	FHLB	12/4/14	12/9/16	1.92	1.63	25,000,000	25,486,750	25,468,232	25,405,750
Federal Agencies	313371PV2	FHLB	12/12/14	12/9/16	1.92	1.63	25,000,000	25,450,885	25,438,591	25,405,750
Federal Agencies	3130A12F4	FHLB CALL NT	3/19/14	12/19/16	1.96	0.70	20,500,000	20,497,950	20,498,537	20,466,380
Federal Agencies	313381KR5	FHLB NT CALL	12/28/12	12/28/16	1.98	0.63	13,500,000	13,500,000	13,500,000	13,461,930
Federal Agencies	313381KR5	FHLB NT CALL	12/28/12	12/28/16	1.98	0.63	9,000,000	9,000,000	9,000,000	8,974,620
Federal Agencies	3134G5VG7	FHLMC CALL MTN	12/29/14	12/29/16	1.98	0.78	50,000,000	50,000,000	50,000,000	49,951,000
Federal Agencies	3130A3QU1	FHLB NT CALL	12/30/14	12/30/16	1.99	0.75	8,000,000	8,000,000	8,000,000	7,987,600
Federal Agencies	3130A3QU1	FHLB NT CALL	12/30/14	12/30/16	1.99	0.75	50,000,000	50,000,000	50,000,000	49,922,500
Federal Agencies	3134G33C2	FHLMC NT	1/3/13	1/3/17	1.99	0.60	50,000,000	50,000,000	50,000,000	49,892,000
Federal Agencies	3133ECB37	FFCB NT	12/20/12	1/12/17	2.02	0.58	14,000,000	14,000,000	14,000,000	13,940,360
Federal Agencies	31315PWW5	FARMER MAC MTN	5/4/12	1/17/17	2.02	1.01	49,500,000	49,475,250	49,489,245	49,711,860
Federal Agencies	3133EDRD6	FFCB FLT QTR T-BILL+14	12/12/14	1/30/17	0.08	0.18	50,000,000	49,990,989	49,991,466	50,007,500
Federal Agencies	3133786Q9	FHLB NT	1/10/13	2/13/17	2.09	1.00	67,780,000	68,546,456	68,176,814	67,950,128
Federal Agencies	3133EDFW7	FFCB FLT NT 1ML+5.5	2/27/14	2/27/17	0.07	0.22	50,000,000	50,000,000	50,000,000	50,062,500
Federal Agencies	3133782N0	FHLB	12/15/14	3/10/17	2.17	0.88	50,000,000	50,173,951	50,172,733	49,969,000
Federal Agencies	3133EDP30	FARMER MAC FLT NT 1ML+4	10/3/14	3/24/17	0.07	0.21	26,000,000	26,009,347	26,008,415	26,023,400
Federal Agencies	3134G4XM5	FHLMC CALL MTN	3/28/14	3/28/17	2.22	0.78	25,000,000	25,000,000	25,000,000	24,946,000
Federal Agencies	3136G1ZB8	FNMA CALL NT	3/28/14	3/28/17	2.22	0.88	25,000,000	25,000,000	25,000,000	24,960,000
Federal Agencies	3133EDZW5	FFCB FLT NT 1ML+2	10/29/14	3/29/17	0.08	0.19	25,000,000	24,999,750	24,999,768	25,011,000
Federal Agencies	31315PTQ2	FARMER MAC MTN	4/10/12	4/10/17	2.24	1.26	12,500,000	12,439,250	12,472,386	12,566,125

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Type of Investment	CUSIP	Issue Name	Settle	Maturity	Duration	Coupon	Par Value	Book Value	Amortized	
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Federal Agencies	3133ECLL6	FFCB NT	4/17/13	4/17/17	2.28	0.60	10,000,000	10,000,000	10,000,000	9,932,100
Federal Agencies	31315PUQ0	FARMER MAC MTN	4/26/12	4/26/17	2.29	1.13	10,500,000	10,500,000	10,500,000	10,535,490
Federal Agencies	3137EADF3	FHLMC NT	5/14/12	5/12/17	2.33	1.25	25,000,000	25,133,000	25,062,854	25,185,250
Federal Agencies	3136FTR27	FNMA CALL NT	9/4/14	5/24/17	2.37	1.02	17,000,000	16,995,750	16,996,259	16,995,410
Federal Agencies	31315PZQ5	FARMER MAC MTN	12/28/12	6/5/17	2.40	1.11	9,000,000	9,122,130	9,066,795	8,983,980
Federal Agencies	313379FW4	FHLB	12/19/14	6/9/17	2.41	1.00	12,000,000	12,024,093	12,023,794	11,988,960
Federal Agencies	3130A3SL9	FHLB	12/30/14	6/15/17	2.43	0.95	25,000,000	24,959,750	24,959,840	24,971,500
Federal Agencies	3133EAUW6	FFCB FLT NT FF+22	6/19/12	6/19/17	0.21	0.35	50,000,000	50,000,000	50,000,000	50,083,000
Federal Agencies	3133EEGH7	FFCB	12/26/14	6/26/17	2.46	0.93	8,400,000	8,397,312	8,397,330	8,379,168
Federal Agencies	3137EADH9	FHLMC GLOBAL NT	3/25/14	6/29/17	2.47	1.00	25,000,000	24,920,625	24,939,403	25,049,250
Federal Agencies	3134G5VV4	FHLMC CALL MTN	12/30/14	6/30/17	2.48	1.05	25,000,000	25,000,000	25,000,000	24,993,000
Federal Agencies	3134G5VV4	FHLMC CALL MTN	12/30/14	6/30/17	2.48	1.05	25,000,000	25,000,000	25,000,000	24,993,000
Federal Agencies	3134G5W50	FHLMC	12/30/14	6/30/17	2.49	1.00	50,000,000	50,000,000	50,000,000	50,004,000
Federal Agencies	3133ECV92	FFCB FLT NT 1ML+4	7/24/13	7/24/17	0.07	0.21	50,000,000	50,000,000	50,000,000	50,035,500
Federal Agencies	3134G3ZH6	FHLMC EX-CALL MTN	4/15/14	7/25/17	2.53	1.00	19,000,000	18,995,250	18,996,286	19,011,400
Federal Agencies	3133ECVG6	FFCB FLT NT 3ML+0	8/5/13	7/26/17	0.07	0.23	23,520,000	23,520,000	23,520,000	23,540,933
Federal Agencies	3133EEFX3	FFCB FLT 1ML+5	12/23/14	8/23/17	0.06	0.21	50,000,000	50,000,000	50,000,000	50,044,500
Federal Agencies	3134G5HS7	FHLMC CALL MTN	9/25/14	9/25/17	2.69	1.13	20,100,000	20,079,900	20,081,697	20,101,809
Federal Agencies	3136G0D81	FNMA STEP NT	9/27/12	9/27/17	2.71	0.72	100,000,000	100,000,000	100,000,000	100,049,000
Federal Agencies	3137EADL0	FHLMC GLOBAL NT	3/25/14	9/29/17	2.71	1.00	25,000,000	24,808,175	24,850,305	24,945,000
Federal Agencies	3136G0Y39	FNMA STEP NT	11/8/12	11/8/17	2.83	0.80	50,000,000	50,000,000	50,000,000	49,748,000
Federal Agencies	3133EEBR0	FFCB FLT NT 1ML+3	11/18/14	11/13/17	0.04	0.19	25,000,000	24,988,794	24,989,246	25,003,500
Federal Agencies	3134G44F2	FHLMC CALL MTN	5/21/13	11/21/17	2.86	0.80	50,000,000	50,000,000	50,000,000	49,378,500
Federal Agencies	3134G5NE1	FHLMC CALL STEP	11/24/14	11/24/17	2.88	0.50	25,000,000	25,000,000	25,000,000	24,993,500
Federal Agencies	3134G5NE1	FHLMC CALL STEP	11/24/14	11/24/17	2.88	0.50	11,200,000	11,191,600	11,191,891	11,197,088
Federal Agencies	31315PJ83	FARMER MAC FLT CALL 1ML+17	12/11/14	12/11/17	0.00	0.33	25,000,000	25,000,000	25,000,000	25,050,500
Federal Agencies	3130A3HF4	FHLB	12/22/14	12/8/17	2.89	1.13	25,000,000	24,988,313	24,988,724	24,975,500
Federal Agencies	3133EEFE5	FFCB	12/18/14	12/18/17	2.92	1.13	50,000,000	50,012,500	50,012,340	49,893,500
Federal Agencies	3133EEFE5	FFCB	12/19/14	12/18/17	2.92	1.13	50,000,000	49,916,063	49,917,078	49,893,500
Federal Agencies	31315PZ28	FAMCA MTN	12/22/14	12/22/17	2.93	1.20	46,000,000	46,000,000	46,000,000	46,062,560
Federal Agencies	3136G13Q0	FNMA STEP NT	12/26/12	12/26/17	2.96	0.75	29,000,000	29,000,000	29,000,000	28,925,470
Federal Agencies	3136G13T4	FNMA STEP NT	12/26/12	12/26/17	2.96	0.80	39,000,000	39,000,000	39,000,000	38,872,080
Federal Agencies	3134G32M1	FHLMC CALL NT	12/28/12	12/28/17	2.96	1.00	50,000,000	50,000,000	50,000,000	49,462,000
Federal Agencies	3134G5VA0	FHLMC CALL MTN	12/29/14	12/29/17	2.95	1.25	25,000,000	25,000,000	25,000,000	24,956,750
Federal Agencies	3133EEAN0	FFCB FLT NT 1ML+4	11/5/14	2/5/18	0.01	0.20	25,000,000	25,000,000	25,000,000	25,005,500
Federal Agencies	3133EEAN0	FFCB FLT NT 1ML+4	11/5/14	2/5/18	0.01	0.20	25,000,000	24,991,750	24,992,146	25,005,500
Federal Agencies	3133EEAN0	FFCB FLT NT 1ML+4	11/5/14	2/5/18	0.01	0.20	50,000,000	49,983,560	49,984,348	50,011,000
Federal Agencies	3135G0UN1	FNMA GLOBAL NT CALL	2/26/14	2/28/18	3.11	1.15	19,000,000	18,877,450	18,903,334	18,897,780
Federal Agencies	3135G0UN1	FNMA GLOBAL NT CALL	2/26/14	2/28/18	3.11	1.15	8,770,000	8,713,434	8,725,381	8,722,817
Federal Agencies	3130A35B6	FHLB FLT CALL NT 1ML+23	10/2/14	4/2/18	0.01	0.38	50,000,000	50,000,000	50,000,000	50,000,000
Federal Agencies	3136G1KN8	FNMA NT CALL	4/24/13	4/24/18	3.24	1.50	50,000,000	50,903,000	50,139,779	49,911,000
Federal Agencies	3136G1K81	FNMA NT STEP	4/30/13	4/30/18	3.29	0.75	12,600,000	12,600,000	12,600,000	12,544,056
Federal Agencies	31315PZM4	FARMER MAC STEP NT	5/3/13	5/3/18	3.30	0.70	24,600,000	24,600,000	24,600,000	24,589,914
Federal Agencies	313382XK4	FHLB STEP NT	5/7/13	5/7/18	3.32	0.75	25,000,000	25,000,000	25,000,000	24,974,000
Federal Agencies	3133ECPB4	FFCB NT	5/23/13	5/14/18	3.32	0.88	10,000,000	9,934,600	9,955,764	9,902,300
Federal Agencies	3135G0WJ8	FNMA NT	5/23/13	5/21/18	3.34	0.88	25,000,000	24,786,500	24,855,326	24,584,250
Federal Agencies	3133834P3	FHLB STEP NT	5/22/13	5/22/18	3.37	0.50	50,000,000	50,000,000	50,000,000	49,900,000

Investment Inventory

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Federal Agencies	31315P4W6	FARMER MAC FLT CALL	6/6/14	6/6/18	0.18	0.37	25,000,000	25,000,000	25,000,000	25,073,000
Federal Agencies	3134G52D6	FHLMC CALL MTN	4/17/14	7/17/18	3.43	1.64	25,000,000	25,000,000	25,000,000	25,117,250
Federal Agencies	3134G4LZ9	FHLMC CALL STEP	12/10/13	12/10/18	3.88	0.88	50,000,000	50,000,000	50,000,000	50,250,500
Federal Agencies	3134G4MB1	FHLMC CALL MULTI-STEP	12/18/13	12/18/18	3.86	1.50	25,000,000	25,000,000	25,000,000	25,049,000
Federal Agencies	3136G2C39	FNMA CALL NT	12/30/14	12/28/18	3.88	1.63	15,000,000	15,000,000	15,000,000	14,982,000
Federal Agencies	31315PQ69	FARMER MAC FLT CALL NT 3ML+15	4/3/14	4/3/19	0.01	0.38	50,000,000	50,000,000	50,000,000	50,057,500
Federal Agencies	31315PE47	FARMER MAC FLT CALL NT 1ML+31	11/3/14	5/3/19	0.01	0.47	25,000,000	25,000,000	25,000,000	25,031,750
Federal Agencies	31315P3W7	FARMER MAC FLT CALL	6/3/14	6/3/19	0.17	0.38	50,000,000	50,000,000	50,000,000	50,098,000
Federal Agencies	31315PS91	FARMER MAC FLT CALL NT 3ML+12	8/12/14	8/12/19	0.12	0.35	50,000,000	50,000,000	50,000,000	50,031,000
Federal Agencies	3130A2UF1	FHLB FLT CALL NT 3ML+20	8/27/14	8/27/19	0.16	0.44	25,000,000	25,000,000	25,000,000	25,106,750
Federal Agencies	3130A35A8	FHLB FLT CALL NT 1ML+40	10/2/14	10/2/19	0.01	0.55	50,000,000	50,000,000	50,000,000	50,000,000
Federal Agencies	313586RC5	FNMA 0 CPN	11/21/14	10/9/19	4.77	0.00	29,675,000	26,700,081	26,768,489	26,679,902
Federal Agencies	313586RC5	FNMA 0 CPN	11/24/14	10/9/19	4.77	0.00	25,000,000	22,498,750	22,552,147	22,476,750
Federal Agencies	313586RC5	FNMA 0 CPN	11/24/14	10/9/19	4.77	0.00	10,000,000	9,005,200	9,026,437	8,990,700
Federal Agencies	31315PJ26	FARMER MAC FLT CALL 3ML+12	12/2/14	12/2/19	0.17	0.35	50,000,000	50,000,000	50,000,000	50,024,500
Subtotals					1.50	0.85	\$ 4,362,887,000	\$ 4,366,749,851	\$ 4,364,030,759	\$ 4,367,383,257
State/Local Agencies	13063BN65	CALIFORNIA ST TAXABLE GO BD	3/27/13	2/1/15	0.09	0.85	\$ 10,000,000	\$ 10,038,000	\$ 10,001,743	\$ 10,005,000
State/Local Agencies	649791JS0	NEW YORK ST TAXABLE GO	3/21/13	3/1/15	0.16	0.39	4,620,000	4,619,076	4,619,923	4,621,109
State/Local Agencies	91412GPW9	UNIV OF CALIFORNIA REVENUE BC	3/14/13	5/15/15	0.37	0.39	5,000,000	5,000,000	5,000,000	4,998,050
State/Local Agencies	612574DQ3	MONTEREY COMM COLLEGE GO	5/7/13	8/1/15	0.58	0.63	315,000	315,000	315,000	315,334
State/Local Agencies	13063BHZ8	CALIFORNIA ST TAXABLE GO BD	8/19/14	11/1/15	0.82	3.95	5,000,000	5,215,300	5,149,092	5,139,300
State/Local Agencies	64966GXS6	NEW YORK CITY TAXABLE GO	4/1/13	12/1/15	0.90	5.13	12,255,000	13,700,477	12,750,677	12,742,259
State/Local Agencies	13063BN73	CALIFORNIA ST TAXABLE GO BD	3/27/13	2/1/16	1.08	1.05	11,000,000	11,037,180	11,014,143	11,056,540
State/Local Agencies	13063BN73	CALIFORNIA ST GO BD	12/19/14	2/1/16	1.08	1.05	7,000,000	7,072,485	7,071,077	7,035,980
State/Local Agencies	91412GUT0	UNIV OF CALIFORNIA REVENUE	4/10/14	5/15/16	1.37	0.63	2,500,000	2,500,000	2,500,000	2,493,725
State/Local Agencies	612574DR1	MONTEREY COMM COLLEGE GO	5/7/13	8/1/16	1.57	0.98	2,670,000	2,670,000	2,670,000	2,666,262
State/Local Agencies	13063CPM6	CALIFORNIA ST TAXABLE GO BD	12/9/14	11/1/16	1.82	0.75	44,000,000	44,059,033	44,057,500	43,917,280
State/Local Agencies	91412GUU7	UNIV OF CALIFORNIA REVENUE BD	4/10/14	5/15/17	2.34	1.22	3,250,000	3,250,000	3,250,000	3,249,383
State/Local Agencies	13063CFC9	CALIFORNIA ST GO BD	11/5/13	11/1/17	2.77	1.75	16,500,000	16,558,905	16,541,844	16,651,635
State/Local Agencies	13063CPN4	CALIFORNIA ST GO BD	11/25/14	11/1/17	2.79	1.25	50,000,000	50,121,500	50,117,306	49,771,000
State/Local Agencies	13063CPN4	CALIFORNIA ST GO BD	12/22/14	11/1/17	2.80	1.25	5,000,000	5,009,238	5,009,194	4,977,100
Subtotals					1.85	1.42	\$ 179,110,000	\$ 181,166,194	\$ 180,067,499	\$ 179,639,956
Public Time Deposits		TRANS PACIFIC NATIONAL BANK P	2/7/14	2/7/15	0.10	0.46	\$ 240,000	\$ 240,000	\$ 240,000	\$ 239,980
Public Time Deposits		BANK OF SAN FRANCISCO PTD	4/9/14	4/9/15	0.27	0.45	240,000	240,000	240,000	239,902
Subtotals					0.19	0.46	\$ 480,000	\$ 480,000	\$ 480,000	\$ 479,882
Negotiable CDs	78009NGU4	ROYAL BANK OF CANADA NY YCD	5/19/14	6/25/15	0.23	0.35	\$ 5,500,000	\$ 5,497,250	\$ 5,498,803	\$ 5,495,990
Negotiable CDs	78009NSA5	ROYAL BANK OF CANADA NY YCD	9/16/14	3/10/16	0.03	0.33	25,000,000	25,000,000	25,000,000	24,995,475
Negotiable CDs	06417HHL3	BANK OF NOVA SCOTIA FLT 3ML+2	4/3/14	3/22/16	0.22	0.48	10,000,000	10,000,290	10,000,180	9,997,010
Negotiable CDs	96121TWJ3	WESTPAC FLT YCD 3ML+15	4/24/14	4/25/16	0.07	0.38	25,000,000	25,000,000	25,000,000	24,993,150
Negotiable CDs	96121TWK0	WESTPAC FLT YCD 1ML+22	4/24/14	4/25/16	0.07	0.39	50,000,000	50,000,000	50,000,000	49,986,500
Negotiable CDs	06417HKT2	BANK OF NOVA SCOTIA YCD 3ML+1	5/9/14	5/9/16	0.11	0.42	50,000,000	49,979,050	49,985,842	49,984,950
Negotiable CDs	06417HUW4	BANK OF NOVA SCOTIA FLT 3ML+2	9/25/14	9/23/16	0.22	0.45	50,000,000	50,000,000	50,000,000	49,954,500
Negotiable CDs	06417HVR4	BANK OF NOVA SCOTIA YCD 3ML+2	10/7/14	10/7/16	0.02	0.43	50,000,000	50,000,000	50,000,000	49,982,450
Negotiable CDs	78009NSX5	ROYAL BANK OF CANADA YCD 3ML	12/15/14	12/15/16	0.21	0.42	100,000,000	100,000,000	100,000,000	99,962,200
Negotiable CDs	06417HUR5	BANK OF NOVA SCOTIA YCD 3ML+2	9/25/14	9/25/17	0.23	0.52	50,000,000	50,000,000	50,000,000	49,970,200
Subtotals					0.14	0.43	\$ 415,500,000	\$ 415,476,590	\$ 415,484,825	\$ 415,322,425

Investment Inventory

Pooled Fund

Type of Investment	CUSIP	Issue Name	Settle	Maturity	Duration	Coupon	Par Value	Book Value	Amortized	
			Date	Date					Book Value	Market Value
Commercial Paper	06538CNG2	BANK OF TOKYO-MITSUBISHI UFJ C	12/16/14	1/16/15	0.04	0.00	\$ 250,000,000	\$ 249,963,403	\$ 249,963,403	\$ 249,984,375
Subtotals					0.04	0.00	\$ 250,000,000	\$ 249,963,403	\$ 249,963,403	\$ 249,984,375
Medium Term Notes	36962G5M2	GE CAPITAL CORP MTN	7/12/13	1/9/15	0.03	2.15	\$ 87,824,000	\$ 89,617,366	\$ 87,850,276	\$ 87,838,052
Medium Term Notes	36962G5M2	GE CAPITAL CORP MTN	8/7/13	1/9/15	0.03	2.15	4,820,000	4,926,667	4,821,641	4,820,771
Medium Term Notes	36962G5M2	GE CAPITAL CORP MTN	12/16/13	1/9/15	0.03	2.15	27,743,000	28,291,202	27,754,274	27,747,439
Medium Term Notes	36962G6T6	GE FLT NT 3ML+38	1/10/13	1/9/15	0.02	0.61	25,000,000	25,000,000	25,000,000	25,001,250
Medium Term Notes	46625HHP8	JP MORGAN CHASE MTN	2/18/14	1/20/15	0.06	3.70	16,935,000	17,431,196	16,963,059	16,963,451
Medium Term Notes	46625HHP8	JP MORGAN CHASE MTN	3/17/14	1/20/15	0.06	3.70	22,580,000	23,190,112	22,617,515	22,617,934
Medium Term Notes	89233P7H3	TOYOTA MTN 3ML+17	1/23/13	1/23/15	0.06	0.40	35,000,000	35,000,000	35,000,000	35,003,500
Medium Term Notes	89233P7L4	TOYOTA MTN FIX-TO-FLOAT	2/4/13	2/4/15	0.10	0.33	25,000,000	25,000,000	25,000,000	24,999,000
Medium Term Notes	717081DA8	PFIZER MTN	12/9/13	3/15/15	0.20	5.35	3,000,000	3,185,850	3,029,430	3,027,180
Medium Term Notes	89236TAG0	TOYOTA MOTOR CREDIT CORP 3MI	4/12/13	4/8/15	0.27	0.38	50,000,000	50,000,000	50,000,000	50,015,500
Medium Term Notes	64952WAW3	NEW YORK LIFE MTN	9/22/14	5/4/15	0.34	3.00	5,000,000	5,084,250	5,046,262	5,043,550
Medium Term Notes	459200HD6	IBM MTN	12/19/13	5/11/15	0.36	0.75	5,425,000	5,460,859	5,434,177	5,434,494
Medium Term Notes	36962G5Z3	GE CAPITAL CORP MTN	8/19/13	7/2/15	0.50	1.63	5,000,000	5,075,250	5,020,081	5,031,400
Medium Term Notes	36962G4M3	GE CAPITAL CORP FLT MTN 3ML+7	11/25/13	7/9/15	0.52	0.98	8,565,000	8,624,955	8,584,173	8,593,008
Medium Term Notes	89233P6J0	TOYOTA MTN	11/15/13	7/17/15	0.54	0.88	10,000,000	10,072,000	10,023,291	10,026,900
Medium Term Notes	89233P6J0	TOYOTA MTN	3/4/14	7/17/15	0.54	0.88	6,100,000	6,147,885	6,118,867	6,116,409
Medium Term Notes	594918AG9	MICROSOFT MTN	10/30/13	9/25/15	0.73	1.63	3,186,000	3,260,266	3,214,531	3,215,024
Medium Term Notes	961214BW2	WESTPAC NT	9/15/14	9/25/15	0.73	1.13	10,152,000	10,232,201	10,209,103	10,206,618
Medium Term Notes	369604BE2	GENERAL ELECTRIC MTN	3/5/14	10/9/15	0.77	0.85	10,000,000	10,069,000	10,033,257	10,025,600
Medium Term Notes	369604BE2	GENERAL ELECTRIC MTN	5/7/14	10/9/15	0.77	0.85	8,000,000	8,043,680	8,023,604	8,020,480
Medium Term Notes	369604BE2	GENERAL ELECTRIC MTN	5/19/14	10/9/15	0.77	0.85	9,300,000	9,358,311	9,332,255	9,323,808
Medium Term Notes	06366RJH9	BANK OF MONTREAL MTN	3/27/14	11/6/15	0.85	0.80	8,500,000	8,532,470	8,517,034	8,515,810
Medium Term Notes	36962G4T8	GE CAPITAL CORP MTN	5/12/14	11/9/15	0.85	2.25	7,000,000	7,183,890	7,105,080	7,096,040
Medium Term Notes	742718DS5	PROCTER & GAMBLE MTN	3/7/14	11/15/15	0.87	1.80	23,025,000	23,588,652	23,315,035	23,287,485
Medium Term Notes	742718DS5	PROCTER & GAMBLE MTN	3/12/14	11/15/15	0.87	1.80	10,000,000	10,231,900	10,120,300	10,114,000
Medium Term Notes	459200GU9	IBM CORP NT	2/11/14	1/5/16	1.00	2.00	19,579,000	20,139,743	19,877,577	19,866,224
Medium Term Notes	064255AK8	BTMUFJ FLT MTN 3ML+45	3/17/14	2/26/16	1.15	0.68	10,000,000	10,035,800	10,021,198	10,009,400
Medium Term Notes	36962G2V5	GE FLT MTN 3ML+20	5/19/14	5/11/16	1.36	0.43	17,689,000	17,703,328	17,698,830	17,693,422
Medium Term Notes	89114QAL2	TORONTO-DOMINION BANK 3ML+4	12/15/14	9/9/16	1.68	0.70	18,930,000	19,018,326	19,016,017	18,980,732
Medium Term Notes	89236TBU8	TOYOTA MOTOR CREDIT CORP 3MI	9/23/14	9/23/16	1.72	0.35	50,000,000	50,000,000	50,000,000	49,946,000
Medium Term Notes	89236TBU8	TOYOTA MOTOR CREDIT CORP 3MI	12/9/14	9/23/16	1.72	0.35	14,150,000	14,145,331	14,145,495	14,134,718
Medium Term Notes	89236TBV6	TOYOTA MOTOR CREDIT CORP FF-	9/25/14	9/23/16	1.72	0.38	47,500,000	47,500,000	47,500,000	47,459,625
Medium Term Notes	9612E0DB0	WESTPAC FLT MTN 1ML+25	10/10/14	10/7/16	1.76	0.41	50,000,000	50,000,000	50,000,000	50,000,000
Subtotals					0.74	1.19	\$ 655,003,000	\$ 661,150,487	\$ 656,392,361	\$ 656,174,824
Money Market Funds	09248U718	BLACKROCK T-FUND INSTL	12/31/14	1/1/15	0.01	0.03	\$ 10,000,385	\$ 10,000,385	\$ 10,000,385	\$ 10,000,385
Money Market Funds	316175108	FIDELITY INSTL GOVT PORT	12/31/14	1/1/15	0.01	0.01	5,003,754	5,003,754	5,003,754	5,003,754
Money Market Funds	61747C707	MS INSTL GOVT FUND	12/31/14	1/1/15	0.01	0.04	35,088,561	35,088,561	35,088,561	35,088,561
Subtotals					0.01	0.04	\$ 50,092,700	\$ 50,092,700	\$ 50,092,700	\$ 50,092,700
Grand Totals					1.30	0.86	\$ 6,573,072,700	\$ 6,584,960,858	\$ 6,575,840,121	\$ 6,581,204,369

Monthly Investment Earnings

Pooled Fund

For month ended December 31, 2014

Type of Investment	CUSIP	Issue Name	Par Value	Coupon	YTM ¹	Settle Date	Maturity Date	Earned Interest	Amort. Expense	Realized Gain/(Loss)	Earned Income /Net Earnings
U.S. Treasuries	912828MW7	US TSY NT	\$ 50,000,000	2.50	0.48	2/24/12	3/31/15	\$ 106,456	\$ (85,119)	\$ -	\$ 21,337
U.S. Treasuries	912828PE4	US TSY NT	25,000,000	1.25	0.61	12/23/11	10/31/15	26,761	(13,417)	-	13,344
U.S. Treasuries	912828PJ3	US TSY NT	50,000,000	1.38	1.58	12/16/10	11/30/15	58,551	8,229	-	66,780
U.S. Treasuries	912828PJ3	US TSY NT	50,000,000	1.38	1.58	12/16/10	11/30/15	58,551	8,229	-	66,780
U.S. Treasuries	912828PJ3	US TSY NT	50,000,000	1.38	2.00	12/23/10	11/30/15	58,551	25,119	-	83,670
U.S. Treasuries	912828RJ1	US TSY NT	75,000,000	1.00	1.05	10/11/11	9/30/16	63,874	2,901	-	66,774
U.S. Treasuries	912828F88	US TSY NT	25,000,000	0.38	0.52	11/6/14	10/31/16	8,028	3,132	-	11,160
U.S. Treasuries	912828RM4	US TSY NT	25,000,000	1.00	0.74	12/26/13	10/31/16	21,409	(5,473)	-	15,936
U.S. Treasuries	912828RX0	US TSY NT	25,000,000	0.88	0.67	2/25/14	12/31/16	18,437	(4,337)	-	14,100
U.S. Treasuries	912828SJ0	US TSY NT	25,000,000	0.88	1.21	3/21/12	2/28/17	18,733	6,877	-	25,609
U.S. Treasuries	912828SJ0	US TSY NT	25,000,000	0.88	1.21	3/21/12	2/28/17	18,733	6,877	-	25,609
U.S. Treasuries	912828SJ0	US TSY NT	75,000,000	0.88	0.94	3/14/12	2/28/17	56,198	3,909	-	60,108
U.S. Treasuries	912828SM3	US TSY NT	50,000,000	1.00	1.07	4/4/12	3/31/17	42,582	2,791	-	45,374
U.S. Treasuries	912828TM2	US TSY NT	60,000,000	0.63	0.69	9/17/12	8/31/17	32,113	3,293	-	35,407
U.S. Treasuries	912828UE8	US TSY NT	50,000,000	0.75	0.80	1/4/13	12/31/17	31,607	1,927	-	33,534
Subtotals			\$ 660,000,000					\$ 620,583	\$ (35,061)	\$ -	\$ 585,522
Federal Agencies	31331J4S9	FFCB	\$ -	1.40	1.41	12/16/10	12/8/14	\$ 6,533	\$ 58	\$ -	\$ 6,591
Federal Agencies	31331J4S9	FFCB	-	1.40	1.46	12/8/10	12/8/14	5,172	208	-	5,380
Federal Agencies	3133XVNU1	FHLB	-	2.75	1.30	11/23/10	12/12/14	21,343	(10,764)	-	10,579
Federal Agencies	3133XVNU1	FHLB	-	2.75	1.31	11/23/10	12/12/14	2,449	(1,224)	-	1,226
Federal Agencies	3133XVNU1	FHLB	-	2.75	1.37	12/8/10	12/12/14	42,014	(20,078)	-	21,936
Federal Agencies	313371W93	FHLB	-	1.34	1.34	12/15/10	12/15/14	39,083	-	-	39,083
Federal Agencies	31331J6Q1	FFCB	-	1.72	1.74	12/29/10	12/29/14	36,354	344	-	36,698
Federal Agencies	31331J6Q1	FFCB	-	1.72	1.72	12/29/10	12/29/14	86,956	199	-	87,155
Federal Agencies	3135G0HG1	FNMA GLOBAL	9,399,000	0.38	0.20	1/13/14	3/16/15	2,937	(1,386)	-	1,551
Federal Agencies	3133EAJP4	FFCB FLT NT 1ML+1.5	-	0.17	0.21	4/30/12	4/27/15	5,233	(6,404)	15,448	14,276
Federal Agencies	31315PWJ4	FARMER MAC FLT NT FF+26	50,000,000	0.38	0.38	5/3/12	5/1/15	15,968	-	-	15,968
Federal Agencies	3133EAQC5	FFCB FLT NT 1ML+1	50,000,000	0.17	0.24	6/8/12	5/14/15	7,209	420	-	7,630
Federal Agencies	3133EAVE5	FFCB FLT NT 1ML+2	50,000,000	0.19	0.24	12/5/12	6/22/15	7,680	424	-	8,104
Federal Agencies	31315PDZ9	FAMCA	15,000,000	2.38	0.32	11/22/13	7/22/15	29,688	(26,115)	-	3,572
Federal Agencies	3133ECVW1	FFCB FLT NT T-BILL+14	62,500,000	0.18	0.20	8/5/13	8/5/15	9,296	531	-	9,827
Federal Agencies	313383V81	FHLB	9,000,000	0.38	0.28	12/12/13	8/28/15	2,813	(702)	-	2,111
Federal Agencies	3137EACM9	FHLMC BONDS	50,000,000	1.75	2.17	12/15/10	9/10/15	72,917	17,023	-	89,940
Federal Agencies	313370JB5	FHLB	75,000,000	1.75	2.31	12/15/10	9/11/15	109,375	25,305	-	134,680
Federal Agencies	31315PGT0	FARMER MAC	45,000,000	2.13	2.17	9/15/10	9/15/15	79,688	1,444	-	81,131
Federal Agencies	3133ECJB1	FFCB FLT NT QTR T-BILL+16	16,200,000	0.20	0.22	4/24/13	9/18/15	2,643	68	-	2,711
Federal Agencies	31398A3T7	FNMA EX-CALL NT	25,000,000	2.00	1.08	10/14/11	9/21/15	41,667	(18,992)	-	22,674
Federal Agencies	3133EAJF6	FFCB FLT NT 1ML+2.5	27,953,000	0.19	0.25	11/30/12	9/22/15	4,414	359	-	4,773
Federal Agencies	31398A4M1	FNMA	25,000,000	1.63	2.22	12/15/10	10/26/15	33,854	11,913	-	45,767
Federal Agencies	31398A4M1	FNMA	42,000,000	1.63	2.19	12/23/10	10/26/15	56,875	18,860	-	75,735
Federal Agencies	31331J2S1	FFCB	25,000,000	1.50	2.20	12/15/10	11/16/15	31,250	14,025	-	45,275
Federal Agencies	3133ECLZ5	FFCB FLT NT MONTHLY 1ML+0	25,000,000	0.16	0.18	5/8/13	11/19/15	3,406	101	-	3,507
Federal Agencies	313371ZY5	FHLB	25,000,000	1.88	1.89	12/3/10	12/11/15	39,063	304	-	39,367
Federal Agencies	313371ZY5	FHLB	50,000,000	1.88	1.93	12/14/10	12/11/15	78,125	2,185	-	80,310
Federal Agencies	3133ED5A6	FFCB FLT	50,000,000	0.17	0.17	12/12/13	1/20/16	6,848	-	-	6,848
Federal Agencies	31315P3B3	FARMER MAC MTN	30,000,000	0.42	0.42	1/27/14	1/25/16	10,500	-	-	10,500
Federal Agencies	3130A3P81	FHLB	25,000,000	0.25	0.25	12/29/14	1/29/16	347	-	-	347
Federal Agencies	3133XXP43	FHLB	14,000,000	3.13	0.41	12/12/13	3/11/16	36,458	(32,074)	-	4,385

Monthly Investment Earnings

Pooled Fund

Type of Investment	CUSIP	Issue Name	Par Value	Coupon	YTM ¹	Settle	Maturity	Earned	Amort.	Realized	Earned Income
						Date	Date	Interest	Expense	Gain/(Loss)	/Net Earnings
Federal Agencies	313375RN9	FHLB NT	22,200,000	1.00	0.82	4/13/12	3/11/16	18,500	(3,422)	-	15,078
Federal Agencies	3133EAJU3	FFCB NT	25,000,000	1.05	0.82	4/12/12	3/28/16	21,875	(4,733)	-	17,142
Federal Agencies	3135G0VA8	FNMA GLOBAL NT	25,000,000	0.50	0.46	12/13/13	3/30/16	10,417	(823)	-	9,594
Federal Agencies	31315PTF6	FAMCA FLT MTN 1ML+0	50,000,000	0.16	0.16	4/1/13	4/1/16	6,674	-	-	6,674
Federal Agencies	313379Z21	FHLB NT	20,000,000	0.81	0.82	4/18/12	4/18/16	13,500	166	-	13,666
Federal Agencies	3133ECWT7	FFCB NT	22,650,000	0.65	0.48	11/20/13	5/9/16	12,269	(3,320)	-	8,949
Federal Agencies	3133EDB35	FFCB FLT NT 1ML+3	50,000,000	0.18	0.20	1/15/14	6/2/16	7,926	297	-	8,223
Federal Agencies	31315PB73	FAMCA NT	10,000,000	0.90	0.90	2/9/12	6/9/16	7,500	-	-	7,500
Federal Agencies	313373SZ6	FHLB	28,000,000	2.13	0.39	10/23/14	6/10/16	49,583	(41,115)	-	8,468
Federal Agencies	313771AA5	FHLB SUB NT	8,620,000	5.63	0.62	9/4/14	6/13/16	40,406	(36,392)	-	4,014
Federal Agencies	313771AA5	FHLB SUB NT	14,195,000	5.63	0.77	5/30/13	6/13/16	66,539	(57,646)	-	8,893
Federal Agencies	313771AA5	FHLB SUB NT	16,925,000	5.63	0.65	5/20/13	6/13/16	79,336	(70,522)	-	8,814
Federal Agencies	3133EDDP4	FFCB NT	50,000,000	0.52	0.44	2/11/14	6/17/16	21,667	(2,243)	-	19,424
Federal Agencies	3130A1BK3	FHLB EX-CALL NT	25,000,000	0.50	0.50	3/24/14	6/24/16	10,417	-	-	10,417
Federal Agencies	3135G0XP3	FNMA GLOBAL NT	50,000,000	0.38	0.59	3/25/14	7/5/16	15,625	9,188	-	24,813
Federal Agencies	31315PA25	FAMCA MTN	11,900,000	2.00	0.62	3/26/13	7/27/16	19,833	(13,745)	-	6,088
Federal Agencies	31315PA25	FAMCA MTN	14,100,000	2.00	0.63	3/26/13	7/27/16	23,500	(16,154)	-	7,346
Federal Agencies	31315PA25	FAMCA MTN	15,000,000	2.00	2.09	7/27/11	7/27/16	25,000	1,107	-	26,107
Federal Agencies	31315PA25	FAMCA MTN	20,000,000	2.00	0.61	3/26/14	7/27/16	33,333	(23,353)	-	9,980
Federal Agencies	3134G4UC0	FHLMC CALL NT	15,000,000	0.65	0.56	11/20/14	7/29/16	8,125	(1,130)	-	6,995
Federal Agencies	3135G0YE7	FNMA GLOBAL NT	50,000,000	0.63	0.52	3/17/14	8/26/16	26,042	(4,331)	-	21,711
Federal Agencies	31315PQB8	FAMCA NT	7,000,000	1.50	0.70	10/29/13	9/1/16	8,750	(4,666)	-	4,084
Federal Agencies	313370TW8	FHLB BD	25,000,000	2.00	1.39	10/11/11	9/9/16	41,667	(12,562)	-	29,104
Federal Agencies	313370TW8	FHLB	25,000,000	2.00	0.55	11/5/14	9/9/16	41,667	(30,454)	-	11,213
Federal Agencies	3133EDH21	FFCB FLT NT 1ML+2	50,000,000	0.18	0.19	3/14/14	9/14/16	7,640	216	-	7,856
Federal Agencies	3134G4XW3	FHLMC EX-CALL MTN	25,000,000	0.60	0.60	3/26/14	9/26/16	12,500	-	-	12,500
Federal Agencies	3134G3P38	FHLMC NT CALL	75,000,000	0.75	0.72	12/14/12	10/5/16	46,875	(2,937)	-	43,938
Federal Agencies	313378UB5	FHLB	5,000,000	1.13	0.51	10/23/14	10/11/16	4,708	(2,596)	-	2,113
Federal Agencies	3133EDJA1	FFCB FLT NT 1ML+2	25,000,000	0.18	0.19	4/11/14	10/11/16	3,834	212	-	4,046
Federal Agencies	3137EADS5	FHLMC GLOBAL NT	25,000,000	0.88	0.57	3/3/14	10/14/16	18,229	(6,493)	-	11,736
Federal Agencies	3130A3CE2	FHLB	40,000,000	0.63	0.58	11/3/14	10/14/16	20,833	(1,395)	-	19,438
Federal Agencies	3136G1WP0	FNMA CALL NT	18,000,000	1.50	0.84	11/4/13	11/4/16	22,500	(14,883)	-	7,617
Federal Agencies	3134G5LS2	FHLMC CALL MTN	25,000,000	0.60	0.60	11/17/14	11/17/16	12,500	-	-	12,500
Federal Agencies	3130A3J70	FHLB	25,000,000	0.63	0.64	11/17/14	11/23/16	13,021	421	-	13,441
Federal Agencies	313381GA7	FHLB NT	23,100,000	0.57	0.57	11/30/12	11/30/16	10,973	(93)	-	10,879
Federal Agencies	313371PV2	FHLB	25,000,000	1.63	0.64	11/6/14	12/9/16	33,854	(20,815)	-	13,039
Federal Agencies	313371PV2	FHLB	25,000,000	1.63	0.65	12/4/14	12/9/16	30,469	(18,518)	-	11,951
Federal Agencies	313371PV2	FHLB	25,000,000	1.63	0.72	12/12/14	12/9/16	21,441	(12,294)	-	9,147
Federal Agencies	3130A12F4	FHLB CALL NT	20,500,000	0.70	0.70	3/19/14	12/19/16	11,958	63	-	12,022
Federal Agencies	313381KR5	FHLB NT CALL	9,000,000	0.63	0.63	12/28/12	12/28/16	4,688	-	-	4,688
Federal Agencies	313381KR5	FHLB NT CALL	13,500,000	0.63	0.63	12/28/12	12/28/16	7,031	-	-	7,031
Federal Agencies	3134G5VG7	FHLMC CALL MTN	50,000,000	0.78	0.78	12/29/14	12/29/16	2,167	-	-	2,167
Federal Agencies	3130A3QU1	FHLB NT CALL	8,000,000	0.75	0.75	12/30/14	12/30/16	167	-	-	167
Federal Agencies	3130A3QU1	FHLB NT CALL	50,000,000	0.75	0.75	12/30/14	12/30/16	1,042	-	-	1,042
Federal Agencies	3134G33C2	FHLMC NT	50,000,000	0.60	0.60	1/3/13	1/3/17	25,000	-	-	25,000
Federal Agencies	3133ECB37	FFCB NT	14,000,000	0.58	0.58	12/20/12	1/12/17	6,767	-	-	6,767
Federal Agencies	31315PWW5	FARMER MAC MTN	49,500,000	1.01	1.02	5/4/12	1/17/17	41,663	446	-	42,109

Monthly Investment Earnings

Pooled Fund

Type of Investment	CUSIP	Issue Name	Par Value	Coupon	YTM ¹	Settle Date	Maturity Date	Earned Interest	Amort. Expense	Realized Gain/(Loss)	Earned Income /Net Earnings
Federal Agencies	3133EDRD6	FFCB FLT QTR T-BILL+14	50,000,000	0.18	0.20	12/12/14	1/30/17	4,958	477	-	5,434
Federal Agencies	3133786Q9	FHLB NT	67,780,000	1.00	0.72	1/10/13	2/13/17	56,483	(15,893)	-	40,590
Federal Agencies	3133EDFW7	FFCB FLT NT 1ML+5.5	50,000,000	0.22	0.22	2/27/14	2/27/17	9,188	-	-	9,188
Federal Agencies	3133782N0	FHLB	50,000,000	0.88	0.82	12/15/14	3/10/17	19,444	(1,219)	-	18,226
Federal Agencies	3133EDP30	FARMER MAC FLT NT 1ML+4	26,000,000	0.21	0.19	10/3/14	3/24/17	4,435	(321)	-	4,114
Federal Agencies	3134G4XM5	FHLMC CALL MTN	25,000,000	0.78	0.78	3/28/14	3/28/17	16,250	-	-	16,250
Federal Agencies	3136G1ZB8	FNMA CALL NT	25,000,000	0.88	0.88	3/28/14	3/28/17	18,229	-	-	18,229
Federal Agencies	3133EDZW5	FFCB FLT NT 1ML+2	25,000,000	0.19	0.19	10/29/14	3/29/17	3,798	9	-	3,806
Federal Agencies	31315PTQ2	FARMER MAC MTN	12,500,000	1.26	1.36	4/10/12	4/10/17	13,125	1,031	-	14,156
Federal Agencies	3133ECLL6	FFCB NT	10,000,000	0.60	0.60	4/17/13	4/17/17	5,000	-	-	5,000
Federal Agencies	31315PUQ0	FARMER MAC MTN	10,500,000	1.13	1.13	4/26/12	4/26/17	9,844	-	-	9,844
Federal Agencies	3137EADF3	FHLMC NT	25,000,000	1.25	1.14	5/14/12	5/12/17	26,042	(2,260)	-	23,781
Federal Agencies	3136FTR27	FNMA CALL NT	17,000,000	1.02	1.03	9/4/14	5/24/17	14,507	133	-	14,639
Federal Agencies	31315PZQ5	FARMER MAC MTN	9,000,000	1.11	0.80	12/28/12	6/5/17	8,325	(2,337)	-	5,988
Federal Agencies	313379FW4	FHLB	12,000,000	1.00	0.93	12/19/14	6/9/17	4,000	(299)	-	3,701
Federal Agencies	3130A1ZR2	FHLB STEP NT	-	0.50	0.50	6/12/14	6/12/17	7,639	-	-	7,639
Federal Agencies	3130A3SL9	FHLB	25,000,000	0.95	1.02	12/30/14	6/15/17	660	90	-	749
Federal Agencies	3133EAUW6	FFCB FLT NT FF+22	50,000,000	0.35	0.35	6/19/12	6/19/17	14,667	-	-	14,667
Federal Agencies	3133EEGH7	FFCB	8,400,000	0.93	0.94	12/26/14	6/26/17	1,085	18	-	1,103
Federal Agencies	3137EADH9	FHLMC GLOBAL NT	25,000,000	1.00	1.10	3/25/14	6/29/17	20,833	2,064	-	22,898
Federal Agencies	3134G5VV4	FHLMC CALL MTN	25,000,000	1.05	1.05	12/30/14	6/30/17	729	-	-	729
Federal Agencies	3134G5VV4	FHLMC CALL MTN	25,000,000	1.05	1.05	12/30/14	6/30/17	729	-	-	729
Federal Agencies	3134G5W50	FHLMC	50,000,000	1.00	1.00	12/30/14	6/30/17	1,389	-	-	1,389
Federal Agencies	3133ECV92	FFCB FLT NT 1ML+4	50,000,000	0.21	0.21	7/24/13	7/24/17	8,529	-	-	8,529
Federal Agencies	3134G3ZH6	FHLMC EX-CALL MTN	19,000,000	1.00	1.01	4/15/14	7/25/17	15,833	123	-	15,956
Federal Agencies	3133ECVG6	FFCB FLT NT 3ML+0	23,520,000	0.23	0.23	8/5/13	7/26/17	4,579	-	-	4,579
Federal Agencies	3133EEFX3	FFCB FLT 1ML+5	50,000,000	0.21	0.21	12/23/14	8/23/17	2,678	-	-	2,678
Federal Agencies	3136G0B59	FNMA STEP NT	-	0.70	0.70	9/20/12	9/20/17	23,922	-	-	23,922
Federal Agencies	3134G5HS7	FHLMC CALL MTN	20,100,000	1.13	1.16	9/25/14	9/25/17	18,844	569	-	19,412
Federal Agencies	3136G0D81	FNMA STEP NT	100,000,000	0.72	0.72	9/27/12	9/27/17	60,000	-	-	60,000
Federal Agencies	3137EADL0	FHLMC GLOBAL NT	25,000,000	1.00	1.22	3/25/14	9/29/17	20,833	4,631	-	25,465
Federal Agencies	3136G0Y39	FNMA STEP NT	50,000,000	0.80	0.80	11/8/12	11/8/17	33,333	-	-	33,333
Federal Agencies	3133EEBR0	FFCB FLT NT 1ML+3	25,000,000	0.19	0.21	11/18/14	11/13/17	4,045	318	-	4,363
Federal Agencies	3134G44F2	FHLMC CALL MTN	50,000,000	0.80	0.80	5/21/13	11/21/17	33,333	-	-	33,333
Federal Agencies	3134G5NE1	FHLMC CALL STEP	11,200,000	0.50	0.53	11/24/14	11/24/17	4,667	238	-	4,904
Federal Agencies	3134G5NE1	FHLMC CALL STEP	25,000,000	0.50	0.50	11/24/14	11/24/17	10,417	-	-	10,417
Federal Agencies	31315PJ83	FARMER MAC FLT CALL 1ML+17	25,000,000	0.33	0.33	12/1/14	12/1/17	6,771	-	-	6,771
Federal Agencies	3130A3HF4	FHLB	25,000,000	1.13	1.19	12/22/14	12/8/17	7,031	411	-	7,443
Federal Agencies	3133EEFE5	FFCB	50,000,000	1.13	1.12	12/18/14	12/18/17	20,313	(160)	-	20,153
Federal Agencies	3133EEFE5	FFCB	50,000,000	1.13	1.18	12/19/14	12/18/17	18,750	1,015	-	19,765
Federal Agencies	31315PZ28	FAMCA MTN	46,000,000	1.20	1.20	12/22/14	12/22/17	13,800	-	-	13,800
Federal Agencies	3136G13Q0	FNMA STEP NT	29,000,000	0.75	0.75	12/26/12	12/26/17	18,125	-	-	18,125
Federal Agencies	3136G13T4	FNMA STEP NT	39,000,000	0.80	0.80	12/26/12	12/26/17	24,646	-	-	24,646
Federal Agencies	3134G32M1	FHLMC CALL NT	50,000,000	1.00	1.00	12/28/12	12/28/17	41,667	-	-	41,667
Federal Agencies	3134G5VA0	FHLMC CALL MTN	25,000,000	1.25	1.25	12/29/14	12/29/17	1,736	-	-	1,736
Federal Agencies	3133EEAN0	FFCB FLT NT 1ML+4	25,000,000	0.20	0.20	11/5/14	2/5/18	4,237	-	-	4,237
Federal Agencies	3133EEAN0	FFCB FLT NT 1ML+4	25,000,000	0.20	0.21	11/5/14	2/5/18	4,237	215	-	4,452

Monthly Investment Earnings Pooled Fund

Type of Investment	CUSIP	Issue Name	Par Value	Coupon	YTM ¹	Settle	Maturity	Earned	Amort.	Realized	Earned Income
						Date	Date	Interest	Expense	Gain/(Loss)	/Net Earnings
Federal Agencies	3133EEAN0	FFCB FLT NT 1ML+4	50,000,000	0.20	0.21	11/5/14	2/5/18	8,474	429	-	8,903
Federal Agencies	3135G0UN1	FNMA GLOBAL NT CALL	8,770,000	1.15	1.32	2/26/14	2/28/18	8,405	1,199	-	9,603
Federal Agencies	3135G0UN1	FNMA GLOBAL NT CALL	19,000,000	1.15	1.32	2/26/14	2/28/18	18,208	2,597	-	20,805
Federal Agencies	3130A35B6	FHLB FLT CALL NT 1ML+23	50,000,000	0.38	0.38	10/2/14	4/2/18	16,004	-	-	16,004
Federal Agencies	3136G1KN8	FNMA NT CALL	50,000,000	1.50	1.13	4/24/13	4/24/18	62,500	(38,347)	-	24,153
Federal Agencies	3136G1K81	FNMA NT STEP	12,600,000	0.75	0.75	4/30/13	4/30/18	7,875	-	-	7,875
Federal Agencies	31315PZM4	FARMER MAC STEP NT	24,600,000	0.70	0.70	5/3/13	5/3/18	14,350	-	-	14,350
Federal Agencies	313382XK4	FHLB STEP NT	25,000,000	0.75	0.75	5/7/13	5/7/18	15,625	-	-	15,625
Federal Agencies	3133ECPB4	FFCB NT	10,000,000	0.88	1.01	5/23/13	5/14/18	7,292	1,116	-	8,407
Federal Agencies	3135G0WJ8	FNMA NT	25,000,000	0.88	1.05	5/23/13	5/21/18	18,229	3,629	-	21,858
Federal Agencies	3133834P3	FHLB STEP NT	50,000,000	0.50	0.50	5/22/13	5/22/18	20,833	-	-	20,833
Federal Agencies	31315P4W6	FARMER MAC FLT CALL	25,000,000	0.37	0.37	6/6/14	6/6/18	7,604	-	-	7,604
Federal Agencies	3134G52D6	FHLMC CALL MTN	25,000,000	1.64	1.64	4/17/14	7/17/18	34,167	-	-	34,167
Federal Agencies	3134G4LZ9	FHLMC CALL STEP	50,000,000	0.88	0.88	12/10/13	12/10/18	36,458	-	-	36,458
Federal Agencies	3134G4MB1	FHLMC CALL MULTI-STEP	25,000,000	1.50	1.50	12/18/13	12/18/18	31,250	-	-	31,250
Federal Agencies	3136G2C39	FNMA CALL NT	15,000,000	1.63	1.63	12/30/14	12/28/18	677	-	-	677
Federal Agencies	3130A1B98	FHLB STEP CALL NT	-	1.00	1.00	3/27/14	3/27/19	54,167	-	-	54,167
Federal Agencies	31315PQ69	FARMER MAC FLT CALL NT 3ML+15	50,000,000	0.38	0.38	4/3/14	4/3/19	15,942	-	-	15,942
Federal Agencies	31315PE47	FARMER MAC FLT CALL NT 1ML+31	25,000,000	0.47	0.47	11/3/14	5/3/19	9,743	-	-	9,743
Federal Agencies	31315P3W7	FARMER MAC FLT CALL	50,000,000	0.38	0.38	6/3/14	6/3/19	16,022	-	-	16,022
Federal Agencies	31315PS91	FARMER MAC FLT CALL NT 3ML+12	50,000,000	0.35	0.35	8/12/14	8/12/19	14,713	-	-	14,713
Federal Agencies	3130A2UF1	FHLB FLT CALL NT 3ML+20	25,000,000	0.44	0.44	8/27/14	8/27/19	9,083	-	-	9,083
Federal Agencies	3130A35A8	FHLB FLT CALL NT 1ML+40	50,000,000	0.55	0.55	10/2/14	10/2/19	23,088	-	-	23,088
Federal Agencies	313586RC5	FNMA 0 CPN	10,000,000	0.00	2.16	11/24/14	10/9/19	-	17,325	-	17,325
Federal Agencies	313586RC5	FNMA 0 CPN	25,000,000	0.00	2.17	11/24/14	10/9/19	-	43,561	-	43,561
Federal Agencies	313586RC5	FNMA 0 CPN	29,675,000	0.00	2.18	11/21/14	10/9/19	-	51,723	-	51,723
Federal Agencies	31315PJ26	FARMER MAC FLT CALL 3ML+12	50,000,000	0.35	0.35	12/2/14	12/2/19	14,242	-	-	14,242
Subtotals			\$ 4,362,887,000					\$ 3,026,797	\$ (346,403)	\$ 15,448	\$ 2,695,842
State/Local Agencies	13063BN65	CALIFORNIA ST TAXABLE GO BD	\$ 10,000,000	0.85	0.64	3/27/13	2/1/15	\$ 7,083	\$ (1,743)	\$ -	\$ 5,341
State/Local Agencies	649791JS0	NEW YORK ST TAXABLE GO	4,620,000	0.39	0.40	3/21/13	3/1/15	1,502	40	-	1,542
State/Local Agencies	91412GPW9	UNIV OF CALIFORNIA REVENUE BO	5,000,000	0.39	0.39	3/14/13	5/15/15	1,633	-	-	1,633
State/Local Agencies	612574DQ3	MONTEREY COMM COLLEGE GO	315,000	0.63	0.63	5/7/13	8/1/15	165	-	-	165
State/Local Agencies	13063BHZ8	CALIFORNIA ST TAXABLE GO BD	5,000,000	3.95	0.35	8/19/14	11/1/15	16,458	(15,203)	-	1,255
State/Local Agencies	64966GXS6	NEW YORK CITY TAXABLE GO	12,255,000	5.13	0.66	4/1/13	12/1/15	52,390	(46,006)	-	6,384
State/Local Agencies	13063BN73	CALIFORNIA ST GO BD	7,000,000	1.05	0.48	12/19/14	2/1/16	2,450	(1,408)	-	1,042
State/Local Agencies	13063BN73	CALIFORNIA ST TAXABLE GO BD	11,000,000	1.05	0.91	3/27/13	2/1/16	9,625	(1,107)	-	8,518
State/Local Agencies	91412GUT0	UNIV OF CALIFORNIA REVENUE	2,500,000	0.63	0.63	4/10/14	5/15/16	1,321	-	-	1,321
State/Local Agencies	612574DR1	MONTEREY COMM COLLEGE GO	2,670,000	0.98	0.98	5/7/13	8/1/16	2,185	-	-	2,185
State/Local Agencies	13063CPM6	CALIFORNIA ST TAXABLE GO BD	44,000,000	0.75	0.69	12/9/14	11/1/16	20,167	(1,533)	-	18,633
State/Local Agencies	91412GUU7	UNIV OF CALIFORNIA REVENUE BD	3,250,000	1.22	1.22	4/10/14	5/15/17	3,310	-	-	3,310
State/Local Agencies	13063CPN4	CALIFORNIA ST GO BD	5,000,000	1.25	1.22	12/22/14	11/1/17	1,563	(44)	-	1,519
State/Local Agencies	13063CFC9	CALIFORNIA ST GO BD	16,500,000	1.75	1.66	11/5/13	11/1/17	24,063	(1,253)	-	22,809
State/Local Agencies	13063CPN4	CALIFORNIA ST GO BD	50,000,000	1.25	1.17	11/25/14	11/1/17	52,083	(3,514)	-	48,570
Subtotals			\$ 179,110,000					\$ 195,997	\$ (71,771)	\$ -	\$ 124,226

Monthly Investment Earnings Pooled Fund

Type of Investment	CUSIP	Issue Name	Par Value	Coupon	YTM ¹	Settle Date	Maturity Date	Earned Interest	Amort. Expense	Realized Gain/(Loss)	Earned Income /Net Earnings
Public Time Deposits		TRANS PACIFIC NATIONAL BANK P	\$ 240,000	0.46	0.46	2/7/14	2/7/15	\$ 95	\$ -	\$ -	95
Public Time Deposits		BANK OF SAN FRANCISCO PTD	240,000	0.45	0.45	4/9/14	4/9/15	93	-	-	93
Subtotals			\$ 480,000					\$ 188	\$ -	\$ -	188
Negotiable CDs	78009NGU4	ROYAL BANK OF CANADA NY YCD	\$ 5,500,000	0.35	0.45	5/19/14	6/25/15	\$ 1,550	\$ 212	\$ -	1,762
Negotiable CDs	78009NSA5	ROYAL BANK OF CANADA NY YCD	25,000,000	0.33	0.33	9/16/14	3/10/16	6,994	-	-	6,994
Negotiable CDs	06417HHL3	BANK OF NOVA SCOTIA FLT 3ML+2:	10,000,000	0.48	0.47	4/3/14	3/22/16	4,027	(13)	-	4,014
Negotiable CDs	96121TWJ3	WESTPAC FLT YCD 3ML+15	25,000,000	0.38	0.38	4/24/14	4/25/16	8,258	-	-	8,258
Negotiable CDs	96121TWK0	WESTPAC FLT YCD 1ML+22	50,000,000	0.39	0.39	4/24/14	4/25/16	16,279	-	-	16,279
Negotiable CDs	06417HKT2	BANK OF NOVA SCOTIA YCD 3ML+1	50,000,000	0.42	0.45	5/9/14	5/9/16	18,152	888	-	19,041
Negotiable CDs	06417HUW4	BANK OF NOVA SCOTIA FLT 3ML+2:	50,000,000	0.45	0.45	9/25/14	9/23/16	18,915	-	-	18,915
Negotiable CDs	06417HVR4	BANK OF NOVA SCOTIA YCD 3ML+2	50,000,000	0.43	0.43	10/7/14	10/7/16	18,583	-	-	18,583
Negotiable CDs	78009NSX5	ROYAL BANK OF CANADA YCD 3ML	100,000,000	0.42	0.42	12/15/14	12/15/16	19,862	-	-	19,862
Negotiable CDs	06417HUR5	BANK OF NOVA SCOTIA YCD 3ML+2	50,000,000	0.52	0.52	9/25/14	9/25/17	21,790	-	-	21,790
Subtotals			\$ 415,500,000					\$ 134,410	\$ 1,088	\$ -	135,498
Commercial Paper	06538CM24	BANK OF TOKYO-MITSUBISHI UFJ C	\$ -	0.00	0.12	11/25/14	12/2/14	\$ 167	\$ -	\$ -	167
Commercial Paper	62478YM21	MUFG UNION BANK NA	-	0.00	0.10	12/1/14	12/2/14	278	-	-	278
Commercial Paper	62478YM39	MUFG UNION BANK NA	-	0.00	0.10	12/2/14	12/3/14	278	-	-	278
Commercial Paper	62478YM47	MUFG UNION BANK NA	-	0.00	0.10	12/3/14	12/4/14	278	-	-	278
Commercial Paper	62478YM54	MUFG UNION BANK NA	-	0.00	0.10	12/4/14	12/5/14	417	-	-	417
Commercial Paper	62478YM88	MUFG UNION BANK NA	-	0.00	0.08	12/5/14	12/8/14	1,000	-	-	1,000
Commercial Paper	62478YM96	MUFG UNION BANK NA	-	0.00	0.09	12/8/14	12/9/14	375	-	-	375
Commercial Paper	62478YMA3	MUFG UNION BANK NA	-	0.00	0.09	12/9/14	12/10/14	375	-	-	375
Commercial Paper	62478YMB1	MUFG UNION BANK NA	-	0.00	0.09	12/10/14	12/11/14	375	-	-	375
Commercial Paper	62478YMC9	MUFG UNION BANK NA	-	0.00	0.09	12/11/14	12/12/14	750	-	-	750
Commercial Paper	62478YMF2	MUFG UNION BANK NA	-	0.00	0.09	12/12/14	12/15/14	2,250	-	-	2,250
Commercial Paper	62478YMG0	MUFG UNION BANK NA	-	0.00	0.06	12/15/14	12/16/14	500	-	-	500
Commercial Paper	45920GMW3	IBM CORP CP	-	0.00	0.12	12/8/14	12/30/14	5,500	-	-	5,500
Commercial Paper	06538CNG2	BANK OF TOKYO-MITSUBISHI UFJ C	250,000,000	0.00	0.17	12/16/14	1/16/15	18,889	-	-	18,889
Subtotals			\$ 250,000,000					\$ 31,431	\$ -	\$ -	31,431

Monthly Investment Earnings

Pooled Fund

Type of Investment	CUSIP	Issue Name	Par Value	Coupon	YTM ¹	Settle Date	Maturity Date	Earned Interest	Amort. Expense	Realized Gain/(Loss)	Earned Income /Net Earnings
Medium Term Notes	89233P7B6	TOYOTA MTN 3ML+17	\$ -	0.40	0.45	1/28/13	12/5/14	\$ 449	\$ (28)	\$ -	\$ 421
Medium Term Notes	36962G5M2	GE CAPITAL CORP MTN	4,820,000	2.15	0.59	8/7/13	1/9/15	8,636	(6,359)	-	2,277
Medium Term Notes	36962G6T6	GE FLT NT 3ML+38	25,000,000	0.61	0.61	1/10/13	1/9/15	13,156	-	-	13,156
Medium Term Notes	36962G5M2	GE CAPITAL CORP MTN	27,743,000	2.15	0.29	12/16/13	1/9/15	49,706	(43,687)	-	6,019
Medium Term Notes	36962G5M2	GE CAPITAL CORP MTN	87,824,000	2.15	0.77	7/12/13	1/9/15	157,351	(101,821)	-	55,530
Medium Term Notes	46625HHP8	JP MORGAN CHASE MTN	16,935,000	3.70	0.51	2/18/14	1/20/15	52,216	(45,780)	-	6,436
Medium Term Notes	46625HHP8	JP MORGAN CHASE MTN	22,580,000	3.70	0.48	3/17/14	1/20/15	69,622	(61,209)	-	8,413
Medium Term Notes	78008SVS2	RBC MTN FIX-TO-FLT	-	0.33	0.33	1/22/13	1/22/15	12,915	-	18,289	31,204
Medium Term Notes	89233P7H3	TOYOTA MTN 3ML+17	35,000,000	0.40	0.40	1/23/13	1/23/15	12,074	-	-	12,074
Medium Term Notes	89233P7L4	TOYOTA MTN FIX-TO-FLOAT	25,000,000	0.33	0.33	2/4/13	2/4/15	6,919	-	-	6,919
Medium Term Notes	717081DA8	PFIZER MTN	3,000,000	5.35	0.44	12/9/13	3/15/15	13,375	(12,498)	-	878
Medium Term Notes	89236TAG0	TOYOTA MOTOR CREDIT CORP 3M	50,000,000	0.38	0.38	4/12/13	4/8/15	16,473	-	-	16,473
Medium Term Notes	64952WAW3	NEW YORK LIFE MTN	5,000,000	3.00	0.26	9/22/14	5/4/15	12,500	(11,660)	-	840
Medium Term Notes	459200HD6	IBM MTN	5,425,000	0.75	0.27	12/19/13	5/11/15	3,391	(2,188)	-	1,202
Medium Term Notes	36962G5Z3	GE CAPITAL CORP MTN	5,000,000	1.63	0.81	8/19/13	7/2/15	6,771	(3,420)	-	3,350
Medium Term Notes	36962G4M3	GE CAPITAL CORP FLT MTN 3ML+7	8,565,000	0.98	0.05	11/25/13	7/9/15	7,003	(3,145)	-	3,858
Medium Term Notes	89233P6J0	TOYOTA MTN	6,100,000	0.88	0.30	3/4/14	7/17/15	4,448	(2,969)	-	1,479
Medium Term Notes	89233P6J0	TOYOTA MTN	10,000,000	0.88	0.44	11/15/13	7/17/15	7,292	(3,665)	-	3,627
Medium Term Notes	594918AG9	MICROSOFT MTN	3,186,000	1.63	0.39	10/30/13	9/25/15	4,314	(3,313)	-	1,002
Medium Term Notes	961214BW2	WESTPAC NT	10,152,000	1.13	0.35	9/15/14	9/25/15	9,518	(6,630)	-	2,888
Medium Term Notes	369604BE2	GENERAL ELECTRIC MTN	8,000,000	0.85	0.46	5/7/14	10/9/15	5,667	(2,604)	-	3,063
Medium Term Notes	369604BE2	GENERAL ELECTRIC MTN	9,300,000	0.85	0.40	5/19/14	10/9/15	6,588	(3,558)	-	3,029
Medium Term Notes	369604BE2	GENERAL ELECTRIC MTN	10,000,000	0.85	0.42	3/5/14	10/9/15	7,083	(3,669)	-	3,414
Medium Term Notes	06366RJH9	BANK OF MONTREAL MTN	8,500,000	0.80	0.56	3/27/14	11/6/15	5,667	(1,709)	-	3,958
Medium Term Notes	36962G4T8	GE CAPITAL CORP MTN	7,000,000	2.25	0.48	5/12/14	11/9/15	13,125	(10,441)	-	2,684
Medium Term Notes	742718DS5	PROCTER & GAMBLE MTN	10,000,000	1.80	0.41	3/12/14	11/15/15	15,000	(11,727)	-	3,273
Medium Term Notes	742718DS5	PROCTER & GAMBLE MTN	23,025,000	1.80	0.34	3/7/14	11/15/15	34,538	(28,274)	-	6,264
Medium Term Notes	459200GU9	IBM CORP NT	19,579,000	2.00	0.48	2/11/14	1/5/16	32,632	(25,084)	-	7,548
Medium Term Notes	064255AK8	BTMUFJ FLT MTN 3ML+45	10,000,000	0.68	0.40	3/17/14	2/26/16	5,893	(1,561)	-	4,332
Medium Term Notes	36962G2V5	GE FLT MTN 3ML+20	17,689,000	0.43	0.38	5/19/14	5/11/16	6,597	(614)	-	5,983
Medium Term Notes	89114QAL2	TORONTO-DOMINION BANK 3ML+4	18,930,000	0.70	0.43	12/15/14	9/9/16	6,218	(2,310)	-	3,909
Medium Term Notes	89236TBU8	TOYOTA MOTOR CREDIT CORP 3M	14,150,000	0.35	0.37	12/9/14	9/23/16	3,078	164	-	3,243
Medium Term Notes	89236TBV6	TOYOTA MOTOR CREDIT CORP FF-	47,500,000	0.38	0.38	9/25/14	9/23/16	15,226	-	-	15,226
Medium Term Notes	89236TBU8	TOYOTA MOTOR CREDIT CORP 3M	50,000,000	0.35	0.35	9/23/14	9/23/16	14,579	-	-	14,579
Medium Term Notes	9612E0DB0	WESTPAC FLT MTN 1ML+25	50,000,000	0.41	0.41	10/10/14	10/7/16	17,516	-	-	17,516
Subtotals			\$ 655,003,000					\$ 657,533	\$ (399,757)	\$ 18,289	\$ 276,065
Money Market Funds	316175108	FIDELITY INSTL GOVT PORT	\$ 5,003,754	0.01	0.01	12/31/14	1/1/15	\$ 43	\$ -	\$ -	\$ 43
Money Market Funds	09248U718	BLACKROCK T-FUND INSTL	10,000,385	0.03	0.03	12/31/14	1/1/15	702	-	-	702
Money Market Funds	61747C707	MS INSTL GOVT FUND	35,088,561	0.04	0.04	12/31/14	1/1/15	1,548	-	-	1,548
Subtotals			\$ 50,092,700					\$ 2,293	\$ -	\$ -	\$ 2,293
Grand Totals			\$ 6,573,072,700					\$ 4,669,233	\$ (851,904)	\$ 33,737	\$ 3,851,066

¹ Yield to maturity is calculated at purchase

Investment Transactions

Pooled Fund

For month ended December 31, 2014

Transaction	Settle Date	Maturity	Type of Investment	Issuer Name	CUSIP	Par Value	Coupon	YTM	Price	Interest	Transaction
Purchase	12/1/2014	1/1/2015	Money Market Funds	BLACKROCK T-FUND INSTL	09248U718	\$ 287	0.04	0.03	\$ 100.00	\$ -	\$ 287
Purchase	12/1/2014	12/1/2017	Federal Agencies	FARMER MAC FLT CALL 1ML+	31315PJ83	25,000,000	0.16	0.16	100.00	-	25,000,000
Purchase	12/1/2014	12/2/2014	Commercial Paper	MUFG UNION BANK NA	62478YM21	100,000,000	0.00	0.10	100.00	-	99,999,722
Purchase	12/2/2014	12/2/2019	Federal Agencies	FARMER MAC FLT CALL 3ML+	31315PJ26	50,000,000	0.35	0.35	100.00	-	50,000,000
Purchase	12/2/2014	12/3/2014	Commercial Paper	MUFG UNION BANK NA	62478YM39	100,000,000	0.00	0.10	100.00	-	99,999,722
Purchase	12/3/2014	12/4/2014	Commercial Paper	MUFG UNION BANK NA	62478YM47	100,000,000	0.00	0.10	100.00	-	99,999,722
Purchase	12/4/2014	12/9/2016	Federal Agencies	FHLB	313371PV2	25,000,000	1.63	0.65	101.95	197,483	25,684,233
Purchase	12/4/2014	12/5/2014	Commercial Paper	MUFG UNION BANK NA	62478YM54	150,000,000	0.00	0.10	100.00	-	149,999,583
Purchase	12/5/2014	12/8/2014	Commercial Paper	MUFG UNION BANK NA	62478YM88	150,000,000	0.00	0.08	100.00	-	149,999,000
Purchase	12/8/2014	12/30/2014	Commercial Paper	IBM CORP CP	45920GMW3	75,000,000	0.00	0.12	99.99	-	74,994,500
Purchase	12/8/2014	12/9/2014	Commercial Paper	MUFG UNION BANK NA	62478YM96	150,000,000	0.00	0.09	100.00	-	149,999,625
Purchase	12/9/2014	9/23/2016	Medium Term Notes	TOYOTA MOTOR CREDIT CORP	89236TBU8	14,150,000	0.33	0.35	99.97	10,081	14,155,412
Purchase	12/9/2014	11/1/2016	State/Local Agencies	CALIFORNIA ST TAXABLE GO	13063CPM6	44,000,000	0.75	0.69	100.11	12,833	44,059,033
Purchase	12/9/2014	12/10/2014	Commercial Paper	MUFG UNION BANK NA	62478YMA3	150,000,000	0.00	0.09	100.00	-	149,999,625
Purchase	12/10/2014	12/11/2014	Commercial Paper	MUFG UNION BANK NA	62478YMB1	150,000,000	0.00	0.09	100.00	-	149,999,625
Purchase	12/11/2014	12/12/2014	Commercial Paper	MUFG UNION BANK NA	62478YMC9	300,000,000	0.00	0.09	100.00	-	299,999,250
Purchase	12/12/2014	12/9/2016	Federal Agencies	FHLB	313371PV2	25,000,000	1.63	0.72	101.79	3,385	25,450,885
Purchase	12/12/2014	1/30/2017	Federal Agencies	FFCB FLT QTR T-BILL+14	3133EDRD6	50,000,000	0.16	0.18	99.96	9,589	49,990,989
Purchase	12/12/2014	12/15/2014	Commercial Paper	MUFG UNION BANK NA	62478YMF2	300,000,000	0.00	0.09	100.00	-	299,997,750
Purchase	12/15/2014	9/9/2016	Medium Term Notes	TORONTO-DOMINION BANK 3M	89114QAL2	18,930,000	0.70	0.43	100.46	2,195	19,018,326
Purchase	12/15/2014	3/10/2017	Federal Agencies	FHLB	3133782N0	50,000,000	0.88	0.82	100.12	115,451	50,173,951
Purchase	12/15/2014	1/1/2015	Money Market Funds	BLACKROCK T-FUND INSTL	09248U718	100,000,000	0.03	0.03	100.00	-	100,000,000
Purchase	12/15/2014	12/15/2016	Negotiable CDs	ROYAL BANK OF CANADA YCD	78009NSX5	100,000,000	0.42	0.42	100.00	-	100,000,000
Purchase	12/15/2014	1/1/2015	Money Market Funds	MS INSTL GOVT FUND	61747C707	150,000,000	0.04	0.04	100.00	-	150,000,000
Purchase	12/15/2014	12/16/2014	Commercial Paper	MUFG UNION BANK NA	62478YMG0	300,000,000	0.00	0.06	100.00	-	299,999,500
Purchase	12/16/2014	1/16/2015	Commercial Paper	BANK OF TOKYO-MITSUBISHI	06538CNG2	250,000,000	0.00	0.17	99.99	-	249,963,403
Purchase	12/18/2014	12/18/2017	Federal Agencies	FFCB	3133EEFE5	50,000,000	1.13	1.12	100.03	-	50,012,500
Purchase	12/19/2014	2/1/2016	State/Local Agencies	CALIFORNIA ST GO BD	13063BN73	7,000,000	1.05	0.48	100.63	28,175	7,072,485
Purchase	12/19/2014	6/9/2017	Federal Agencies	FHLB	313379FW4	12,000,000	1.00	0.93	100.17	3,333	12,024,093
Purchase	12/19/2014	12/18/2017	Federal Agencies	FFCB	3133EEFE5	50,000,000	1.13	1.18	99.83	1,563	49,916,063
Purchase	12/22/2014	11/1/2017	State/Local Agencies	CALIFORNIA ST GO BD	13063CPN4	5,000,000	1.25	1.22	100.09	4,688	5,009,238
Purchase	12/22/2014	12/8/2017	Federal Agencies	FHLB	3130A3HF4	25,000,000	1.13	1.19	99.82	32,813	24,988,313
Purchase	12/22/2014	12/22/2017	Federal Agencies	FAMCA MTN	31315PZ28	46,000,000	1.20	1.20	100.00	-	46,000,000
Purchase	12/23/2014	8/23/2017	Federal Agencies	FFCB FLT 1ML+5	3133EEFX3	50,000,000	0.21	0.21	100.00	-	50,000,000
Purchase	12/26/2014	6/26/2017	Federal Agencies	FFCB	3133EEGH7	8,400,000	0.93	0.94	99.97	-	8,397,312
Purchase	12/29/2014	1/29/2016	Federal Agencies	FHLB	3130A3P81	25,000,000	0.25	0.25	100.00	-	25,000,000
Purchase	12/29/2014	12/29/2017	Federal Agencies	FHLMC CALL MTN	3134G5VA0	25,000,000	1.25	1.25	100.00	-	25,000,000
Purchase	12/29/2014	12/29/2016	Federal Agencies	FHLMC CALL MTN	3134G5VG7	50,000,000	0.78	0.78	100.00	-	50,000,000
Purchase	12/30/2014	12/30/2016	Federal Agencies	FHLB NT CALL	3130A3QU1	8,000,000	0.75	0.75	100.00	-	8,000,000
Purchase	12/30/2014	12/28/2018	Federal Agencies	FNMA CALL NT	3136G2C39	15,000,000	1.63	1.63	100.00	-	15,000,000
Purchase	12/30/2014	6/15/2017	Federal Agencies	FHLB	3130A3SL9	25,000,000	0.95	1.02	99.84	-	24,959,750
Purchase	12/30/2014	6/30/2017	Federal Agencies	FHLMC CALL MTN	3134G5VV4	25,000,000	1.05	1.05	100.00	-	25,000,000
Purchase	12/30/2014	6/30/2017	Federal Agencies	FHLMC CALL MTN	3134G5VV4	25,000,000	1.05	1.05	100.00	-	25,000,000
Purchase	12/30/2014	12/30/2016	Federal Agencies	FHLB NT CALL	3130A3QU1	50,000,000	0.75	0.75	100.00	-	50,000,000
Purchase	12/30/2014	6/30/2017	Federal Agencies	FHLMC	3134G5W50	50,000,000	1.00	1.00	100.00	-	50,000,000
Purchase	12/31/2014	1/1/2015	Money Market Funds	FIDELITY INSTL GOVT PORT	316175108	43	0.01	0.01	100.00	-	43
Purchase	12/31/2014	1/1/2015	Money Market Funds	MS INSTL GOVT FUND	61747C707	1,548	0.04	0.04	100.00	-	1,548
Subtotals						\$ 3,478,481,878	0.22	0.27	\$ 100.03	\$ 421,589	\$ 3,479,865,488

Investment Transactions Pooled Fund

Transaction	Settle Date	Maturity	Type of Investment	Issuer Name	CUSIP	Par Value	Coupon	YTM	Price	Interest	Transaction
Sale	12/15/2014	1/22/2015	Medium Term Notes	RBC MTN FIX-TO-FLT	78008SVS2	\$ 100,000,000	0.33	0.33	\$ 100.02	\$ 48,893	\$ 100,067,182
Sale	12/18/2014	1/1/2015	Money Market Funds	BLACKROCK T-FUND INSTL	09248U718	25,000,000	0.03	0.03	100.00	-	25,000,000
Sale	12/18/2014	1/1/2015	Money Market Funds	MS INSTL GOVT FUND	61747C707	25,000,000	0.04	0.04	100.00	-	25,000,000
Sale	12/19/2014	1/1/2015	Money Market Funds	BLACKROCK T-FUND INSTL	09248U718	50,000,000	0.03	0.03	100.00	-	50,000,000
Sale	12/19/2014	1/1/2015	Money Market Funds	MS INSTL GOVT FUND	61747C707	50,000,000	0.04	0.04	100.00	-	50,000,000
Sale	12/23/2014	1/1/2015	Money Market Funds	BLACKROCK T-FUND INSTL	09248U718	25,000,000	0.03	0.03	100.00	-	25,000,000
Sale	12/23/2014	4/27/2015	Federal Agencies	FFCB FLT NT 1ML+1.5	3133EAJP4	50,000,000	0.17	0.21	100.02	6,184	50,014,232
Sale	12/23/2014	1/1/2015	Money Market Funds	MS INSTL GOVT FUND	61747C707	50,000,000	0.04	0.04	100.00	-	50,000,000
Subtotals						\$ 375,000,000	0.13	0.14	\$ 100.01	\$ 55,077	\$ 375,081,413
Call	12/12/2014	6/12/2017	Federal Agencies	FHLB STEP NT	3130A1ZR2	\$ 50,000,000	0.50	0.50	\$ 100.00	\$ -	\$ 50,000,000
Call	12/20/2014	9/20/2017	Federal Agencies	FNMA STEP NT	3136G0B59	64,750,000	0.70	0.70	100.00	113,313	64,863,313
Call	12/27/2014	3/27/2019	Federal Agencies	FHLB STEP CALL NT	3130A1B98	75,000,000	1.00	1.00	100.00	-	75,000,000
Subtotals						\$ 189,750,000	0.77	0.77	\$ 100.00	\$ 113,313	\$ 189,863,313
Maturity	12/1/2014	12/1/2014	Commercial Paper	MUFG UNION BANK NA	62478YM13	\$ 100,000,000	0.00	0.05	\$ 100.00	\$ -	\$ 100,000,000
Maturity	12/2/2014	12/2/2014	Commercial Paper	BANK OF TOKYO-MITSUBISHI	06538CM24	50,000,000	0.00	0.12	100.00	-	50,000,000
Maturity	12/2/2014	12/2/2014	Commercial Paper	MUFG UNION BANK NA	62478YM21	100,000,000	0.00	0.10	100.00	-	100,000,000
Maturity	12/3/2014	12/3/2014	Commercial Paper	MUFG UNION BANK NA	62478YM39	100,000,000	0.00	0.10	100.00	-	100,000,000
Maturity	12/4/2014	12/4/2014	Commercial Paper	MUFG UNION BANK NA	62478YM47	100,000,000	0.00	0.10	100.00	-	100,000,000
Maturity	12/5/2014	12/5/2014	Medium Term Notes	TOYOTA MTN 3ML+17	89233P7B6	10,000,000	0.40	0.22	100.00	10,215	10,010,215
Maturity	12/5/2014	12/5/2014	Commercial Paper	MUFG UNION BANK NA	62478YM54	150,000,000	0.00	0.10	100.00	-	150,000,000
Maturity	12/8/2014	12/8/2014	Federal Agencies	FFCB	31331J4S9	19,000,000	1.40	1.46	100.00	133,000	19,133,000
Maturity	12/8/2014	12/8/2014	Federal Agencies	FFCB	31331J4S9	24,000,000	1.40	1.41	100.00	168,000	24,168,000
Maturity	12/8/2014	12/8/2014	Commercial Paper	MUFG UNION BANK NA	62478YM88	150,000,000	0.00	0.08	100.00	-	150,000,000
Maturity	12/9/2014	12/9/2014	Commercial Paper	MUFG UNION BANK NA	62478YM96	150,000,000	0.00	0.09	100.00	-	150,000,000
Maturity	12/10/2014	12/10/2014	Commercial Paper	MUFG UNION BANK NA	62478YMA3	150,000,000	0.00	0.09	100.00	-	150,000,000
Maturity	12/11/2014	12/11/2014	Commercial Paper	MUFG UNION BANK NA	62478YMB1	150,000,000	0.00	0.09	100.00	-	150,000,000
Maturity	12/12/2014	12/12/2014	Federal Agencies	FHLB	3133XVNU1	2,915,000	2.75	1.31	100.00	40,081	2,955,081
Maturity	12/12/2014	12/12/2014	Federal Agencies	FHLB	3133XVNU1	25,400,000	2.75	1.30	100.00	349,250	25,749,250
Maturity	12/12/2014	12/12/2014	Federal Agencies	FHLB	3133XVNU1	50,000,000	2.75	1.37	100.00	687,500	50,687,500
Maturity	12/12/2014	12/12/2014	Commercial Paper	MUFG UNION BANK NA	62478YMC9	300,000,000	0.00	0.09	100.00	-	300,000,000
Maturity	12/15/2014	12/15/2014	Federal Agencies	FHLB	313371W93	75,000,000	1.34	1.34	100.00	502,500	75,502,500
Maturity	12/15/2014	12/15/2014	Commercial Paper	MUFG UNION BANK NA	62478YMF2	300,000,000	0.00	0.09	100.00	-	300,000,000
Maturity	12/16/2014	12/16/2014	Commercial Paper	MUFG UNION BANK NA	62478YMG0	300,000,000	0.00	0.06	100.00	-	300,000,000
Maturity	12/29/2014	12/29/2014	Federal Agencies	FFCB	31331J6Q1	27,175,000	1.72	1.74	100.00	233,705	27,408,705
Maturity	12/29/2014	12/29/2014	Federal Agencies	FFCB	31331J6Q1	65,000,000	1.72	1.72	100.00	559,000	65,559,000
Maturity	12/30/2014	12/30/2014	Commercial Paper	IBM CORP CP	45920GMW3	75,000,000	0.00	0.12	100.00	-	75,000,000
Subtotals						\$ 2,473,490,000	0.22	0.25	\$ 100.00	\$ 2,683,251	\$ 2,476,173,251

Investment Transactions

Pooled Fund

Transaction	Settle Date	Maturity	Type of Investment	Issuer Name	CUSIP	Par Value	Coupon	YTM	Price	Interest	Transaction
Interest	12/1/2014	1/1/2015	Money Market Funds	BLACKROCK T-FUND INSTL	09248U718	\$ 10,000,098	0.04	0.03	\$ -	\$ -	\$ 287
Interest	12/1/2014	12/1/2015	State/Local Agencies	NEW YORK CITY TAXABLE GO	64966GXS6	12,255,000	5.13	0.66	-	-	314,341
Interest	12/1/2014	4/1/2016	Federal Agencies	FAMCA FLT MTN 1ML+0	31315PTF6	50,000,000	0.16	0.16	-	-	6,529
Interest	12/2/2014	1/1/2015	Money Market Funds	CITI SWEEP		-	0.02	0.02	-	-	22
Interest	12/2/2014	10/2/2019	Federal Agencies	FHLB FLT CALL NT 1ML+40	3130A35A8	50,000,000	0.56	0.56	-	-	23,208
Interest	12/2/2014	4/2/2018	Federal Agencies	FHLB FLT CALL NT 1ML+23	3130A35B6	50,000,000	0.39	0.39	-	-	16,125
Interest	12/2/2014	6/2/2016	Federal Agencies	FFCB FLT NT 1ML+3	3133EDB35	50,000,000	0.19	0.20	-	-	7,779
Interest	12/3/2014	5/3/2019	Federal Agencies	FARMER MAC FLT CALL NT 1	31315PE47	25,000,000	0.47	0.47	-	-	9,723
Interest	12/3/2014	6/3/2019	Federal Agencies	FARMER MAC FLT CALL	31315P3W7	50,000,000	0.38	0.38	-	-	47,950
Interest	12/5/2014	6/5/2017	Federal Agencies	FARMER MAC MTN	31315PZQ5	9,000,000	1.11	0.80	-	-	49,950
Interest	12/5/2014	2/5/2018	Federal Agencies	FFCB FLT NT 1ML+4	3133EEAN0	25,000,000	0.20	0.20	-	-	4,073
Interest	12/5/2014	2/5/2018	Federal Agencies	FFCB FLT NT 1ML+4	3133EEAN0	25,000,000	0.20	0.21	-	-	4,073
Interest	12/5/2014	2/5/2018	Federal Agencies	FFCB FLT NT 1ML+4	3133EEAN0	50,000,000	0.20	0.21	-	-	8,146
Interest	12/6/2014	6/6/2018	Federal Agencies	FARMER MAC FLT CALL	31315P4W6	25,000,000	0.36	0.36	-	-	22,694
Interest	12/8/2014	10/7/2016	Medium Term Notes	WESTPAC FLT MTN 1ML+25	9612E0DB0	50,000,000	0.41	0.41	-	-	17,459
Interest	12/9/2014	6/9/2016	Federal Agencies	FAMCA NT	31315PB73	10,000,000	0.90	0.90	-	-	45,000
Interest	12/9/2014	12/9/2016	Federal Agencies	FHLB	313371PV2	25,000,000	1.63	0.64	-	-	203,125
Interest	12/9/2014	12/9/2016	Federal Agencies	FHLB	313371PV2	25,000,000	1.63	0.65	-	-	203,125
Interest	12/10/2014	3/10/2016	Negotiable CDs	ROYAL BANK OF CANADA NY	78009NSA5	25,000,000	0.32	0.32	-	-	6,677
Interest	12/10/2014	6/10/2016	Federal Agencies	FHLB	313373SZ6	28,000,000	2.13	0.39	-	-	297,500
Interest	12/10/2014	12/10/2018	Federal Agencies	FHLMC CALL STEP	3134G4LZ9	50,000,000	0.88	0.88	-	-	218,750
Interest	12/11/2014	12/11/2015	Federal Agencies	FHLB	313371ZY5	25,000,000	1.88	1.89	-	-	234,375
Interest	12/11/2014	10/11/2016	Federal Agencies	FFCB FLT NT 1ML+2	3133EDJA1	25,000,000	0.18	0.19	-	-	3,694
Interest	12/11/2014	12/11/2015	Federal Agencies	FHLB	313371ZY5	50,000,000	1.88	1.93	-	-	468,750
Interest	12/12/2014	6/12/2017	Federal Agencies	FHLB STEP NT	3130A1ZR2	50,000,000	0.50	0.50	-	-	62,500
Interest	12/13/2014	6/13/2016	Federal Agencies	FHLB SUB NT	313771AA5	8,620,000	5.63	0.62	-	-	242,438
Interest	12/13/2014	6/13/2016	Federal Agencies	FHLB SUB NT	313771AA5	14,195,000	5.63	0.77	-	-	399,234
Interest	12/13/2014	6/13/2016	Federal Agencies	FHLB SUB NT	313771AA5	16,925,000	5.63	0.65	-	-	476,016
Interest	12/13/2014	11/13/2017	Federal Agencies	FFCB FLT NT 1ML+3	3133EEBR0	25,000,000	0.18	0.20	-	-	3,819
Interest	12/14/2014	5/14/2015	Federal Agencies	FFCB FLT NT 1ML+1	3133EAQC5	50,000,000	0.16	0.22	-	-	6,783
Interest	12/14/2014	9/14/2016	Federal Agencies	FFCB FLT NT 1ML+2	3133EDH21	50,000,000	0.17	0.18	-	-	7,200
Interest	12/17/2014	6/17/2016	Federal Agencies	FFCB NT	3133EDDP4	50,000,000	0.52	0.44	-	-	130,000
Interest	12/18/2014	9/18/2015	Federal Agencies	FFCB FLT NT QTR T-BILL+1	3133ECJB1	16,200,000	0.18	0.20	-	-	7,235
Interest	12/18/2014	12/18/2018	Federal Agencies	FHLMC CALL MULTI-STEP	3134G4MB1	25,000,000	1.50	1.50	-	-	187,500
Interest	12/19/2014	12/19/2016	Federal Agencies	FHLB CALL NT	3130A12F4	20,500,000	0.70	0.70	-	-	71,750
Interest	12/19/2014	11/19/2015	Federal Agencies	FFCB FLT NT MONTHLY 1ML+	3133ECLZ5	25,000,000	0.15	0.17	-	-	3,208
Interest	12/19/2014	6/19/2017	Federal Agencies	FFCB FLT NT FF+22	3133EAUW6	50,000,000	0.33	0.33	-	-	39,903
Interest	12/20/2014	1/20/2016	Federal Agencies	FFCB FLT	3133ED5A6	50,000,000	0.16	0.16	-	-	6,458
Interest	12/22/2014	3/22/2016	Negotiable CDs	BANK OF NOVA SCOTIA FLT	06417HHL3	10,000,000	0.46	0.46	-	-	11,706
Interest	12/22/2014	9/22/2015	Federal Agencies	FFCB FLT NT 1ML+2.5	3133EAJF6	27,953,000	0.18	0.23	-	-	4,193
Interest	12/22/2014	6/22/2015	Federal Agencies	FFCB FLT NT 1ML+2	3133EAVE5	50,000,000	0.18	0.22	-	-	7,292
Interest	12/23/2014	9/23/2016	Medium Term Notes	TOYOTA MOTOR CREDIT CORP	89236TBU8	14,150,000	0.33	0.35	-	-	11,914
Interest	12/23/2014	9/23/2016	Medium Term Notes	TOYOTA MOTOR CREDIT CORP	89236TBV6	47,500,000	0.37	0.37	-	-	40,889
Interest	12/23/2014	9/23/2016	Negotiable CDs	BANK OF NOVA SCOTIA FLT	06417HUW4	50,000,000	0.43	0.43	-	-	53,660
Interest	12/23/2014	9/23/2016	Medium Term Notes	TOYOTA MOTOR CREDIT CORP	89236TBU8	50,000,000	0.33	0.33	-	-	42,100
Interest	12/24/2014	3/24/2017	Federal Agencies	FARMER MAC FLT NT 1ML+4	3133EDP30	26,000,000	0.20	0.18	-	-	4,225
Interest	12/24/2014	7/24/2017	Federal Agencies	FFCB FLT NT 1ML+4	3133ECV92	50,000,000	0.20	0.20	-	-	8,125

Investment Transactions Pooled Fund

Transaction	Settle Date	Maturity	Type of Investment	Issuer Name	CUSIP	Par Value	Coupon	YTM	Price	Interest	Transaction
Interest	12/24/2014	4/25/2016	Negotiable CDs	WESTPAC FLT YCD 1ML+22	96121TWK0	50,000,000	0.38	0.38	-	-	15,625
Interest	12/25/2014	6/25/2015	Negotiable CDs	ROYAL BANK OF CANADA NY	78009NGU4	5,500,000	0.33	0.40	-	-	4,594
Interest	12/26/2014	12/26/2017	Federal Agencies	FNMA STEP NT	3136G13Q0	29,000,000	0.75	0.75	-	-	108,750
Interest	12/26/2014	12/26/2017	Federal Agencies	FNMA STEP NT	3136G13T4	39,000,000	0.75	0.75	-	-	146,250
Interest	12/27/2014	3/27/2019	Federal Agencies	FHLB STEP CALL NT	3130A1B98	-	1.00	1.00	-	-	187,500
Interest	12/27/2014	2/27/2017	Federal Agencies	FFCB FLT NT 1ML+5.5	3133EDFW7	50,000,000	0.21	0.21	-	-	8,802
Interest	12/28/2014	12/28/2016	Federal Agencies	FHLB NT CALL	313381KR5	9,000,000	0.63	0.63	-	-	28,125
Interest	12/28/2014	12/28/2016	Federal Agencies	FHLB NT CALL	313381KR5	13,500,000	0.63	0.63	-	-	42,188
Interest	12/28/2014	12/28/2017	Federal Agencies	FHLMC CALL NT	3134G32M1	50,000,000	1.00	1.00	-	-	250,000
Interest	12/29/2014	3/29/2017	Federal Agencies	FFCB FLT NT 1ML+2	3133EDZW5	25,000,000	0.18	0.18	-	-	3,646
Interest	12/29/2014	6/29/2017	Federal Agencies	FHLMC GLOBAL NT	3137EADH9	25,000,000	1.00	1.10	-	-	125,000
Interest	12/29/2014	9/25/2017	Negotiable CDs	BANK OF NOVA SCOTIA YCD	06417HUR5	50,000,000	0.50	0.50	-	-	66,513
Interest	12/31/2014	1/1/2015	Money Market Funds	FIDELITY INSTL GOVT PORT	316175108	5,003,754	0.01	0.01	-	-	43
Interest	12/31/2014	12/31/2016	U.S. Treasuries	US TSY NT	912828RX0	25,000,000	0.88	0.67	-	-	109,375
Interest	12/31/2014	1/1/2015	Money Market Funds	MS INSTL GOVT FUND	61747C707	35,088,561	0.04	0.04	-	-	1,548
Interest	12/31/2014	12/31/2017	U.S. Treasuries	US TSY NT	912828UE8	50,000,000	0.75	0.80	-	-	187,500
Subtotals						\$ 1,982,390,413	0.65	0.48	\$ -	\$ -	\$ 5,326,960

Grand Totals	47	Purchases
	(8)	Sales
	(26)	Maturities / Calls
	13	Change in number of positions

Non-Pooled Investments

As of December 31, 2014

Type of Investment	CUSIP	Issue Name	Settle	Maturity	Duration	Coupon	Par Value	Book Value	Amortized	
			Date	Date					Book Value	Market Value
State/Local Agencies	797712AD8	SFRDA SOUTH BEACH HARBOR	1/20/12	12/1/16	1.87	3.50	\$ 2,640,000	\$ 2,640,000	\$ 2,640,000	\$ 2,640,000
Subtotals					1.87	3.50	\$ 2,640,000	\$ 2,640,000	\$ 2,640,000	\$ 2,640,000
Grand Totals					1.87	3.50	\$ 2,640,000	\$ 2,640,000	\$ 2,640,000	\$ 2,640,000

NON-POOLED FUNDS PORTFOLIO STATISTICS

	Current Month		Prior Month	
	Fiscal YTD	December 2014	Fiscal YTD	November 2014
Average Daily Balance	\$ 3,163,859	\$ 2,640,000	\$ 3,270,000	\$ 3,270,000
Net Earnings	\$ 55,388	\$ 7,700	\$ 47,688	\$ 9,538
Earned Income Yield	3.47%	3.43%	3.48%	3.55%

Note: All non-pooled securities were inherited by the City and County of San Francisco as successor agency to the San Francisco Redevelopment Agency. Book value and amortized book value are derived from limited information received from the SFRDA and are subject to verification.



From: Reports, Controller (CON) [controller.reports@sfgov.org]
Sent: Tuesday, January 13, 2015 11:30 AM
To: Calvillo, Angela (BOS); BOS-Supervisors; BOS-Legislative Aides; Kawa, Steve (MYR); Falvey, Christine (MYR); Elliott, Jason (MYR); Steeves, Asja (CON); Campbell, Severin (BUD); Newman, Debra (BUD); Rose, Harvey (BUD); sfdocs@sfpl.info; CON-EVERYONE; Ivar Satero (AIR); Leo Fermin (AIR); Denise Martinez (AIR); Wallace Tang (AIR); Geoff Neumayr (AIR); mark.constanzo@flysfo.com; Tony Kingman (AIR); John Martin (AIR)
Subject: Issued: Airport Commission: Better Oversight Is Required to Improve the Change Management Process for the New Air Traffic Control Tower

The Office of the Controller's City Services Auditor Division (CSA) today issued a report on its audit on the oversight and adherence of the Airport Commission (Airport) to contractual requirements for change order review and pricing for the Air Traffic Control Tower project. The audit found that the Airport insufficiently oversees the change management process.

To view the full report, please visit our Web site at:
<http://openbook.sfgov.org/webreports/details3.aspx?id=1868>
This is a send-only e-mail address.

For questions about the report, please contact Director of City Audits Tonia Lediju at tonia.lediju@sfgov.org or 415-554-5393 or the CSA Audits Unit at 415-554-7469.

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City and County of San Francisco

Office of the Controller – City Services Auditor

AIRPORT COMMISSION:

**Better Oversight Is
Required to Improve the
Change Management Process
for the New Air Traffic Control
Tower**



January 13, 2015

**OFFICE OF THE CONTROLLER
CITY SERVICES AUDITOR**

The City Services Auditor Division (CSA) was created in the Office of the Controller through an amendment to the Charter of the City and County of San Francisco (City) that was approved by voters in November 2003. Charter Appendix F grants CSA broad authority to:

- Report on the level and effectiveness of San Francisco's public services and benchmark the City to other public agencies and jurisdictions.
- Conduct financial and performance audits of city departments, contractors, and functions to assess efficiency and effectiveness of processes and services.
- Operate a whistleblower hotline and Web site and investigate reports of waste, fraud, and abuse of city resources.
- Ensure the financial integrity and improve the overall performance and efficiency of city government.

CSA may conduct financial audits, attestation engagements, and performance audits. Financial audits address the financial integrity of both city departments and contractors and provide reasonable assurance about whether financial statements are presented fairly in all material aspects in conformity with generally accepted accounting principles. Attestation engagements examine, review, or perform procedures on a broad range of subjects such as internal controls; compliance with requirements of specified laws, regulations, rules, contracts, or grants; and the reliability of performance measures. Performance audits focus primarily on assessment of city services and processes, providing recommendations to improve department operations.

CSA conducts audits in accordance with the Government Auditing Standards published by the U.S. Government Accountability Office. These standards require:

- Independence of audit staff and the audit organization.
- Objectivity of the auditors performing the work.
- Competent staff, including continuing professional education.
- Quality control procedures to provide reasonable assurance of compliance with the auditing standards.

For questions regarding the report, please contact Director of City Audits Tonia Lediju at Tonia.Lediju@sfgov.org or 415-554-5393 or CSA at 415-554-7469.

Audit Team: Mark delaRosa, Lead Audit Manager
Nicholas Delgado, Audit Manager
Debbie Richardson, Audit Manager
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Cheryl Lam, Staff Auditor
Freddy Padilla, Staff Auditor



City and County of San Francisco

Office of the Controller - City Services Auditor

Airport Commission:

January 13, 2015

Better Oversight Is Required to Improve the Change Management Process for the New Air Traffic Control Tower

Purpose of the Audit

The audit assessed the adequacy of the internal controls and oversight over the change management process for the Replacement Airport Traffic Control Tower and Integrated Facilities (ATCT) project at San Francisco International Airport. The audit examined the controls and oversight of the Airport Commission (Airport) and its construction manager, T2 Partners. The audit also assessed whether Hensel Phelps Construction Company, the project's design-builder, complied with certain cost and other provisions of its contract with the City and County of San Francisco (City).

Highlights

The construction manager and the Airport insufficiently review proposed change order (PCO) requests submitted by the contractor and its subcontractors. Further, the contractors and subcontractors submitted insufficient documentation to substantiate their charges for change order work. The audit found that:

- The contractor submitted insufficient documentation to support some labor, equipment, materials, and lower-tier subcontractor charges for change order work.
- The contractor's labor surcharge exceeded the Caltrans rate of 12 percent of regular nonovertime wages.
- The contractor improperly charged the Airport for rental of equipment with a fair market value of less than \$1,000 as well as job vehicles. Such charges are included in the contractor's markup for overhead and profit, so should not be separately charged.
- The Airport did not always review or approve change orders before work was performed. Also, the Airport did not always prepare the required forms, such as a PCO form and an Authorization for PCO form. Consequently, the Airport has no record that it authorized the contractor to proceed with some of the work.
- The Airport sometimes did not use the required change management process and substantiated costs in ways not outlined in the change management procedures.
- In almost all cases, no evidence exists to show that the Airport prepared or conducted negotiations with the contractor.
- Certain provisions in the contract are inappropriate for the design-build project delivery method that the Airport used for the ATCT project.

Recommendations

The report includes 17 recommendations for the Airport to improve its oversight and management of change order work. Specifically, the Airport should:

- Ensure that all PCO packages contain sufficient detail to support its labor, equipment, and material charges.
- Properly review labor charges to ensure that the labor surcharge does not exceed 12 percent of regular nonovertime wages or is as otherwise specified by Caltrans.
- Review equipment charges to ensure that all are allowable.
- Review, prepare for, and conduct negotiations, and approve PCOs, before allowing the contractor to proceed with the work.
- Ensure the design-builder is allowed by the contract to recover legitimate design costs through change orders.

Copies of the full report may be obtained at:

Office of the Controller • City Hall, Room 316 • 1 Dr. Carlton B. Goodlett Place • San Francisco, CA 94102 • 415.554.7500
or on the Internet at <http://www.sfgov.org/controller>

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CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER

Ben Rosenfield
Controller

Todd Rydstrom
Deputy Controller

January 13, 2015

San Francisco Airport Commission
San Francisco International Airport
P.O. Box 8097
San Francisco, CA 94128-8097

John L. Martin, Airport Director
San Francisco International Airport
P.O. Box 8097
San Francisco, CA 94128-8097

Dear Commission President, Commissioners, and Mr. Martin:

The Office of the Controller's City Services Auditor Division (CSA) presents its audit report on the oversight and adherence of the Airport Commission (Airport) to contractual requirements for change order review and pricing for the Air Traffic Control Tower project.

The audit concluded that the Airport insufficiently oversees the change management process. Most tested PCOs had poor documentation and little or no evidence of the Airport's review. In some PCOs the department did not use the required change management process and instead substantiated costs through other processes not outlined in the change management procedures.

The report includes 17 recommendations for the Airport to improve its oversight and internal controls over the change management process. The Airport Commission's response to the report is attached as Appendix B. CSA will work with the Airport Commission to follow up on the status of the recommendations made in this report.

CSA appreciates the assistance and cooperation of Airport staff during the audit. For questions about the report, please contact me at Tonia.Lediju@sfgov.org or 415-554-5393 or CSA at 415-554-7469.

Respectfully,

Tonia Lediju
Director of City Audits

cc: Board of Supervisors
Budget Analyst
Citizens Audit Review Board
City Attorney
Civil Grand Jury
Mayor
Public Library

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GLOSSARY OF TERMS

Airport	Airport Commission
ATCT project	Replacement Air Traffic Control Tower and Integrated Facilities project
Caltrans	California Department of Transportation
CCO	Contract Change Order
City	City and County of San Francisco
CSA	City Services Auditor Division of the Office of the Controller of the City and County of San Francisco
FAA	Federal Aviation Administration
Hensel Phelps	Hensel Phelps Construction Company
PCO	Proposed Change Order
SFO	San Francisco International Airport

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INTRODUCTION

Audit Authority

This audit was conducted under the authority of the Charter of the City and County of San Francisco (City), Section 3.105 and Appendix F, which requires that the City Services Auditor (CSA) of the Office of the Controller conduct periodic, comprehensive financial and performance audits of city departments, services, and activities.

Background

The Airport Commission (Airport) operates San Francisco International Airport (SFO), which is the San Francisco Bay Area's largest airport, serving more than 41 million domestic and international passengers yearly. In fiscal year 2012-13, SFO surpassed its previous record year for passenger traffic, serving 44.3 million passengers.

To ensure that SFO continues to meet customer service standards as it experiences continual passenger traffic growth, the Airport created a five-year capital plan to identify high-priority capital needs, which include projects that will build new facilities, improve existing facilities, renovate buildings, repair or replace infrastructure, preserve assets, enhance safety and security, develop systems functionality, and perform needed maintenance.

The five-year capital plan includes significant investments in terminal improvements, including a new Replacement Air Traffic Control Tower and Integrated Facilities (ATCT) project that will replace the existing control tower in Terminal 2, create a secure and nonsecure corridor, an integrated facility base building, and a new club lounge for Delta Airlines. Standing at 221 feet tall, the new tower is located between Terminals 1 and 2 and will replace the existing control tower that has been in operation since 1954. With funding from the Airport and the Federal Aviation Administration (FAA), the new control tower is being built to satisfy specific technical and site requirements as well as stringent seismic, safety, and security design standards.

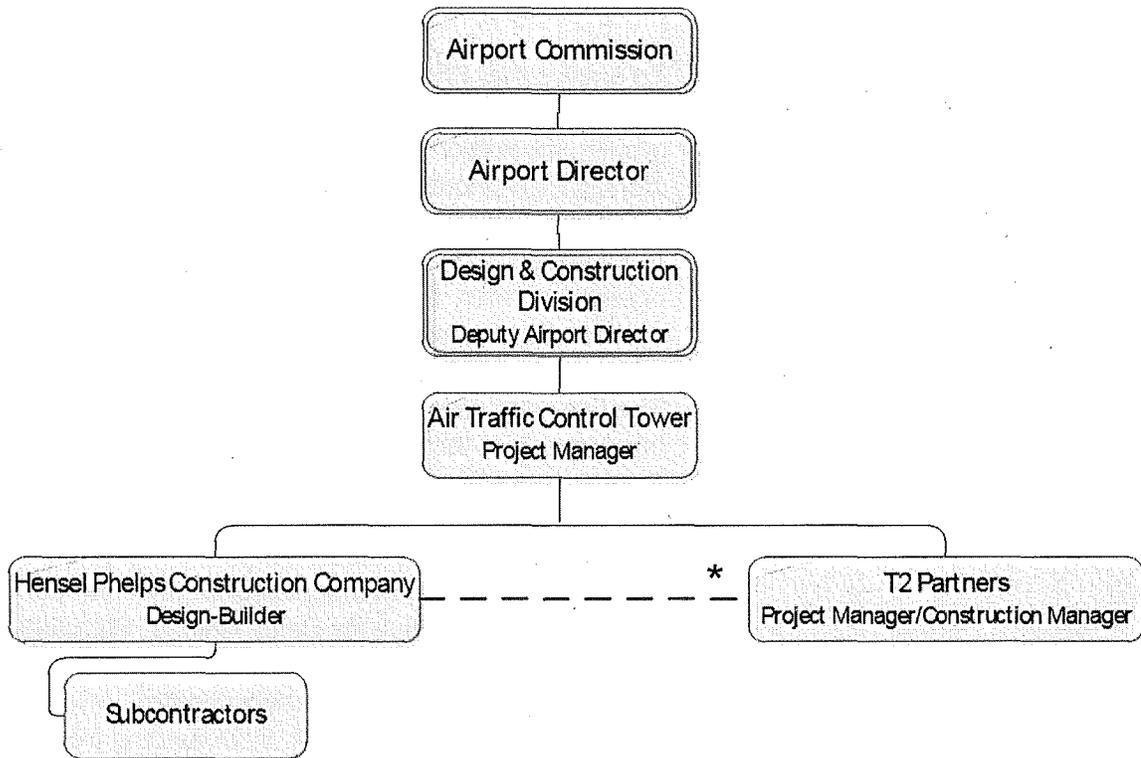
The ATCT project began in 2012 and is expected to be operable in Fall 2015.

Project Stakeholders

For this project, the Airport contracted with T2 Partners, a joint venture of Parsons Transportation Group, Inc., EPC Consultants, Inc., and the Allen Group, LLC (T2 Partners), for construction management services for a total of \$4.6 million. The Airport also contracted with Hensel Phelps Construction Company (Hensel Phelps) to serve as the design-builder for \$122.2 million.

The stakeholders for the ATCT project include the FAA, the Airport commissioners who govern the Airport, the Design and Construction Division of the Airport, T2 Partners, Hensel Phelps, and its subcontractors. The stakeholders' organizational structure for the project is detailed in Exhibit 1.

EXHIBIT 1 Organizational Structure of Project Stakeholders



***Note:** Although both T2 Partners and Hensel Phelps report to the Airport, Hensel Phelps is managed by T2 Partners, which acts as the construction manager for this project, on behalf of the Airport.

Source: T2 Partners.

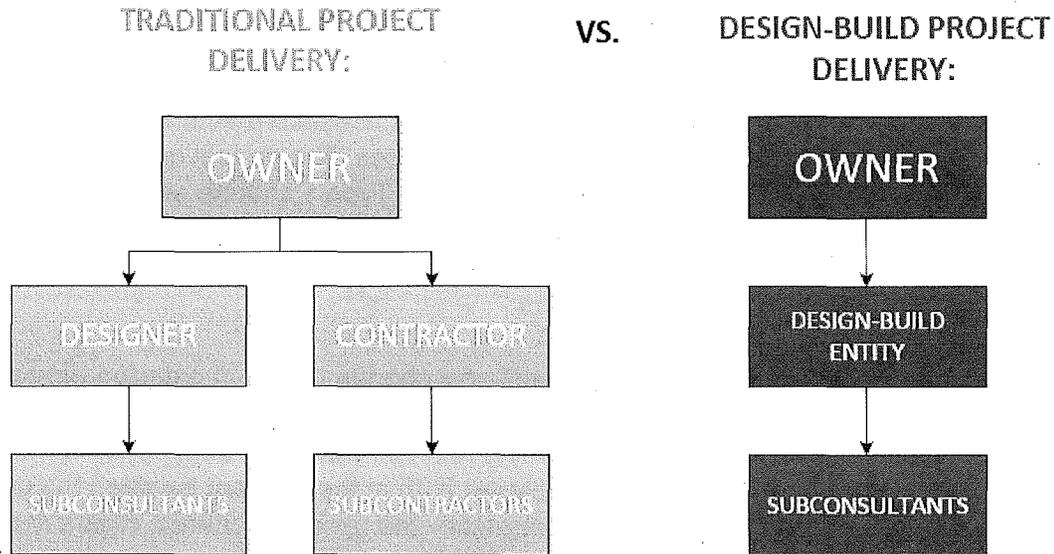
Project Delivery Method

The ATCT project is considered a design-build project, which differs from the more traditional design-bid-build project delivery method¹. The design-bid-build project delivery method requires that the design and construction of a given project have separate contracts and be executed by separate entities. Construction occurs after design is completed, and the project is then awarded to the contractor for construction.

In contrast, under the design-build delivery method, there is one contract with the design-builder as the single entity that provides both the design and construction services to the owner. Because design and construction are both executed by one entity, this project delivery method builds an alliance between the designers and builders that aims to increase efficiency, effectiveness, and overall quality of the project being delivered.

Exhibit 2 shows the structural differences between the two project delivery methods.

EXHIBIT 2 Design-Bid-Build Versus Design-Build Project Delivery Methods



Source: Design-Build Institute of America

¹ The project delivery method is the way in which a construction project will be designed and constructed to achieve the satisfactory completion of the project from conception to occupancy.

*Hensel Phelps Construction
Company*

The City entered into the contract with Hensel Phelps as the design-builder for the ATCT project in April 2012, with the Airport managing the contract for the City. The initial contract between Hensel Phelps and the Airport was for \$9.7 million to finance preconstruction services, design services, and an appropriate owner's allowance.² As designs continue to be finalized after construction has begun, the contract amount will be continuously updated for the Commission at each award of additional scope, eventually amounting to \$122.2 million.

T2 Partners

As mandated by the contract between T2 Partners and the City, T2 Partners must provide construction management services that include the overall planning, coordination and oversight of the ATCT project. As the construction manager for this project, T2 Partners is tasked with the review of change orders. Specifically, according to the contract terms, T2 Partners must:

Administer the evaluation and negotiation of change orders and prepare and process change orders and contract modifications. The Airport Project Manager must review and approve entitlement for change order requests prior to [T2 Partners'] response to the contractor.

According to T2 Partners, Hensel Phelps contracts most of the project work to subcontractors for both design and construction services. The project uses two types of change orders: 1) Type 1 change orders, and 2) exposure allowance which are processed as proposed change orders (PCOs), according to the Airport and T2 Partners.

Like traditional change orders in a design-bid-build project—the legal means to change a contract by adding to, deleting from, or otherwise altering the work as originally set forth in the contract between the owner and the contractor—the review of change orders is necessary and important.

² An owner's allowance was established for initial construction activities to inform the design process, including selective demolition, utility/site investigations and facility condition assessments, and other critical project activities.

Type 1 Change Orders

According to the Airport and T2 Partners, Type 1 change orders are used for any needed changes in designs as the project progresses. As designs continue to be finalized for this design-build project, these Type 1 change orders are used to account for such changes.

The Airport processes Type 1 change orders when necessary design changes are realized. The Airport contacts Hensel Phelps to provide a quote for the additional scope or out-of-scope work, holds negotiations if the price is not mutually agreeable between the contractor and the Airport, and when a price is agreed upon and approved by the Airport, T2 Partners prepares a PCO and notifies Hensel Phelps to proceed with work. T2 Partners then submits the PCO as a contract change order. Once Airport management approves the Type 1 change order, Hensel Phelps's contract is increased to cover the additional costs.

Exposure Allowances

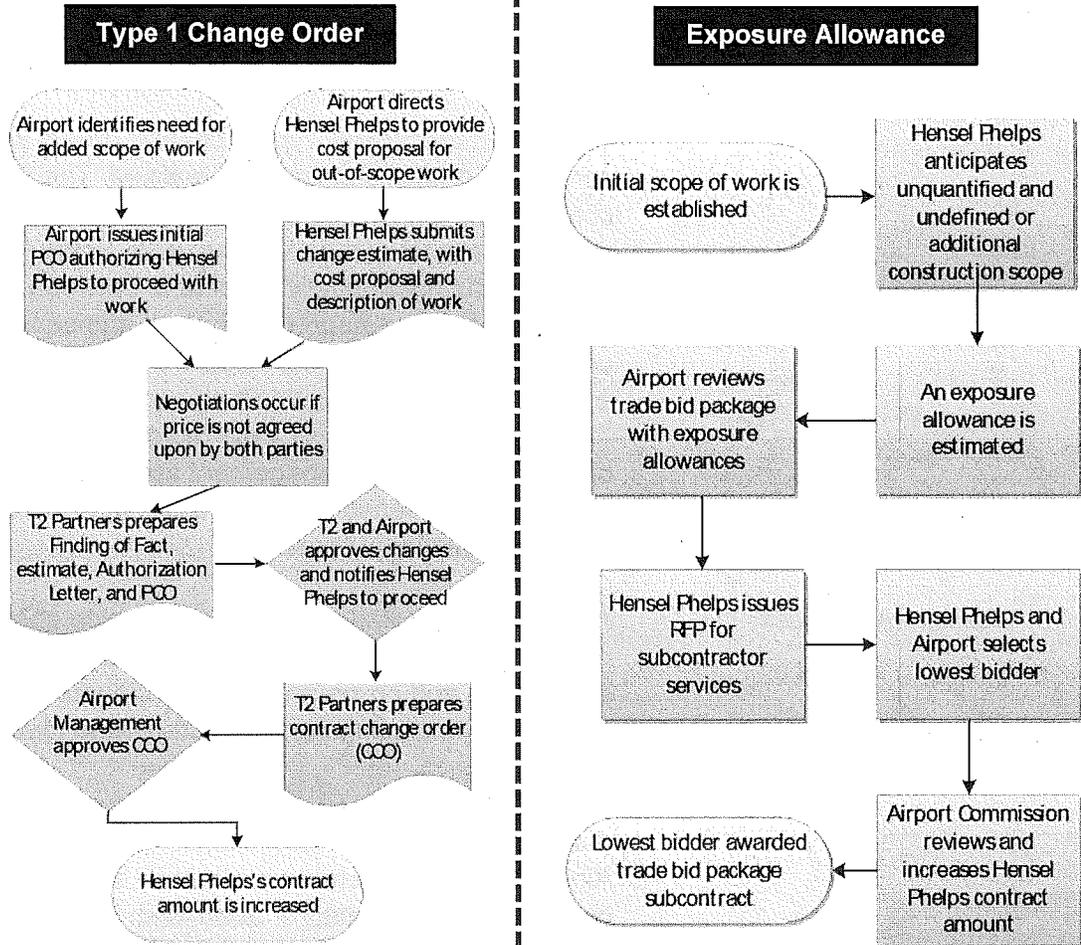
According to T2 Partners, although design changes are processed as Type 1 change orders, other changes are established and processed through the use of exposure allowances, including construction-related changes.

According to Hensel Phelps and the Airport, in addition to the defined scopes of work, Hensel Phelps and the Airport anticipate certain construction scopes that cannot be accurately estimated or quantified. These undefined scopes of work are covered with the preapproved exposure allowance. Further according to the Airport, this allowance is only known between the Airport and Hensel Phelps and is essentially a contingency, or an amount set aside for unforeseen circumstances or events that may occur throughout the construction of the project.

Because design and construction occur simultaneously, the construction subcontractors only bid on and are awarded defined scopes of work. Once a scope of work is defined, it is compiled into a trade bid package with the final award amount and assigned an exposure allowance, which is then submitted to the Commission for approval. Each approved subcontract is then awarded to the lowest bidder.

Exhibit 3 depicts the process to establish an exposure allowance and how Type 1 change orders are approved.

EXHIBIT 3 Exposure Allowance and Type 1 Change Order Establishment Process



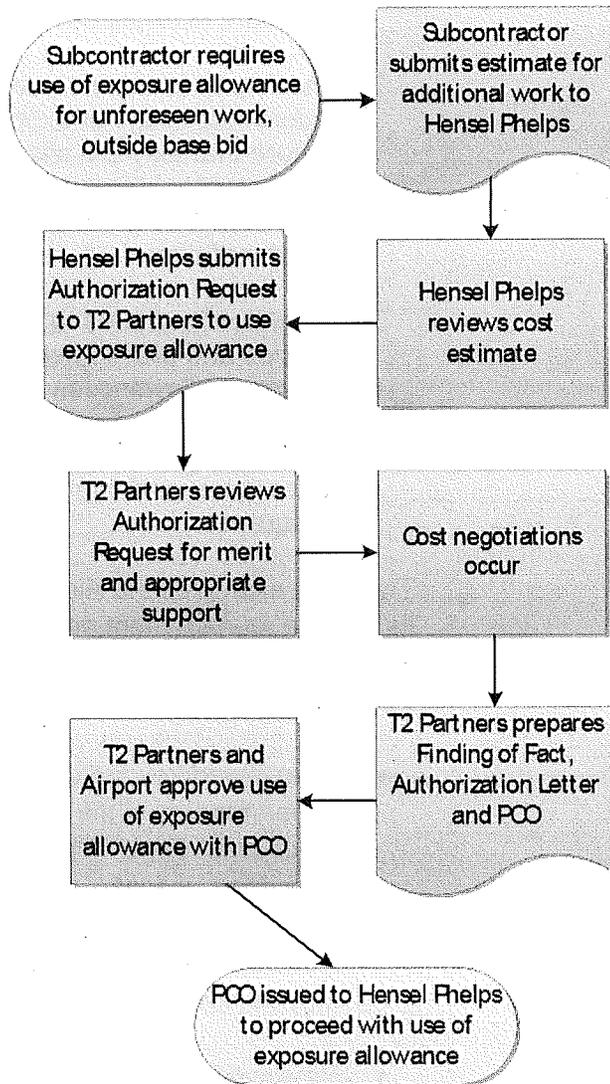
Source: T2 Partners

Change Order Process

If a subcontractor begins work and encounters an unforeseen circumstance or a situation that requires additional work outside the original scope it was awarded to perform, the subcontractor may submit a request to Hensel Phelps to use the exposure allowance. Per the contract's general conditions, this request is required to include a cost estimate by the subcontractor for the additional work.

Exhibit 4 shows the process to request the use of an exposure allowance. This includes the subcontractor's initial request submittal with a cost proposal for additional work, Hensel Phelps's and T2 Partners' review of the request, negotiations, and approval.

EXHIBIT 4 Process to Request Use of an Exposure Allowance



Source: T2 Partners

Although the exposure allowance has already been set and allotted by the Airport, the request to use the allowance is processed as a PCO. By stringently reviewing exposure allowances, the Airport can ensure that the PCOs are used correctly, reasonably, and effectively.

Objectives

The audit's objectives were to determine whether:

1. The Airport, T2 Partners, and Hensel Phelps comply with cost and other provisions of their

agreement and the Airport's draft policies and procedures on change orders and the usage of exposure allowances.

2. The Airport adequately reviews Type I change orders and usage of exposure allowances to ensure that they are aligned with contract requirements in terms of cause and pricing, are accurate, and contain the required supporting documentation.
3. The Airport adheres to the department's draft policies and procedures for change orders and exposure allowances.
4. The Airport's construction management processes, procedures, and controls over change orders are adequate.

Scope and Methodology

The audit examined the Airport's internal controls around its change management process during the period of April 11, 2012 through April 15, 2014. To conduct the audit, the audit team:

- Interviewed key project personnel to gain an understanding of the proposed change order process for Type 1 change orders and exposure allowance usages.
- Reviewed the Airport's policy and procedures as they pertain to change management.
- Reviewed the Airport's contract with Hensel Phelps, specifically the general conditions as they relate to proposed change orders.
- Reviewed the Airport's contract with T2 Partners to determine the responsibilities of the latter related to management of proposed change orders.
- Purposefully selected a sample of 43 proposed change orders (18 percent) from a population of 241 based on risk areas such as dollar amount of proposed change order, frequency of subcontractor used, time elapsed between subcontractor's request submittal and Airport's review, and time span of project.

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- Verified the proper supporting documentation and conformance with provisions set forth in the contract's general conditions and in the Airport's draft policies and procedures.

**Statement of Auditing
Standards**

This performance audit was conducted in accordance with generally accepted government auditing standards. These standards require planning and performing the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on the audit objectives. CSA believes that the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

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CHAPTER 1 – The Contractor Provided the Airport With Supporting Documentation for Proposed Change Orders That Is Inadequate to Ensure the Accuracy and Compliance of Costs Charged

Summary

The Airport does not ensure the proposed change order (PCO) packages contain adequate documentation to support labor, equipment, materials, and lower-tier subcontractor³ charges. Because of the insufficient documentation, neither the Airport nor the audit team can verify that such charges are accurate and comply with contract provisions.

A review of the 43 PCO packages found:

- Some PCOs had no detail of labor charges to sufficiently verify the base rate, labor surcharge, or fringe benefits charged for those who worked on the project.
- For the subcontractors who did provide a labor breakdown to support their respective PCO packages, the labor surcharge exceeded the allowable California Department of Transportation (Caltrans) labor surcharge rate.
- Subcontractors charged for certain unallowable costs.
- Equipment was misclassified as materials in two PCOs reviewed.

Because change orders may represent a sizable portion of the project's overall costs, it is imperative that the Airport ensures that costs are supported by sufficient documentation and comply with general conditions. A lack of sufficient documentation and lack of compliance with the contract's general conditions increases the risk of improper payments by the Airport to its contractors.

³ A lower-tier subcontractor is a subcontractor hired by a higher-tier subcontractor to perform work.

Finding 1.1

Contractor documentation is sometimes insufficient to support costs for subcontractor labor, equipment, materials, and lower-tier subcontractor work charged for proposed change orders.

A review of 43 PCOs found that PCO packages lacked sufficient detail to substantiate the charges made by the subcontractor to the Airport.

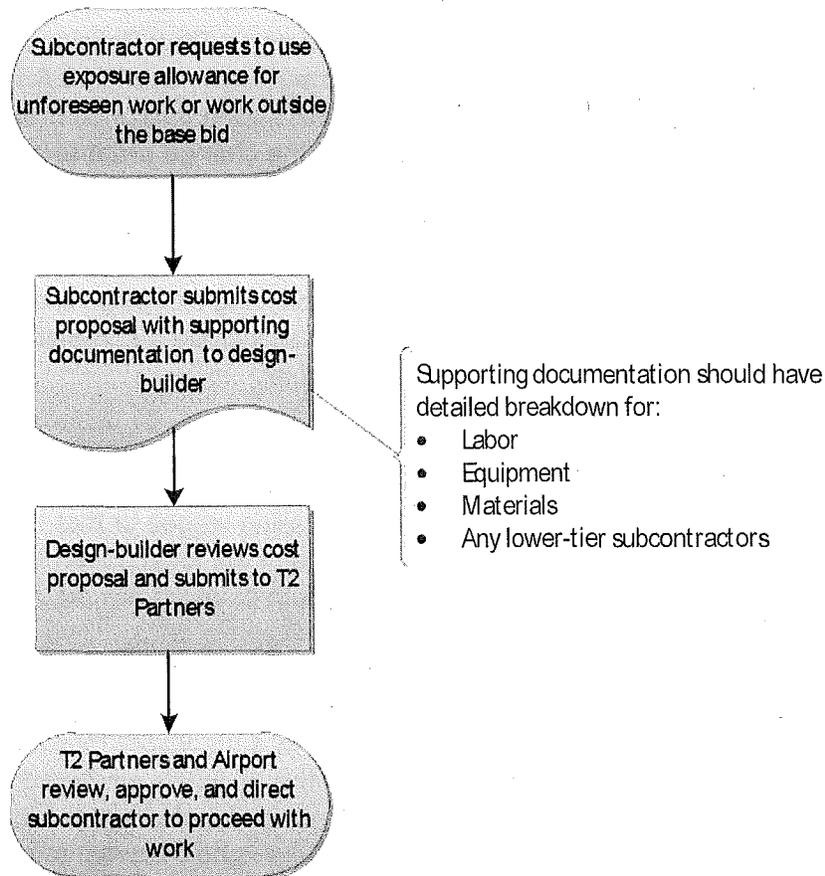
According to the contract's general conditions, subcontractors are required to provide supporting documentation or a detailed breakdown for the charges they are submitting to the Airport for change order work.

Without such support, neither the Airport nor the audit team can verify that such costs are reasonable, in compliance with the contract, or accurate.

PCO packages have insufficient documentation to support labor rates charged by subcontractors, equipment charges, material charges, and when applicable, lower-tier subcontractor charges. These insufficiencies will be discussed in more detail in subfindings 1.1.1 through 1.1.4.

Exhibit 5 indicates when the cost proposal should have been provided for review by both the design-builder and by the subcontractors and what should have been provided in the cost proposal.

EXHIBIT 5 Change Order Documentation Required of Each Subcontractor



Source: Airport's draft policies and procedures, contract's general conditions, and project personnel

Finding 1.1.1

Documentation supporting labor charges for proposed change orders is sometimes insufficient.

Most documentation for labor rates provided only a lump-sum rate, without a breakdown.

In 19 (44 percent) of the 43 PCOs reviewed, labor charges lacked an adequate breakdown of labor rates. Insufficient detail was provided for base wages, labor surcharges, and fringe benefits received by workers. Instead, a lump-sum labor rate was used for each trade and employee who worked on the project. For example, for PCO 215, the Airport paid \$376,429 without a price breakdown. The PCO was created for the design and installation of electrical work and systems for the Delta Club, which is a portion of the ATCT project. The only documentation to support the charges in PCO 215 was a general price quote by the

subcontractor with the scope of work included in the quoted cost.

According to the Airport's Draft Policies and Procedures for change management, Section 3.5.1.2, change orders must have supporting price breakdown details for each item in the change order to allow for the review of the necessity and reasonableness of the costs and amounts proposed. Further, according to the contract's General Conditions, subparagraph 6.03E, when submitting a change order request, the cost proposal shall include a complete itemized breakdown of labor.

Without an adequate labor breakdown, neither the Airport or T2 Partners can verify that base wages do not exceed prevailing wages or that fringe benefits do not exceed those of the local governing trade organizations, both of which are required by the contract.⁴

Insufficient documentation exists to verify whether foremen labor charges were for working foremen or supervisory foremen. The contract prevents the contractor from being paid for supervisory foremen's labor.

In some cases, insufficient documentation exists to support working or supervisory foremen labor. In 14 (33 percent) of the 43 PCOs reviewed, it was unclear whether the foremen labor charges were allowable or unallowable. There is no documentation in the PCO package that would allow the Airport to verify the foremen's role, whether working or supervisory.

The contract's General Conditions, subparagraph 6.06B.1, prohibits the contractor from charging supervisory foremen labor because it is included in the 15 percent markup for overhead and profit that subcontractors receive. Without adequate supporting documentation, the Airport may have overpaid the subcontractor by paying for supervisory foremen labor charges.

⁴ The contract's General Conditions, Section 6.06A.1, state that labor rates shall not exceed those prevailing wages plus any actual payments by the employer for its workers' health and welfare, pension, vacation, and similar purposes that do not exceed the charges of the local governing trade organizations for the trades employed.

Recommendations

The Airport Commission should require all contractors, in the current contract and in all future contracts to:

1. Provide a detailed breakdown of labor rates, fringe benefits, and labor surcharge for each Proposed Change Order.
2. Document all foremen labor charges and ensure that foremen costs are for working foreman, not supervisory foremen.

Finding 1.1.2

Documentation supporting equipment charges for proposed change orders is sometimes insufficient.

A majority of PCOs lacked detail to support subcontractor equipment charges.

In 21 (49 percent) of the 43 PCOs reviewed, insufficient detail was provided to verify the accuracy of equipment charges. Specifically, the documentation T2 Partners provided to the audit team did not indicate in sufficient detail the specific piece of equipment used by the subcontractor. For example, a compressor was charged as equipment used in multiple PCOs. However, the PCO package did not contain documentation identifying the type or model used. Depending on the type of compressor, Caltrans-specified rates range from \$5 an hour to more than \$100 an hour.

The contract's General Conditions, subparagraph 6.03E, require that, at a minimum, the design-builder and subcontractor must provide an equipment breakdown by make, type, size, rental rate, and equipment hours.

Because equipment charges are not supported by sufficiently detailed documentation, the audit could not determine, as the contract requires, whether the billed amount was the lower of the cost per either Caltrans' "Labor Surcharge and Equipment Rental Rates" or the "Cost Reference Guide for Construction Equipment."⁵ Without sufficient documentation of these charges, the Airport cannot be assured that the subcontractor charges the correct amount for the equipment used.

⁵ This requirement is in the contract's General Conditions, Subparagraph 6.06A.3.

Recommendation

3. The Airport Commission should ensure all contractors, in the current contract and in all future contracts, to provide a detailed estimate of equipment charged to each Proposed Change Order with make, type, size, equipment rental rates, and rental hours listed.

Finding 1.1.3

The material breakdown did not have any detail for the quantities of materials charged.

Documentation supporting materials charges for proposed change orders is sometimes insufficient.

In 7 (16 percent) of 43 PCOs reviewed for materials charges, the PCO package contained no invoices or support to substantiate the subcontractor's materials charges. For example, PCO 171 was used to pay for the electrical equipment removal and relocation for the demolition in Terminal 2. For this PCO, material charges included "supports" as materials used. Although there are quantities provided, there is insufficient detail regarding the type of supports used.

According to the contract's General Conditions, Subparagraph 6.03E, at a minimum, the cost proposals provided by the subcontractor must include material quantities and type of products. Also, as stated in the General Conditions, subparagraph 6.06A.2, the Airport will only pay for materials furnished by the design-builder and directly required for performing the change order work.

Without sufficient documentation of the type and quantities of materials used, the Airport cannot be assured that it only pays for materials used directly for the change order work.

Recommendation

4. The Airport Commission should require all contractors, in the current contract and in all future contracts, to provide a detailed estimate of materials charged to each Proposed Change Order with type and quantities listed.

Finding 1.1.4

Documentation supporting lower-tier subcontractor charges for proposed change orders is sometimes insufficient.

The subcontractor charged a lump-sum amount with no additional detail regarding the work performed by the lower-tier subcontractor.

In 9 (21 percent) of 43 PCOs reviewed that had work performed by a lower-tier subcontractor, the PCO package lacked supporting documentation from the lower-tier subcontractor to verify if costs were accurate. For example, in PCO 22, the subcontractor charged for \$1,000 of saw-cutting work performed by the lower-tier subcontractor due to unforeseen asphalt and concrete thickness at a water trench location.

In this PCO, the only documentation to support the \$1,000 charge provided in the PCO package was a line item containing the lump-sum by the subcontractor. There were no invoices or quotes from the lower-tier subcontractor itemizing the cost. This charge was then further passed through to Hensel Phelps and ultimately paid for by the Airport.

According to the contract's General Conditions, subparagraph 6.03E.1, all subcontractors, lower-tier subcontractors, and the design-builder are required to include an itemized breakdown of labor, material, equipment, taxes, insurance, bonds, and markup for overhead and profit.

For work performed by lower-tier subcontractors, lump-sum rates from the subcontractor were provided without estimates or invoices from the lower-tier subcontractor. This increases the risk that the Airport could pay more for services than the contract allows.

Exhibit 6 summarizes the types of PCO costs with insufficient supporting documentation to support charges.

EXHIBIT 6 **Areas of Insufficient Documentation of Costs in Proposed Change Orders**

PCO Charge Type	Supporting Documentation Lacked
General Labor	A labor breakdown by base rate, labor surcharge, and fringe benefits
Foremen Labor	Documentation indicating whether foremen were supervisory or working
Equipment	Detail indicating make, type, and size
Materials	Documentation indicating type and quantity of materials
Lower-tier Subcontractor	Detailed breakdown by lower-tier subcontractor

Source: Based on audit testing

Recommendation

5. The Airport Commission should ensure that all lower-tier subcontractors, in the current contract and in all future contracts, provide a detailed breakdown of their labor, equipment, and materials charges, as required by the contract's general conditions.

Finding 1.2

The Airport accepted excessive labor surcharges from subcontractors under proposed changed orders.

Although there was insufficient documentation to determine the accuracy of labor charges submitted by Hensel Phelps subcontractors for 44 percent of the selected PCO packages reviewed, for those subcontractors that did provide detailed labor breakdowns, labor surcharge⁶ rates exceeded the allowable rate.

Most labor surcharges significantly exceeded the allowed rate of 12-13 percent.

Of the 19 construction subcontractors selected for review by the audit, the design-builder could provide labor breakdown detail for only 7 (37 percent). The audit found that all 7 construction subcontractors who provided labor breakdowns had labor surcharge rates that exceeded the allowable Caltrans labor surcharge rate of 12 to 13 percent. Five of the 7 were approximately 21 to 26 percent of the taxable wage

⁶ A labor surcharge is added to labor charges for each PCO containing labor costs and is used to pay for the contractors' and subcontractors' workers' compensation, social security, Medicare, federal unemployment, state unemployment, and state training taxes.

rate; the other two were 15 percent and 38 percent of the taxable wage rate, respectively.

According to the contract's General Conditions, subparagraph 6.06A.1A, the labor surcharge should be as set forth by Caltrans. During the review period, each PCO should have had a Caltrans labor surcharge of 12 to 13 percent, depending on whether regular or overtime was worked.⁷

In reviewing these labor breakdowns, the audit also found that in three PCOs, PCOs 22, 121, and 151, the respective subcontractor charged more than the agreed upon labor rate. For example, PCO 121 was to furnish pipe for sleeving utilities in the walls of the tower core and shear walls. A pipefitter journeyman was charged at a lump-sum rate of \$108.28 per hour to perform work for that PCO, but the agreed upon rate provided by Hensel Phelps specified \$96.40 per hour for journeyman work in this trade. Also, in PCO 151, the audit was unable to determine whether the charged rate was either over or under the agreed upon rate as the PCO did not contain sufficient detail to determine what trade the worker was working.

For the two PCOs the audit was able to determine the trade of work for labor charged, PCOs 22 and 121, the Airport overpaid the subcontractors by a total of \$745 and may have overpaid for others for which detailed labor breakdown documentation was not provided.

Recommendations

The Airport Commission should ensure all contractors, in the current contract and in all future contracts:

6. Charge the allowed Caltrans rate for the labor surcharge.
7. Are in line with the agreed-upon labor rates for each respective subcontractor.

⁷ The 12 to 13 percent labor surcharge rate is provided by the "Labor Surcharge and Equipment Rental Rates" from the California Department of Transportation, Division of Construction. The rate was effective from April 1, 2012, through March 31, 2013, the period in which the PCO work was performed.

Finding 1.3

The Airport accepted unallowable equipment charges under proposed change orders.

The Airport has weak controls that caused it to pay for the rental of equipment in many PCOs that is covered in the contractor's overhead and profit. In 11 (26 percent) of 43 PCOs reviewed, job vehicles were charged as equipment used. In 5 PCOs, shores⁸ were charged as equipment, costing the Airport \$3,211. Also, 4 PCOs for small equipment with a fair market value of less than \$1,000, such as water barriers⁹, ladders, and a sprayer, were also charged for a total value of \$2,592. The contract prohibits the subcontractor from separately charging for any of the above equipment.

Per the contract's General Conditions, Subparagraph 6.06B.2, certain field expenses cannot be charged separately because such equipment is already covered by the 15 percent markup for overhead and profit the subcontractor receives for the PCO. The list of equipment for which rental costs are disallowed includes shores, job vehicles, and equipment with a fair market value less than \$1,000.

T2 Partners interpreted the General Conditions term "job vehicles" as vehicles solely for the purpose of transporting workers to and from the job site.

According to T2 Partners, it deemed the equipment for which it paid rental costs necessary for the subcontractor to complete the work specified in the PCO. As a result, the Airport allowed the subcontractor to submit these charges. In particular, T2 Partners interpreted the terms of the contract's general conditions to mean job vehicles that were used solely to transport workers to and from the job site. According to T2 Partners, T2 Partners allowed the contractors to charge job vehicles if such vehicles were used to perform construction work. However, the audit team interprets "job vehicles" to include any vehicle with nonspecialized use, such as a common passenger vehicle like a Ford F-150 pick-up truck, as unallowable. Like all other previously mentioned equipment, the payment of rental costs for job vehicles is explicitly disallowed by the general conditions of the

⁸ Shores are used to provide a support system for trench faces used to prevent movement of soil, underground utilities, roadways, and foundations.

⁹ According to T2 Partners, traffic water barriers were used for this project.

contract. Also, the subcontractor receives a 15 percent markup on its direct costs, so the effect of the Airport paying unallowable costs is increased by that rate.

Based on the audit's review, a list of the unallowable equipment for which the Airport paid rental costs and the total number of instances in which these payments occurred is presented in Exhibit 7.

EXHIBIT 7 Unallowable Equipment Charges in PCOs Reviewed	
Equipment	Number of Reviewed PCOs With Unallowable Equipment Charges
Job Vehicles	11
Shoring	5
Water Barriers	2
Sprayer	1
Ladder	2

Source: Auditor's analysis

Recommendations

The Airport Commission should:

8. Ensure that unallowable charges are not charged to proposed change orders in the current contract and in all future contracts, or change the contracts' General Conditions to allow for such charges, if deemed reasonable and necessary.
9. Work with the Office of the City Attorney to obtain documented clarification of the definition of "job vehicles," as used in the construction contracts' General Conditions, and to determine whether or not the costs to rent passenger trucks and other nonspecialized vehicles are allowable as separate costs under the contract.

Finding 1.4

The Airport allowed the misclassification of equipment in two proposed change orders.

The subcontractor charged the Airport \$1,055 for the purchase of a ladder that should neither have been purchased nor rented.

In PCO 145, which related to construction changes due to structural design changes, the Airport not only allowed the subcontractor to charge for prohibited equipment, a ladder, but the Airport allowed it to be

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misclassified as materials and subsequently paid for its purchase. The subcontractor bought the ladder for \$970 plus sales tax of 8.75 percent, for a total cost of \$1,055. However, regardless of whether the subcontractor bought or rented the ladder, the Airport should not have paid for it.

In addition to the equipment discussed in Finding 1.3, according to the contract's General Conditions, Subparagraph 6.06B.2, certain field expenses cannot be charged separately as equipment charges because such equipment is covered by the 15 percent markup for overhead and profit that the subcontractor receives for the PCO.

The Airport paid for the purchase of a ladder that was apparently only used to complete the limited scope of work in the PCO. Nonetheless, the ladder should not have been charged as a purchase or an equipment rental because its fair market value is less than \$1,000, as discussed in Finding 1.3. Due to this misclassification, the Airport overpaid the subcontractor \$1,055.

For PCO 71, which was for temporary shoring near an excavation, two pieces of equipment, a rotary hammer and a cutoff saw, were also misclassified as materials. Due to this misclassification, \$14 sales tax was paid. In normal instances, sales tax is not paid on equipment, but only on materials. As such, the Airport overpaid the subcontractor for these unallowable expenses.

Recommendation

10. The Airport Commission should ensure that, in the current contract and in all future contracts, all equipment, material, and labor charges by the subcontractor are classified correctly.

CHAPTER 2 – The Airport Should Better Administer and Oversee the Review, Negotiation, and Approval of Proposed Change Orders

Summary

The Airport did not provide adequate oversight of the change management process to verify whether proposed change orders were properly reviewed, negotiated, and approved. In some PCOs the Airport did not use the required change management process and instead substantiated costs through other processes not outlined in the change management procedures.

Also, the Airport and T2 Partners did not:

- Provide evidence of timely review of PCOs.
- Ensure that PCOs contained authorizations or a Finding of Fact.

Further, of the proposed change order packages that contained evidence of review, many showed that the review occurred after the required response time.

Finding 2.1

The Airport sometimes substantiated costs through a process other than the required change management procedures.

Of the 43 PCOs reviewed by the audit, in 8 (19 percent) the Airport did not follow the change order processes required by the contract's General Conditions, Subparagraph 6.06, and the Airport's Draft Policies and Procedures.

The Airport substantiated \$1,033,720 in PCO costs through a process not in the change management procedures.

For example, according to the Airport, PCOs 44 through 48, totaling \$1,033,720 in paid exposure allowances, were paid to a subcontractor for pile foundations. These additional costs were related to an increase in the scope of work from the original bid, or a post-bid addendum. However, when the subcontractor provided an estimate for this addendum, the estimate, combined with the bid for the original scope of work, was still lower than the

original bid of the next lowest responsive bidder¹⁰. According to the Airport, the additional work was substantiated through the competitive bidding process, which is not a process outlined in the change management procedures. However, because an exposure allowance was used and the scope of work was increased, these PCOs should have been processed and reviewed at a more detailed level through the provisions required by the Airport's policies and procedures.

Not abiding by the agreed-upon contract provisions and Airport policies and procedures undermines the controls of the City and Airport management to prevent exaggerated costs from being passed through the change order process.

Recommendation

11. The Airport Commission should process proposed change orders in accordance with the department's change order requirements, policies, and procedures.

Finding 2.2

The Airport did not adhere to the PCO response time required by the draft policies and procedures.

The Airport did not perform timely reviews of proposed change order requests.

Of the 43 PCOs reviewed, 34 (79 percent) did not contain evidence of timely review by the Airport. In these cases, the Airport did not make a determination or respond to the design-builder within the required 15-day response period. As a result, the Airport increased the risk of project delays and of starting work before it was authorized or approved.

According to the contract's General Conditions, Paragraph 6.03B, the City must review the PCO and its required supporting documentation within 15 days of its receipt. The Airport is required to render its determination or inform the design-builder, in writing, if more time is required. However, the 34 PCOs did not contain such a written notification that more time would be needed.

¹⁰ The City's Administrative Code, Chapter 6, Section 6.20, states that public work contracts should be awarded to the "responsible bidder submitting the lowest responsive bid."

Some PCOs didn't receive a response from the Airport for up to five months.

The contract goes on to state that, "if the City does not issue a determination within the 15 allotted business days, the PCO would then be deemed rejected." However, in 15 instances the results of the Airport's review were communicated to the design-builder long after the 15-day requirement, but the PCO was approved. For instance, the file for PCO 151 contains a letter from the Airport to the design-builder stating that the proposed change had been reviewed and approved, but the approval letter is dated January 10, 2014, five months after the letter from the design-builder requesting the authorization. The remaining 19 PCOs did not receive a response from the Airport whatsoever.

Proper and timely review of PCOs helps a project stay on schedule and mitigates the risk of performing unapproved work.

Recommendations

The Airport Commission should, in the current contract and in all future contracts:

12. Adhere to contract requirements by thoroughly reviewing all proposed change orders and document its written response to the design-builder regarding the determination.
13. Perform a timely review of all proposed change orders and respond to the design-builder within the required 15-day period. If this duration is insufficient for a thorough review, Airport staff should work with the Airport Commission to agree on a longer review period and incorporate that in future contracts.

Finding 2.3

More than 90 percent of PCOs reviewed had no evidence that cost negotiations were held.

Proposed change order documentation did not contain evidence that cost negotiations were prepared for or held by the Airport.

The Airport did not maintain proper documentation to support that cost negotiations were prepared for or held when determining the appropriate cost of a PCO. Of the 43 PCOs reviewed, 35 (81 percent) had no evidence to support that the Airport prepared for negotiations as required by the contract and 39 (91 percent) contained no evidence that cost negotiations were held.

Only five estimates were composed by the Airport in preparation for cost negotiations.

According to the Airport's Design and Construction Draft Policies and Procedures, Section 3.5.1.2, Paragraph 7, the Airport, upon receipt of a cost proposal, must prepare for negotiations by completing an analysis comparing the design-builder's cost proposal against the construction manager's or project engineer's cost estimate. However, in the 43 PCOs reviewed, there was no evidence of such comparative analyses and only 5 instances (12 percent) in which T2 Partners prepared an independent cost estimate to which the contractor's proposal could be compared.

According to the Airport's draft policies and procedures, as part of the cost estimate comparison, the construction manager and/or the project manager should analyze costs by evaluating the design-builder's proposed rates or unit costs of labor, material, and equipment.

Preparing for negotiations by conducting an engineer's estimate allows for better understanding of the PCO and its component costs. Development of an estimate, at a minimum, provides leverage and confidence in PCO pricing negotiations and, in some instances, may lead to alternative and less costly solutions. By providing documentation, such as negotiation meeting notes, the Airport can promote and maintain transparency in its PCO process.

Recommendations

The Airport Commission should, in the current contract and in all future contracts:

14. Prepare for proposed change order negotiations by developing an independent estimate and preparing an analysis that compares the estimate to the design-builder's cost proposal.
15. Document all negotiations held with the design-builder.

Finding 2.4

Many of the required PCO approval forms were missing from PCO packages.

Change management forms are required to agree to a change in the contract or to manage allowances.

The construction manager did not always prepare all of the required change management forms.

Of the 43 PCO packages reviewed, 32 (74 percent) did not include at least one of the required change management approval forms, such as the PCO form or Finding of Fact.

As part of its approval process for PCOs, the construction manager is responsible for preparing required forms and documents. According to the Airport's Policies and Procedures, Section 3.5.1.2, when it is determined that a change is necessary, the construction manager is required to complete, among other items, the PCO form, Authorization for PCO form, and, a Finding of Fact form for changes exceeding \$5,000.

The forms contain important information, such as the PCO form, which documents the Airport's review, approval, and acknowledgement of the proposed change. They also provide valuable details regarding the change type, scope of work to be added, not-to-exceed amount, and funding source. According to the Airport's draft policies and procedures, related change management forms and required documents are used to:

- a. Agree to a change in the scope of the work, contract time, contract sum, and/or contract terms.
- b. Manage the use of contract allowances and/or contingencies.

Without evidence of completion, the Airport has no method to ensure that PCOs are accurate or properly reviewed and approved. Completing these forms and ensuring that they are included in PCOs will allow the Airport to properly track whether the PCO is tied to the appropriate funding source and if proper approvals have been obtained.

Recommendation

16. The Airport Commission should, in the current contract and in all future contracts, ensure that all required change management forms and documents are completed before the contractor proceeds with proposed work.

**Office of the Controller, City Services Auditor
Better Oversight Is Required to Improve the Change Management
Process for the New Air Traffic Control Tower**

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CHAPTER 3 – The Airport Needs to Modify the Contract Language to Make It in Accordance With the Design-Build Project Delivery Method

Summary

Sections of the contract between the Airport and Hensel Phelps for the ATCT project are inappropriate for the project's design-build project delivery method and instead are more applicable to a standard design-bid-build project delivery method. Those sections address the allowed charges for change orders and the costs that the contractor is prohibited from charging to the City.

Per the contract, the design-builder may not submit design-related costs through the change order process. This is illogical, however, because design and engineering costs are reasonable charges under a design-build project, where designs have not been finalized before the commencement of construction. Hence, design change orders are expected to occur, including for unforeseen or unexpected design changes.

Finding 3.1

Some provisions in the contract are inappropriate for design-build projects.

The contract's prohibition of design costs in change orders is appropriate for a traditional design-bid-build project, not for a design-build project.

Although the Airport has not enforced it, a provision in the contract prohibits the design-builder from recovering the costs of design costs as part of a change order. Such a prohibition is inappropriate for the design-build project delivery method used for the ATCT project.

The provisions set forth in the current contract have cost restrictions that, if enforced, would deprive the design-builder of being reimbursed for legitimate design costs, which contradicts the overall approach of the design-build project delivery method.

The contract's General Conditions, Section 6.06B.1, specifically disallow under change orders charges for "project engineers, detailers, draftspersons, ... [and] consultants." Further, the General Conditions, Section 6.06B.3, prohibit charges related to "engineering, drawing, detailing, [and] revising shop drawings."

Although these sections may apply to a design-bid-build project, they are inappropriate for a design-build project.

Design and engineering costs are inevitable for a design-build project because designs are incomplete before construction commences.

In a design-bid-build project, construction contractors are not allowed to separately charge design costs in change orders because designs have already been completed by the designer before the commencement of construction. However, in a design-build project, design and engineering of a specific scope of work is only completed to a specific point (usually schematic level) by the design consultant prior to engaging the design-build contractor. As such, design and engineering changes are expected to occur after construction has begun, including changes from, but not limited to, unforeseen circumstances, other design changes required by third parties, or other changes by regulatory agencies to meet required standards.

Although prohibited by the contract, the Airport incurred more than \$3.7 million in design charges.

Although design costs in change orders were not allowed by the contract, the Airport incurred more than \$3.7 million in design charges to the ATCT project through contract change orders. Because design changes made via change orders are necessary in a design-build project, the contract should allow such charges under the change order process.

Recommendation

17. The Airport Commission should, for all future projects that it conducts using a design-build method, ensure that the contract allows the design-builder to recover legitimate design costs in change orders.

APPENDIX: DEPARTMENT RESPONSE



San Francisco International Airport

December 17, 2014

Tonia Lediju
Director of City Audits
City Hall, Room 476
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Attn: Mark de la Rosa, Audit Manager

Subject: The San Francisco International Airport's Responses to the Draft City Service Audit Report entitled "Airport Commission": Better Oversight Is Required to Improve the Change Management Process for the New Air Traffic Control Tower"

Dear Ms. Lediju:

Please find the attached Airport's responses to the above referenced audit entitled "Airport Commission: Better Oversight Is Required to Improve the Change Management Process for the New Air Traffic Control Tower" for your review. As directed the completed Airport's response are on the provided Recommendation and Responses form.

If you have any questions, please contact me at 650-821-7809 or mark.costanzo@flysfo.com.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark Costanzo".

Mark Costanzo
Project Manager of the New Air Traffic Control Tower
Design and Construction Division

Attachment

cc: John L Martin, Airport Director
Ivar Satero, Chief Operating Officer
Geoffrey Neumayr, Deputy Airport Director
Judi Mosqueda, Director of Project Management

AIRPORT COMMISSION CITY AND COUNTY OF SAN FRANCISCO

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For each recommendation, the responsible agency should indicate whether it concurs, does not concur, or partially concurs with the recommendation, it should indicate the expected implementation date and implementation plan. If the responsible agency partially concurs, it should provide an explanation and an alternate plan of action to address the identified issue.

RECOMMENDATIONS AND RESPONSES

Recommendation	Response
<p>The Airport Commission should:</p> <ol style="list-style-type: none"> Require all contractors, in the current contract and in all future contracts, to provide a detailed breakdown of labor rates, fringe benefits, and labor surcharge for each Proposed Change Order. 	<p>The Airport concurs with this recommendation.</p> <p>Many of the PCOs were forward priced with lump sum estimated costs. Since they were substantiated and agreed upon on a lump sum basis in advance of the work, they were not necessarily required to submit labor rate sheets supported by prevailing wage data. This is a good practice. The test for lump sum pricing is reasonable and the proposals were found to be reasonable.</p> <p>It should also be noted that prevailing wage is the minimum amount to be paid, but is not necessarily the maximum amount. The audit finding is correct in footnote 1 of the General Conditions, Section 6.06A.1, that it states that labor rates shall not be less than the highest general prevailing wage. This discrepancy has been addressed in the General Conditions stating that prevailing wage is the minimum amount to be paid, but is not necessarily the maximum amount. The contract does require the Airport to pay at least the minimums, when executing scope under force account (Time & Material).</p> <p>To address the concern about labor breakdown, the Airport intends to revise the "Labor Book" with all agreed upon fully burdened trade labor rates at either time and materials or as trade packages are awarded. The fully burdened labor rates for the Direct and Lower-Tier Subcontractors will be included. The agreed upon rates included in the "Labor Book" will be mandatory for substantiating Force Account Work, will be utilized for lump sum proposals and will be updated as necessary. This recommendation is part of the Audit Lessons Learned and will be part of a training for PMs/CMs, and contract and project management support services.</p>

Recommendation	Response
<p>2. Require all contractors, in the current contract and in all future contracts, to document all foremen labor charges and ensure that foremen costs are for working foreman, not supervisory foremen.</p>	<p>The Airport does concur with this recommendation and followed this in the c Labor Union rules require that journeyman crews be supported by a foreman supported by a single foreman varies from union to union. In the majority of working foremen and are not providing supervision as their primary role. Ty supervision is provided by the subcontractor site project manager.</p> <p>As previously noted, prevailing wage is the minimum amount to be paid to c necessarily the maximum amount. The contract requires the Airport to pay i supported by certified payroll) and not just minimums when executing work i would also apply to forward priced lump sum cost proposals.</p> <p>The foremen for these changes were identified as working foreman for the r and therefore allowed to be charged as labor.</p> <p>The Airport will revise its process to avoid any confusion and require Foreman Supervisor Foreman or Working Foreman. The cost of Supervisor Foreman labor markup.</p>
<p>3. Ensure all contractors, in the current contract and in all future contracts, to provide a detailed estimate of equipment charged to each Proposed Change Order with make, type, size, equipment rental rates, and rental hours listed.</p>	<p>The Airport concurs with this recommendation as it pertains to time and mat</p> <p>Many of the PCOs were forward priced with lump sum estimated costs. The the scope typically is not identified at the time the lump sum cost is submitte sum pricing, it is acceptable industry standard to approximate the cost of eq engineering judgment.</p> <p>Descriptions and costs were verified by the Airport and considered reasonat proposals. For force account work or after work was completed, pricing it ca exact make, model and size with the "Caltrans Labor Surcharge and Equipm publication is generally considered to pertain to horizontal construction (incl necessarily vertical building type construction as with the Control Tower. W identified in the Caltrans rates, the engineer is required to make a test of rea provided by our Contraction Management Team for a majority of the PCO's. The Airport does agree though, that a number of proposals provided after th not include make, type, size, equipment rental rates, and rental hours. Movi</p>

Recommendation	Response
	<p>ensure that our Construction Managers validate and confirm that all required provided with both force account work and pricing that is provided after work recommendation was discussed in the Audit Lessons Learned and diligence for PMs/CMs and construction management and project management support</p>
<p>4. Require all contractors, in the current contract and in all future contracts, to provide a detailed estimate of materials charged to each Proposed Change Order with type and quantities listed.</p>	<p>The Airport concurs with this recommendation.</p> <p>The Airport agrees that detailed backup should have been provided for PCC the Construction Manager. We have requested that the Construction Manager submit the detailed backup to support the cost of the change.</p> <p>PCO 171 did provide backup support identifying the material quantities and "Support" was not fully described, but no cost was attributable to this item.</p> <p>The Airport does agree that the contractor should provide a detailed estimate each Proposed Change Order with type and quantities listed and in most cases recommendation was discussed in the Audit Lessons Learned and diligence training for PMs/CMs and construction management and project management</p>
<p>5. Ensure that all lower-tier subcontractors, in the current contract and in all future contracts, provide a detailed breakdown of their labor, equipment, and materials charges, as required by the contract's general conditions.</p>	<p>The Airport does not concur with this recommendation.</p> <p>For these 9 PCO's, the lower tier subcontractors predominantly were special would have been impractical to itemize this cost. It was agreed upon, as all 26 00, Paragraph 1.05 B, to allow work to be priced on current market prices itemization of labor, materials and equipment.</p>
<p>6. Ensure all contractors, in the current contract and in all future contracts, charge the allowed Caltrans rate for the labor surcharge.</p>	<p>The Airport concurs with this recommendation.</p> <p>Section 6.06.A.1.a of the General Conditions states "The Labor Surcharge is California Department of Transportation official labor surcharges which is in extra work is accomplished and which schedule is incorporated as though stating that "That surcharge is to compensate the contractor for all its costs:</p>

Recommendation	Response
	<p>Contributions Act ("FICA"); for federal and state unemployment taxes; for an imposed by the federal, state and local laws and ordinances; and for its cost insurance and any and all forms of liability insurance."</p> <p>What was identified by the Construction Management team was that the act included in the labor surcharge for the contractor, exceeded the Caltrans lat The Construction Management team incorrectly allowed the actual cost of tr as documentation was provided; this was documented in a letter to Hensel-f 2013.</p> <p>The Airport's Design & Construction Division realizes that the actual labor st allowed by Caltrans. The Airport has revised its General Conditions this pas of the labor surcharge by no longer applying a labor surcharge against the k surcharges to be included within the an overall 35% contractor mark-up on l.</p>
<p>7. Ensure all labor charges, in the current contract and in all future contracts, are in line with the agreed-upon labor rates for each respective subcontractor.</p>	<p>The Airport concurs with this recommendation.</p> <p>Many of the PCOs were forward priced with lump sum estimated costs. Sin substantiated and agreed upon on a lump sum basis in advance of the work necessarily required to submit labor rate sheets supported by prevailing wa burdens, but is a good practice. The test for lump sum pricing is reasonable proposals were found to be reasonable. It should also be noted that prevaili amount to be paid to craft workers, but is not necessarily the maximum amo require the Airport to pay actuals, and not just minimums when executing sc (Time & Materials).</p> <p>The Airport intends to revise it processes and require a "Labor Book" with al trade labor rates at either the beginning of a contract or as trade packages e burdened labor rates for the Design-Builder, Subcontractor and Lower-Tier s included. The agreed upon rates included within the "Labor Book" will be m Force Account Work, will be utilized to help validate forward priced lump sur necessary.</p>

Recommendation	Response
<p>8. Ensure that unallowable charges are not charged to proposed change orders in the current contract and in all future contracts, or change the contracts' General Conditions to allow for such charges, if deemed reasonable and necessary.</p>	<p>The Airport concurs with this recommendation. The audit noted that in 11 of reviewed that the Airport's weak controls allowed unacceptable charges for ladders, sprayers, and other items with a fair market value of under \$1,000 to pay for the rental of equipment in many PCOs that is covered by the contract. The charges were allowed by the Construction Manager.</p> <p>It is important to note that at the center of this finding are very low value item million construction project. That said, tighter controls will be placed on the charges to ensure compliance with the contract in the future. This recommen the Audit Lessons Learned and diligence will be stressed at a training for PM management and project management support services.</p>
<p>9. Work with the Office of the City Attorney to obtain documented clarification of the definition of "job vehicles," as used in the construction contracts' General Conditions, and to determine whether or not the costs to rent passenger trucks and other nonspecialized vehicles are allowable as separate costs under the contract.</p>	<p>The Airport partially concurs with this recommendation. The audit noted that reviewed that charges for vehicles should have been covered within the con and not accepted by the Airport.</p> <p>As a result of the discussion above, we believe that this finding applies to th Airport's responses are noted below for each PCO.</p> <p>The Airport agrees that clarification on this item would be helpful. The Airpo based on the understanding that whether the vehicle is necessary to perform specifically for escort purposes and transport of materials, equipment, part, t</p> <ul style="list-style-type: none"> • PCO 101, Phase 2 Utilities – Removal of Transite Pipe, for \$14,873. The Airport concurs with the audit finding as the vehicles could not be v • PCO 110, Backfill over Utilities and Grounding – Gridline A and T2, for The Airport concurs with the audit finding as the vehicles could not be v • PCO 113, Demolition of Existing Obstructions – Phase 2 Waterline Inst The Airport concurs with the audit finding as the vehicles could not be v • PCO 151, Utility Investigations at Pile Caps 7, 8 and 9, for \$48,124. The Construction Manager verified that the trucks were used on the Air

Recommendation	Response
	<p>movement area as part transporting large equipment to and from the co lack of storage on the AOA.</p> <ul style="list-style-type: none"> • PCO 155, Relocations, Cut and Cap of Utilities at SC Pile Caps, for \$1,4 Manager did verify that the job site trucks were used on in the Airport O movement area as part transporting large equipment to and from the co lack of storage on the AOA. <p>The Airport agrees that clarification of this item would be helpful. The Airpor based on the understanding on whether the vehicle is necessary to perform Airport intends to work with the City Attorney to clarify the use of job site ver language accordingly.</p>
<p>10. Ensure that, in the current contract and in all future contracts, all equipment, material, and labor charges by the subcontractor are classified correctly.</p>	<p>The Airport concurs with this recommendation.</p> <p>The Airport will provide tighter controls and provide better oversight to ensur charges.</p>
<p>11. Process proposed change orders in accordance with the department's change order requirements, policies, and procedures.</p>	<p>The Airport concurs with this recommendation.</p> <p>The report states that Airport substantiated \$1,033,720 in PCOs 44- 48 cost the change management procedures. The payment of \$1,033,720 was subs competitive bid process. The bidders for the pile trade package were allowe foundation systems, either grout injected or drilled concrete piers, with the T the basis of the bid. It was recognized that bids for alternate types of pile fo to a structural peer review panel prior to acceptance by the Airport and woul recommended changes. Exposure allowances were identified within the en funding beyond the original base bid, and PCO numbers were identified to tr against those exposure allowances in the event they were required to be uti Three bids were received for the pile package, with two bidders providing all bids and amounts are listed below (see Approval Letter from Hensel Phelps Package 3.2 Pile Foundations bid tabulation attachment).</p>

Recommendation	Response
	<ul style="list-style-type: none"> • Foundation Constructors in the amount of \$4,423,800 • Magco Drilling in the amount \$2,488,980 • Berkel & Co. in the amount of \$2,996,500 <p>Magco Drilling's bid was found to be non-responsive and rejected. Berkel & Co.'s cast pressure grouted system which met the criteria of an acceptable alternative was subject to a structural peer review panel and comments were made to the design team that would require additional piles and rebar confinement adjustments. Since all recommendations prior were kept in confidence, the competitive bid process was not closed. The Airport Commission included the recommendations provided by the peer review panel and issued a request for the design builder to resubmit a bid (see Proposal for Design/Build Auger Pressure Grouted (APG) Pile Foundation and Trade Bid Package amount of \$3,988,078. Berkel & Co.'s revised bid was still substantially less than the Foundation Constructors bid of \$4,423,800 and was recommended for award. The Airport Commission authorized an amount equal to Berkel & Co.'s original bid plus the approved exposure allowances in the amount of \$1,448,945 (see Commission Package 3.2 Pile Foundation & Trade Bid Package Award Letter).</p> <p>Payments were made for the substantiated competitive bid amount of \$3,988,078 plus a 4.25% O&P markup for the Design Builder. Of the \$3,988,078, \$1,033,720 was for the Airport Commission approved exposure allowances that were specifically included in the bid to provide funding for potential post bid design recommendations. The identification of this cost were only utilized as a tracking mechanism, but were not intended for the management process. It should be noted that only \$1,033,720 was utilized from the amount of approved exposure allowances.</p> <p>In retrospect, the Trade Package base bid amount should have been increased and the exposure allowances reduced to account for the results of the post bid addendum. This process should be implemented for all future contracts. In addition, the Airport has revised the process for exposure allowances. Utilization of Trade Package exposure allowances will be governed by the Trade Package Reserve Utilization Process that will require the design build team to provide supporting documentation to substantiate the use of exposure allowance costs. The payment of \$1,033,720 for the peer review modifications to Berkel & Co. was made through a competitive bid process as discussed above. The Airport has revised the process for exposure allowances.</p>

Recommendation	Response
	<p>confusion of PCOs (actual type 1 modifications), use of Trade Package reserve Package base bid amounts. In the future the Airport will only use PCO number management process. The fact that this was a base bid item paid as an expense unusual circumstance and has been addressed in our revised procedures.</p> <p>This recommendation was discussed in the Audit Lessons Learned and diligence training for PMs/CMs and construction management and project management</p>
<p>12. In the current contract and in all future contracts, adhere to contract requirements by thoroughly reviewing all proposed change orders and document its written response to the design-builder regarding the determination.</p>	<p>The Airport concurs with this recommendation.</p> <p>The Airport does agree that timely PCO determination is necessary and that in writing to the contractor. The Design Builder and Construction Management basis, prioritized reviews, and worked together to ensure that additional cost compromised. The Airport recognizes that this is not a replacement for written future make this point to our construction management teams. This recommendation the Audit Lessons Learned and diligence will be part of the training for PMs/management and project management support services.</p>
<p>13. In current contract and in all future contracts, perform a timely review of all proposed change orders and respond to the design-builder within the required 15-day period. If this duration is insufficient for a thorough review, Airport staff should work with the Airport Commission to agree on a longer review period and incorporate that in future contracts.</p>	<p>The Airport concurs with this recommendation.</p> <p>On a project of this size and with limited staffing it is very difficult to review a 15 days. We acknowledge that the contract does require the Airport to respond regarding submitted request for change cost proposals.</p> <p>The Airport agrees that a timely response was not provided to Hensel-Phelps General Conditions for a number of PCOs. In no case did this create a delay to the project. The Design Builder and Construction Management team met prioritized reviews, and worked together to ensure that project cost and schedule compromised.</p> <p>The Airport will work with the Commission to agree on a longer review period future contracts or develop a strategy of written notification to notify the contractor take longer. The Airport process does allow for issuance of not to exceed P negotiations which does allow for work to proceed and for the completed work recommendation was discussed in the Audit Lessons Learned and diligence</p>

Recommendation	Response
	for PMs/CMs and construction management and project management support
<p>14. In the current contract and in all future contracts, prepare for proposed change order negotiations by developing an independent estimate and preparing an analysis that compares the estimate to the design-builder's cost proposal.</p>	<p>The Airport concurs with this recommendation.</p> <p>The Airport procedures to require independent third-party cost estimates are type of change. On large projects for cost proposals for less than \$100,000 proposals is reviewed and an estimate by the construction management team done in on all PCO's in this contract. For cost proposals of over \$100,000 a performed unless there is a good reason to have the CM team estimate this</p> <p>We do concur 15 PCO's had significant cost and should have had an independent comparisons purposes. The Construction Management team failed to prepare and instead reviewed the submitted proposal only as part of the validation process</p> <p>This recommendation was discussed in the Audit Lessons Learned and diligent training for PMs/CMs and construction management and project management</p>
<p>15. In the current contract and in all future contracts, document all negotiations held with the design-builder.</p>	<p>The Airport concurs with this recommendation.</p> <p>The Airport has revised its policies and procedures to include a Record of Negotiations document the results of the negotiations. This will be prepared for all PCO's</p>
<p>16. In the current contract and in all future contracts, ensure that all required change management forms and documents are completed before the contractor proceeds with proposed work.</p>	<p>The Airport partially concurs with this recommendation.</p> <p>The project used the PCO numbers as unique identifiers for cost tracking of costs – not all the items tracked with PCO numbers actually were required to Change Orders. In many cases, cost assigned a PCO number were either created the contract through Trade Packages.</p> <p>We do concur that 22 of the PCO's identified were missing one of the requirements the approved Airport change management process. The change management to document and the Construction Manager did not follow this process in all</p> <p>As stated above, the Airport has revised the procedures for Trade Bid Packages</p>

Recommendation	Response
	<p>and will no longer assign them with a PCO number. Utilization of Trade Bid allowances will now be tracked using a Trade Package Reserve Utilization F design builder to submit all appropriate supporting documentation to substantiate allowance cost. The Airport will be providing tighter controls to ensure that all forms for all actual PCOs that become change order to the project will be properly documented per established procedures. As part of the tighter controls the Airport is implementing a Project Management System with Oracle's Unifier which will streamline the management process, and eliminate missing documentation for future contract management portion will be available in the second half of 2015.</p>
<p>17. For all future projects that it conducts using a design-build method, ensure that the contract allows the design-builder to recover legitimate design costs in change orders.</p>	<p>The Airport concurs with this recommendation.</p> <p>The Airport appreciates CSA highlighting the provision in design build contract that prevents the design builder from recovering the design costs as part of a change order. Our proposal removes this stipulation, consequently allowing the design-builder to be legitimate design costs.</p>

From: Reports, Controller (CON) [controller.reports@sfgov.org]
Sent: Wednesday, January 14, 2015 1:44 PM
To: Calvillo, Angela (BOS); BOS-Supervisors; Kawa, Steve (MYR); Campbell, Severin (BUD); Newman, Debra (BUD); Rose, Harvey (BUD); sfdocs@sfpl.info; CON-EVERYONE; John Martin (AIR); Jean Caramatti (AIR); Ivar Satero (AIR); Leo Fermin (AIR); Wallace Tang (AIR); Gary Franzella (AIR); Cheryl Nashir (AIR); ema@mgocpa.com; wwchang@mac.com; mlawrence@avilaretail.com; Holly.Nelson@flyfrontier.com; helenlee@koreanair.com; rha@koreanair.com
Subject: Issued: Airport Commission: Audits of Avila Retail Development & Management, LLC, Yoko, Inc., dba OSHO Japanese Cuisine, Frontier Airlines, Inc., and Korean Air Lines Co., Ltd.

The City and County of San Francisco's Airport Commission (Airport) coordinates with the Office of the Controller's City Services Auditor Division (CSA) to conduct periodic compliance audits of the Airport's tenants and airlines. CSA engaged Macias Gini & O'Connell LLP (MGO) to audit tenants and airlines at the Airport to determine whether they complied with the reporting, payment, and selected other provisions of their agreements with the Airport.

CSA presents the reports of MGO's audits of Avila Retail Development & Management, LLC, Yoko, Inc., dba OSHO Japanese Cuisine, Frontier Airlines, Inc., and Korean Air Lines Co., Ltd.

To view the full reports, please visit our Web site.

Avila Retail Development & Management, LLC –

<http://openbook.sfgov.org/webreports/details3.aspx?id=1869>

Avila Retail Development & Management, LLC, correctly reported \$2,860,179 in gross revenues and correctly paid \$397,752 in rent to the Airport.

Yoko, Inc., dba OSHO Japanese Cuisine – <http://openbook.sfgov.org/webreports/details3.aspx?id=1870>

Yoko, Inc., dba OSHO Japanese Cuisine, correctly reported \$2,666,301 in gross revenues and correctly paid \$173,304 in rent to the Airport.

Frontier Airlines, Inc. – <http://openbook.sfgov.org/webreports/details3.aspx?id=1871>

Frontier Airlines, Inc., correctly reported 3,376 revenue aircraft landings and correctly paid \$1,738,459 in landing fees to the Airport.

Korean Air Lines Co., Ltd – <http://openbook.sfgov.org/webreports/details3.aspx?id=1872>

Korean Air Lines Co., Ltd. correctly reported 1,447 revenue aircraft landings and correctly paid \$3,298,695 in landing fees to the Airport.

This is a send-only e-mail address.

For questions about the reports, please contact Director of City Audits Tonia Lediju at Tonia.Lediju@sfgov.org or 415-554-5393 or the CSA Audits Unit at 415-554-7469.

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City and County of San Francisco

Office of the Controller – City Services Auditor

AIRPORT COMMISSION:

**Avila Retail Development &
Management, LLC, Correctly
Paid Its Rent for 2012 and
2013**



January 14, 2015

**OFFICE OF THE CONTROLLER
CITY SERVICES AUDITOR**

The City Services Auditor (CSA) was created in the Office of the Controller through an amendment to the Charter of the City and County of San Francisco (City) that was approved by voters in November 2003. Charter Appendix F grants CSA broad authority to:

- Report on the level and effectiveness of San Francisco's public services and benchmark the City to other public agencies and jurisdictions.
- Conduct financial and performance audits of city departments, contractors, and functions to assess efficiency and effectiveness of processes and services.
- Operate a whistleblower hotline and Web site and investigate reports of waste, fraud, and abuse of city resources.
- Ensure the financial integrity and improve the overall performance and efficiency of city government.

CSA may conduct financial audits, attestation engagements, and performance audits. Financial audits address the financial integrity of both city departments and contractors and provide reasonable assurance about whether financial statements are presented fairly in all material aspects in conformity with generally accepted accounting principles. Attestation engagements examine, review, or perform procedures on a broad range of subjects such as internal controls; compliance with requirements of specified laws, regulations, rules, contracts, or grants; and the reliability of performance measures. Performance audits focus primarily on assessment of city services and processes, providing recommendations to improve department operations.

CSA conducts its audits in accordance with the Government Auditing Standards published by the U.S. Government Accountability Office (GAO). These standards require:

- Independence of audit staff and the audit organization.
- Objectivity of the auditors performing the work.
- Competent staff, including continuing professional education.
- Quality control procedures to provide reasonable assurance of compliance with the auditing standards.

For questions about the report, please contact Director of City Audits Tonia Lediju at Tonia.Lediju@sfgov.org or 415-554-5393 or CSA at 415-554-7469.

CSA Audit Team: Winnie Woo, Associate Auditor

Audit Consultants: Macias Gini & O'Connell LLP (MGO)



CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER

Ben Rosenfield
Controller

Todd Rydstrom
Deputy Controller

January 14, 2015

San Francisco Airport Commission
San Francisco International Airport
P.O. Box 8097
San Francisco, CA 94128-8097

John L. Martin, Airport Director
San Francisco International Airport
P.O. Box 8097
San Francisco, CA 94128-8097

Dear Commission President, Commissioners, and Mr. Martin:

The City and County of San Francisco's Airport Commission (Airport) coordinates with the Office of the Controller's City Services Auditor Division (CSA) to conduct periodic compliance audits of Airport tenants and airlines. CSA engaged Macias Gini & O'Connell LLP (MGO) to audit the Airport's tenants to determine whether they complied with the reporting, payment, and other selected provisions of their leases.

CSA presents the attached report for the compliance audit of Avila Retail Development & Management, LLC, (Avila) prepared by MGO.

Reporting Period: January 1, 2012, through December 31, 2013

Rent Paid: \$397,752

Results:

Avila correctly reported \$2,860,179 in gross revenues and correctly paid rent due to the Airport.

The responses of the Airport and Avila are attached to this report.

CSA appreciates the assistance and cooperation of Airport and tenant staff during the audit. For questions about the report, please contact me at Tonia.Lediju@sfgov.org or 415-554-5393 or CSA at 415-554-7469.

Respectfully,

Tonia Lediju
Director of City Audits

Attachment

cc: Mayor
Board of Supervisors
Budget Analyst
Citizens Audit Review Board
City Attorney
Civil Grand Jury
Public Library

**CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER**

**PERFORMANCE AUDIT REPORT
Avila Retail Development & Management, LLC**

January 1, 2012 through December 31, 2013



Certified Public Accountants.

Certified Public Accountants.

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Performance Audit Report

Macias Gini & O'Connell LLP (MGO) presents its report concerning the performance audit of Avila Retail Development & Management, LLC (Tenant) as follows:

Background

The Tenant has four lease agreements with the Airport Commission of the City and County of San Francisco (Commission), however only lease number 10-0040 was selected by the Airport Department (Airport) for audit. Lease number 10-0040 was for the operations of a regional gift store in Terminal 2 at the San Francisco International Airport (SFO). The agreement requires the Tenant to submit to the Airport a monthly report showing its sales revenue and rent due.

For the period of our performance audit, January 1, 2012 through December 31, 2013, the lease required payment of the greater of monthly minimum rent or percentage rent thresholds as outlined below.

Lease:	10-0040
Reporting periods:	1/1/2012-12/31/2013
Lease Term:	11/18/2010- 04/13/2018
Percentage Rent:	12% of Gross Revenue up to \$500,000 14% of Gross Revenue from \$500,000.01 up to \$1,000,000 16% of Gross Revenue over \$1,000,000

Minimum monthly rent is specified in the lease and has step increases stipulated by the lease.

<u>Period</u>	<u>10-0040</u>
Lease year ended December 2012	\$ 115,000
Lease year ended December 2013	122,425

The percentage rent owed each month in excess of the monthly minimum is due as additional rent to the Airport.

Objective and Scope

The objective of this performance audit was to determine whether the Tenant was in substantial compliance with the reporting, payment, and other rent related provisions of its lease with the Commission. To meet the objective of our performance audit and based upon the provisions of the City and County of San Francisco contract number P-500 (5-10) dated March 1, 2013, between MGO and the City and County of San Francisco, and per Appendix A therein, we verified that revenues for the audit period were reported to the Airport in accordance with the lease provisions, and that such amounts agreed with the underlying accounting records; identified and reported the amount and cause of any significant error (over or under) in reporting together with the impact on rent payable to the Airport; and identified and reported any recommendations to improve record keeping and reporting processes of the Tenant relative to its ability to comply with lease provisions; and identified and reported any recommendations to

improve record keeping and reporting processes of the Tenant relative to its ability to comply with lease provisions.

The scope of our audit included the gross receipts and rents reported and paid or payable by the Tenant to the Airport for the period from January 1, 2012 through December 31, 2013.

This audit and the resulting report relates only to the gross receipts and rents reported by the Tenant, and does not extend to any other performance or financial audits of either the Commission or the Tenant taken as a whole.

Methodology

To meet the objectives of our performance audit, we performed the following procedures: reviewed the applicable terms of the lease and the adequacy of the Tenant procedures and internal controls for collecting, recording, summarizing and reporting its gross revenues and calculating its payments to the Airport; selected and tested 2 sample months for each contract year and 3 sample days for each sample months selected per guidelines provided by the City; recalculated monthly rent due; and verified the timeliness of reporting revenues and rent and submitting rent payments to the Airport.

We conducted this performance audit in accordance with *Generally Accepted Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and recommendations based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our audit results based on our audit objective.

Audit Results

Based on the results of our performance audit for the period from January 1, 2012 through December 31, 2013, the Tenant correctly reported gross revenues of \$2,860,179 and paid percentage rent of \$397,629 to the Airport in accordance with its lease provisions. Those amounts agreed to the underlying records.

Gross revenues and percentage rent are defined in the lease between the Tenant and the City and County of San Francisco. The tables below show the Tenant reported total gross revenue and percentage rent paid to the Airport for the lease under audit.

**Sales Revenues and Percentage Rent Paid
January 1, 2012 through December 31, 2013
Lease No. 10-0040**

<u>Lease Period</u>	<u>Total Revenue Reported by Tenant</u>	<u>Calculated Percentage Rent Stipulated by Lease</u>	<u>Minimum Rent Stipulated by Lease</u>	<u>Additional Rent Due</u>	<u>Rent Paid per Airport Payment Records</u>	<u>(Over) Under Payment</u>
	A	B	C	D (B-C)	E	F (B-E)
January 1, 2012 through December 31, 2012	\$ 1,390,518	\$ 192,483	\$ 115,000	\$ 77,483	\$ 192,606	\$ (123)
January 1, 2013 through December 31, 2013	<u>1,469,661</u>	<u>205,146</u>	<u>122,425</u>	<u>82,721</u>	<u>205,146</u>	<u>-</u>
Total	<u>\$ 2,860,179</u>	<u>\$ 397,629</u>	<u>\$ 237,425</u>	<u>\$ 160,204</u>	<u>\$ 397,752</u>	<u>\$ (123)</u>

Please see below for details of overpayment.

On January 14, 2013 the Airport issued a \$123 credit memo to the Tenant for overpayment of percentage rent related to the 2012 lease year. The Tenant applied the credit memo against its December 2012 percentage rent payment.

Conclusion

This report is intended solely for the information and use of the Tenant, the Commission and the City and County of San Francisco, and is not intended to be and should not be used by anyone other than these specified parties.

Macias Gini & O'Connell LLP

Walnut Creek, California
January 8, 2015



San Francisco International Airport

November 26, 2014

Ms. Tonia Lediju
Director of City Audits
City Services Auditor Division
Office of the Controller
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 477
San Francisco, CA 94102

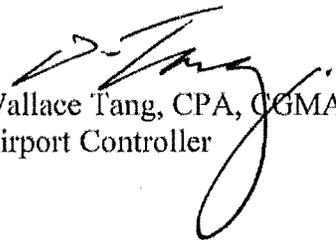
Subject: Performance Audit – Avila Retail Development & Management, LLC

Dear Ms. Lediju:

We have received and reviewed the revised draft audit report of Avila Retail Development & Management, LLC prepared and sent by Macias Gini and O'Connell, LLP via e-mail on November 10, 2014. This letter is to confirm that, based upon the details provided, we agree with the audit results.

If you have any questions, please feel free to call us at (650) 821-4501 (Cheryl) or (650) 821-2852 (Wallace) if you have any questions.

Very truly yours,


Wallace Tang, CPA, CGMA
Airport Controller


Cheryl Nashir
Associate Deputy Airport Director
Revenue Development & Management

cc: Larry Lo, MGO
Eugene Ma, MGO
Winnie Woo, CSA
John Reeb
Sharon Perez
Trevor Brumm

AIRPORT COMMISSION CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

LARRY MAZZOLA
PRESIDENT

LINDA S. CRAYTON
VICE PRESIDENT

ELEANOR JOHNS

RICHARD J. GUGGENHIME

PETER A. STERN

JOHN L. MARTIN
AIRPORT DIRECTOR

Post Office Box 8097 San Francisco, California 94128 Tel 650.821.5000 Fax 650.821.5005 www.flysfo.com



Avila Retail Development & Management, LLC

5001 Ellison NE

Albuquerque, NM 87109

(505) 341-3753 Phone

(505) 341-2835 Fax

December 16, 2014

Tonia Lediju
Director of City Audits
City Services Auditor Division
Office of the Controller
City and County of San Francisco

Dear Tonia Lediju:

We reviewed the draft Performance Audit Report provided by Larry Lo from MGO and we have no questions regarding the report.

Should you have questions or need any further information from us, please feel free to contact me at (505) 341-3753 ext 104.

Sincerely,

Michelle Lawrence, CPA
Chief Financial Officer

City and County of San Francisco

Office of the Controller – City Services Auditor

AIRPORT COMMISSION:

Yoko, Inc., dba OSHO Japanese Cuisine, Correctly Paid Its Rent for 2012 and 2013



January 14, 2015

**OFFICE OF THE CONTROLLER
CITY SERVICES AUDITOR**

The City Services Auditor (CSA) was created in the Office of the Controller through an amendment to the Charter of the City and County of San Francisco (City) that was approved by voters in November 2003. Charter Appendix F grants CSA broad authority to:

- Report on the level and effectiveness of San Francisco's public services and benchmark the City to other public agencies and jurisdictions.
- Conduct financial and performance audits of city departments, contractors, and functions to assess efficiency and effectiveness of processes and services.
- Operate a whistleblower hotline and Web site and investigate reports of waste, fraud, and abuse of city resources.
- Ensure the financial integrity and improve the overall performance and efficiency of city government.

CSA may conduct financial audits, attestation engagements, and performance audits. Financial audits address the financial integrity of both city departments and contractors and provide reasonable assurance about whether financial statements are presented fairly in all material aspects in conformity with generally accepted accounting principles. Attestation engagements examine, review, or perform procedures on a broad range of subjects such as internal controls; compliance with requirements of specified laws, regulations, rules, contracts, or grants; and the reliability of performance measures. Performance audits focus primarily on assessment of city services and processes, providing recommendations to improve department operations.

CSA conducts its audits in accordance with the Government Auditing Standards published by the U.S. Government Accountability Office (GAO). These standards require:

- Independence of audit staff and the audit organization.
- Objectivity of the auditors performing the work.
- Competent staff, including continuing professional education.
- Quality control procedures to provide reasonable assurance of compliance with the auditing standards.

For questions about the report, please contact Director of City Audits Tonia Lediju at Tonia.Lediju@sfgov.org or 415-554-5393 or CSA at 415-554-7469.

CSA Audit Team: Winnie Woo, Associate Auditor

Audit Consultants: Macias Gini & O'Connell LLP (MGO)



CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER

Ben Rosenfield
Controller

Todd Rydstrom
Deputy Controller

January 14, 2015

San Francisco Airport Commission
San Francisco International Airport
P.O. Box 8097
San Francisco, CA 94128-8097

John L. Martin, Airport Director
San Francisco International Airport
P.O. Box 8097
San Francisco, CA 94128-8097

Dear Commission President, Commissioners, and Mr. Martin:

The City and County of San Francisco's Airport Commission (Airport) coordinates with the Office of the Controller's City Services Auditor Division (CSA) to conduct periodic compliance audits of Airport tenants and airlines. CSA engaged Macias Gini & O'Connell LLP (MGO) to audit the Airport's tenants to determine whether they complied with the reporting, payment, and other selected provisions of their leases.

CSA presents the attached report for the compliance audit of Yoko, Inc., doing business as (dba) OSHO Japanese Cuisine (OSHO), prepared by MGO.

Reporting Period: January 1, 2012, through December 31, 2013

Rent Paid: \$173,304

Results:

OSHO correctly reported \$2,666,301 in gross revenues and correctly paid rent due to the Airport.

The responses of the Airport and OSHO are attached to this report.

CSA appreciates the assistance and cooperation of Airport and tenant staff during the audit. For questions about the report, please contact me at Tonia.Lediju@sfgov.org or 415-554-5393 or CSA at 415-554-7469.

Respectfully,

Tonia Lediju
Director of City Audits

Attachment

cc: Mayor
Board of Supervisors
Budget Analyst
Citizens Audit Review Board
City Attorney
Civil Grand Jury
Public Library

**CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER**

**PERFORMANCE AUDIT REPORT
Yoko, Inc. dba OSHO Japanese Cuisine**

January 1, 2012 through December 31, 2013



Certified Public Accountants.



Certified Public Accountants.

Walnut Creek
2121 N. California Blvd., Suite 750
Walnut Creek, CA 94591
925.274.0191

Sacramento

Oakland

LA/Century Cit

Newport Beach

San Diego

Seattle

Performance Audit Report

Macias Gini & O'Connell LLP (MGO) presents its report concerning the performance audit Yoko Inc. dba OSHO Japanese Cuisine (Tenant) as follows:

Background

The Tenant has one lease agreement with the Airport Commission of the City and County of San Francisco (Commission) to operate one food and beverage facility in the International Terminal at the San Francisco International Airport (SFO). The agreement requires the Tenant to submit to the Airport Department (Airport) a monthly report showing its sales revenue and rent due.

For the period of our performance audit, January 1, 2012 through December 31, 2013, the lease required payment of the greater of monthly minimum rent or percentage rent thresholds as outlined below.

- Lease:** 99-0292M
- Reporting periods:** 1/1/2012-12/31/2013
- Lease Term:** 11/3/1999-11/9/2015
- Percentage Rent:**
 - 6% of Gross Revenue up to \$1,000,000
 - 8% of Gross Revenue from \$1,000,000.01 up to \$1,500,000
 - 10% of Gross Revenue over \$1,500,000

Minimum monthly rent is specified in the lease and has step increases stipulated by the lease.

<u>Period</u>	<u>99-0292M</u>
Lease year ended December 2012	\$ 29,021
Lease year ended December 2013	\$ 30,005

The percentage rent owed each month in excess of the monthly minimum is due as additional rent to the Airport.

Objective and Scope

The objective of this performance audit was to determine whether the Tenant was in substantial compliance with the reporting, payment, and other rent related provisions of its leases with the Commission. To meet the objective of our performance audit and based upon the provisions of the City and County of San Francisco contract number P-500 (5-10) dated March 1, 2013, between MGO and the City and County of San Francisco, and per Appendix A therein, we: verified that revenues for the audit period were reported to the Airport in accordance with the lease provisions, and that such amounts agreed with the underlying accounting records; identified and reported the amount and cause of any significant error (over or under) in reporting together with the impact on rent payable to the Airport; and identified and reported any recommendations to improve record keeping and reporting processes of the Tenant relative to its ability to comply with lease provisions; and identified and reported any recommendations to improve record keeping and reporting processes of the Tenant relative to its ability to comply with lease provisions.

The scope of our audit included the gross receipts and rents reported and paid or payable by the Tenant to the Airport for the period from January 1, 2012 through December 31, 2013.

This audit and the resulting report relates only to the gross receipts and rents reported by the Tenant, and does not extend to any other performance or financial audits of either the Commission or the Tenant taken as a whole.

Methodology

To meet the objectives of our performance audit, we performed the following procedures: reviewed the applicable terms of the lease and the adequacy of the Tenant's procedures and internal controls for collecting, recording, summarizing and reporting its gross revenues and calculating its payments to the Airport; selected and tested 2 sample months for each contract year and 3 sample days for each sample months pursuant to guidelines provided by the City; recalculated monthly rent due; and verified the timeliness of reporting revenues and rent and submitting rent payments to the Airport.

We conducted this performance audit in accordance with *Generally Accepted Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and recommendations based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our audit results based on our audit objective.

Audit Results

Based on the results of our performance audit for the period from January 1, 2012 through December 31, 2013, the Tenant correctly reported gross revenues of \$2,666,301 and paid percentage rent of \$173,304 to the Airport in accordance with its lease provisions. Those amounts agreed to the underlying records.

Gross revenues and percentage rent are defined in the lease between Tenant and the City and County of San Francisco. The tables below show Tenant reported total gross revenue and percentage rent paid to the Airport for the lease under audit.

**Sales Revenues and Percentage Rent Paid
January 1, 2012 through December 31, 2013**

Lease No. 99-0292M

<u>Lease Period</u>	<u>Total Revenue Reported by Tenant</u>	<u>Calculated Percentage Rent Stipulated by Lease</u>	<u>Minimum Rent Stipulated by Lease</u>	<u>Additional Rent Due</u>	<u>Rent Paid per Airport Payment Records</u>	<u>(Over) Under Payment</u>
	A	B	C	D (B-C)	E	F (B-E)
January 1, 2012 through December 31, 2012	\$ 1,348,661	\$ 87,893	\$ 29,021	\$ 58,872	\$ 87,893	\$ -
January 1, 2013 through December 31, 2013	1,317,640	85,411	30,005	55,406	85,411	-
Total	<u>\$ 2,666,301</u>	<u>\$ 173,304</u>	<u>\$ 59,026</u>	<u>\$ 114,278</u>	<u>\$ 173,304</u>	<u>\$ -</u>

Conclusion

This report is intended solely for the information and use of Tenant, the Commission and the City and County of San Francisco, and is not intended to be, and should not be, used by anyone other than these specified parties.

Macias Gini & O'Connell LLP

Walnut Creek, California
January 8, 2015



San Francisco International Airport

November 26, 2014

Ms. Tonia Lediju
Director of City Audits
City Services Auditor Division
Office of the Controller
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 477
San Francisco, CA 94102

Subject: Performance Audit – Yoko, Inc. dba OSO Japanese Cuisine

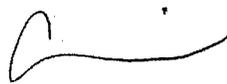
Dear Ms. Lediju:

We have received and reviewed the revised draft audit report of Yoko, Inc. dba OSO Japanese Cuisine prepared and sent by Macias Gini and O’Connell, LLP via e-mail on November 10, 2014. This letter is to confirm that, based upon the details provided, we agree with the audit results.

If you have any questions, please feel free to call us at (650) 821-4501 (Cheryl) or (650) 821-2852 (Wallace) if you have any questions.

Very truly yours,


Wallace Tang, CPA, CGMA
Airport Controller


Cheryl Nashir
Associate Deputy Airport Director
Revenue Development & Management

cc: Larry Lo, MGO
Eugene Ma, MGO
Winnie Woo, CSA
John Reeb
Sharon Perez
Trevor Brumm



OSHO @ SFO

December 10, 2014

Tonia Lediju
Director of City Audits
City Services Auditor Division
Office of the Controller
City and County of San Francisco

RE: Performance Audit for Yoko Inc. dba OSHO Japanese Cuisine

Dear Tonia Lediju,

I have reviewed the Performance Audit conducted by IMG CPA's, Mr. Larry Lo. The report looks accurate as compared to our records.

Please contact me with any further questions.

Best Regards,

Wayne Chang

Wayne Chang, Treasurer

YOKO INC.
dba
OSHO JAPANESE CUISINE
PO BOX 992
MILLBRAE, CA 94030
OSHO SFO@MAC.COM

City and County of San Francisco

Office of the Controller – City Services Auditor

AIRPORT COMMISSION:

**Frontier Airlines, Inc., Correctly
Paid Its Landing Fees for
July 2011 Through June 2013**



January 14, 2015

**OFFICE OF THE CONTROLLER
CITY SERVICES AUDITOR**

The City Services Auditor (CSA) was created in the Office of the Controller through an amendment to the Charter of the City and County of San Francisco (City) that was approved by voters in November 2003. Charter Appendix F grants CSA broad authority to:

- Report on the level and effectiveness of San Francisco's public services and benchmark the City to other public agencies and jurisdictions.
- Conduct financial and performance audits of city departments, contractors, and functions to assess efficiency and effectiveness of processes and services.
- Operate a whistleblower hotline and website and investigate reports of waste, fraud, and abuse of city resources.
- Ensure the financial integrity and improve the overall performance and efficiency of city government.

CSA may conduct financial audits, attestation engagements, and performance audits. Financial audits address the financial integrity of both city departments and contractors and provide reasonable assurance about whether financial statements are presented fairly in all material aspects in conformity with generally accepted accounting principles. Attestation engagements examine, review, or perform procedures on a broad range of subjects such as internal controls; compliance with requirements of specified laws, regulations, rules, contracts, or grants; and the reliability of performance measures. Performance audits focus primarily on assessment of city services and processes, providing recommendations to improve department operations.

CSA conducts its audits in accordance with the Government Auditing Standards published by the U.S. Government Accountability Office (GAO). These standards require:

- Independence of audit staff and the audit organization.
- Objectivity of the auditors performing the work.
- Competent staff, including continuing professional education.
- Quality control procedures to provide reasonable assurance of compliance with the auditing standards.

For questions about the report, please contact Director of City Audits Tonia Lediju at Tonia.Lediju@sfgov.org or 415-554-5393 or CSA at 415-554-7469.

CSA Audit Team: Winnie Woo, Associate Auditor

Audit Consultants: Macias Gini & O'Connell LLP (MGO)



CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER

Ben Rosenfield
Controller

Todd Rydstrom
Deputy Controller

January 14, 2015

San Francisco Airport Commission
San Francisco International Airport
P.O. Box 8097
San Francisco, CA 94128-8097

John L. Martin, Airport Director
San Francisco International Airport
P.O. Box 8097
San Francisco, CA 94128-8097

Dear Commission President, Commissioners, and Mr. Martin:

The City and County of San Francisco's Airport Commission (Airport) coordinates with the Office of the Controller's City Services Auditor Division (CSA) to conduct periodic compliance audits of Airport tenants and airlines. CSA engaged Macias Gini & O'Connell LLP (MGO) to audit airlines that do business with the Airport to ensure that they comply with the landing fee provisions of their agreements.

CSA presents the attached report for the compliance audit of Frontier Airlines, Inc., (Frontier Airlines) prepared by MGO.

Reporting Period: July 1, 2011, through June 30, 2013

Landing Fees Paid: \$1,738,459

Results:

Frontier Airlines correctly reported 3,376 revenue aircraft landings and correctly paid the landing fees due to the Airport.

The responses of the Airport and Frontier Airlines are attached to this report.

CSA appreciates the assistance and cooperation of Airport and airline staff during the audit. For questions about the report, please contact me at Tonia.Lediju@sfgov.org or 415-554-5393 or CSA at 415-554-7469.

Respectfully,

Tonia Lediju
Director of City Audits

Attachment

cc: Mayor
Board of Supervisors
Budget Analyst
Citizens Audit Review Board
City Attorney
Civil Grand Jury
Public Library

**CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER**

PERFORMANCE AUDIT REPORT
Frontier Airlines, Inc.

July 1, 2011 through June 30, 2013



Certified Public Accountants.



Certified Public Accountants.

Walnut Cree
2121 N. California Blvd., Suite 75
Walnut Creek, CA 9459
925.274.019

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Newport Beac

San Dieg

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Performance Audit Report

Macias Gini & O'Connell LLP (MGO) presents its report concerning the performance audit of Frontier Airlines, Inc. (Airline) as follows:

Background

The Airline operates under a lease and use agreement (agreement) with the Airport Commission of the City and County of San Francisco (Commission) to use the landing field facilities at the San Francisco International Airport (SFO) for its air transportation business. During the audit period, the Airline operated under agreement No. L10-0087 entered into on March 1, 2010 with an effective date of July 1, 2011 and an expiration date of June 30, 2021, with provisions that allows for an earlier termination. The agreement requires the Airline to submit to the Airport Department (Airport) a monthly report showing its actual revenue aircraft landings by type of aircraft and other landing data necessary to calculate the landing fees.

The Airport charges the Airline a landing fee based on the maximum landing weight of aircraft making revenue landings at the SFO. For every 1,000 pounds of aircraft landed, the Commission sets a fee that it may change annually.

<u>For the Period</u>	<u>Landing Fee Rate</u>
July 1, 2011 through June 30, 2012	\$3.79
July 1, 2012 through June 30, 2013	\$4.01

Reporting Period(s):	July 1, 2011 through June 30, 2013
Lease and Use Agreement(s):	No. L10-0087

Objective and Scope

The objective of this performance audit was to determine whether the Airline was in substantial compliance with the reporting, payment, and other rent related provisions of its lease with the Commission. To meet the objective of our performance audit and based upon the provisions of the City and County of San Francisco contract number P-500 (5-10) dated March 1, 2013, between MGO and the City and County of San Francisco, and per Appendix A therein, we verified that landing fees for the audit period were reported to the Airport in accordance with the lease provisions, and that such amounts agreed with the underlying accounting records; identified and reported the amount and cause of any significant error (over or under) in reporting together with the impact on fees payable to the Airport; and identified and reported any recommendations to improve record keeping and reporting processes of the Airline relative to its ability to comply with lease provisions; and identified and reported any recommendations to improve record keeping and reporting processes of the Airline relative to its ability to comply with lease provisions.

The scope of our audit included the landing fees reported and paid or payable by the Airline to the Airport for the period from July 1, 2011 through June 30, 2013.

This audit and the resulting report relates only to the landing fees reported by the Airline, and does not extend to any other performance or financial audits of either the Commission or the Airline taken as a whole.

Methodology

To meet the objectives of our performance audit, we performed the following procedures: reviewed the applicable terms of the agreement and the adequacy of the Airline's procedures and internal controls for collecting, recording, summarizing and reporting its revenue aircraft landings; selected and tested 2 sample months for each contract year and 3 sample days for each sample months selected per guidelines provided by the City; recalculated monthly landing fees due; and verified the timeliness of reporting landing fees to the Airport.

We conducted this performance audit in accordance with *Generally Accepted Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and recommendations based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our audit results based on our audit objective.

Audit Results

Based on the results of our performance audit for the period from July 1, 2011 through June 30, 2013, the Airline correctly reported 3,376 revenue passenger aircraft landings and paid \$1,738,459 in landing fees to the Airport in accordance with its agreement. Those amounts agreed to the underlying records.

The table below shows the Airline's reported total revenue aircraft landings and landing fees paid to the Airport.

**Revenue Passenger Aircraft Landings and Fees Paid
July 1, 2011 through June 30, 2013**

<u>For the Period</u>	<u>Number of Landings</u>	<u>Landing Fees Paid</u>
July 1, 2011 through June 30, 2012	1,883	\$ 933,708
July 1, 2012 through June 30, 2013	1,493	804,751
Total	3,376	\$ 1,738,459

Conclusion

Based upon the performance audit procedures performed and the results obtained, we have met our audit objective. We conclude that the Airline was in substantial compliance with the reporting, payment, and other rent-related provisions of its lease #L10-0087 with the Airport.

This performance audit did not constitute an audit of financial statements in accordance with *Government Auditing Standards* or auditing standards generally accepted in the United States of America. MGO was not engaged to, and did not, render an opinion on the Airline's internal controls over financial reporting or over the Airline's financial management systems.

This report is intended solely for the information and use of the Airline, the Commission and the City and County of San Francisco, and is not intended to be and should not be used by anyone other than these specified parties.

Macias Gini & O'Connell LLP

Walnut Creek, California
January 8, 2015



San Francisco International Airport

November 26, 2014

Ms. Tonia Lediju
Director of City Audits
City Services Auditor Division
Office of the Controller
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 477
San Francisco, CA 94102

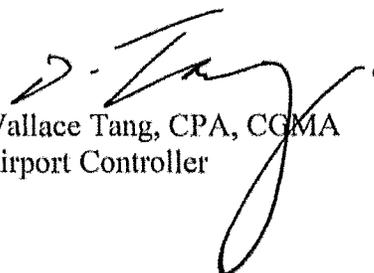
Subject: Performance Audit – Frontier Airlines, Inc.

Dear Ms. Lediju:

We have received and reviewed the revised draft audit report of Frontier Airlines, Inc. prepared and sent by Macias Gini and O’Connell, LLP via e-mail on November 10, 2014. This letter is to confirm that, based upon the details provided, we agree with the audit results.

If you have any questions, please feel free to call us at (650) 821-4526 (Gary) or (650) 821-2852 (Wallace) if you have any questions.

Very truly yours,


Wallace Tang, CPA, CGMA
Airport Controller


Gary Franzella
Associate Deputy Airport Director
Aviation and Parking Management

cc: Larry Lo, MGO
Eugene Ma, MGO
Winnie Woo, CSA
Teresa Rivor
Dan Ravina



Frontier Airlines, Inc.
7001 Tower Road
Denver, Colorado 80249

December 15, 2014

Tonia Lediju
Director of City Audits
City Services Auditor Division
Office of the Controller
City and County of San Francisco

Dear Tonia,

Please consider this Frontier's official response that it approves the Performance Audit Report for the period July 1, 2011 through June 30, 2013 to be submitted to the City and County of San Francisco by Macias Gini & O'Connell LLP.

Sincerely,

A handwritten signature in black ink, appearing to read "Holly L. Nelson".

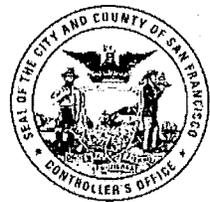
Holly L. Nelson
Chief Accounting Officer and Treasurer

City and County of San Francisco

Office of the Controller – City Services Auditor

AIRPORT COMMISSION:

**Korean Air Lines Co., Ltd.
Correctly Paid Its Landing Fees
for July 2011 Through June 2013**



January 14, 2015

**OFFICE OF THE CONTROLLER
CITY SERVICES AUDITOR**

The City Services Auditor (CSA) was created in the Office of the Controller through an amendment to the Charter of the City and County of San Francisco (City) that was approved by voters in November 2003. Charter Appendix F grants CSA broad authority to:

- Report on the level and effectiveness of San Francisco's public services and benchmark the City to other public agencies and jurisdictions.
- Conduct financial and performance audits of city departments, contractors, and functions to assess efficiency and effectiveness of processes and services.
- Operate a whistleblower hotline and website and investigate reports of waste, fraud, and abuse of city resources.
- Ensure the financial integrity and improve the overall performance and efficiency of city government.

CSA may conduct financial audits, attestation engagements, and performance audits. Financial audits address the financial integrity of both city departments and contractors and provide reasonable assurance about whether financial statements are presented fairly in all material aspects in conformity with generally accepted accounting principles. Attestation engagements examine, review, or perform procedures on a broad range of subjects such as internal controls; compliance with requirements of specified laws, regulations, rules, contracts, or grants; and the reliability of performance measures. Performance audits focus primarily on assessment of city services and processes, providing recommendations to improve department operations.

CSA conducts its audits in accordance with the Government Auditing Standards published by the U.S. Government Accountability Office (GAO). These standards require:

- Independence of audit staff and the audit organization.
- Objectivity of the auditors performing the work.
- Competent staff, including continuing professional education.
- Quality control procedures to provide reasonable assurance of compliance with the auditing standards.

For questions about the report, please contact Director of City Audits Tonia Lediju at Tonia.Lediju@sfgov.org or 415-554-5393 or CSA at 415-554-7469.

CSA Audit Team: Winnie Woo, Associate Auditor

Audit Consultants: Macias Gini & O'Connell LLP (MGO)



CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER

Ben Rosenfield
Controller

Todd Rydstrom
Deputy Controller

January 14, 2015

San Francisco Airport Commission
San Francisco International Airport
P.O. Box 8097
San Francisco, CA 94128-8097

John L. Martin, Airport Director
San Francisco International Airport
P.O. Box 8097
San Francisco, CA 94128-8097

Dear Commission President, Commissioners, and Mr. Martin:

The City and County of San Francisco's Airport Commission (Airport) coordinates with the Office of the Controller's City Services Auditor Division (CSA) to conduct periodic compliance audits of Airport tenants and airlines. CSA engaged Macias Gini & O'Connell LLP (MGO) to audit airlines that do business with the Airport to ensure that they comply with the landing fee provisions of their agreements.

CSA presents the attached report for the compliance audit of Korean Air Lines Co., Ltd. (Korean Air) prepared by MGO.

Reporting Period: July 1, 2011, through June 30, 2013

Landing Fees Paid: \$3,298,695

Results:

Korean Air correctly reported 1,447 revenue aircraft landings and correctly paid the landing fees due to the Airport.

The responses of the Airport and Korean Air are attached to this report.

CSA appreciates the assistance and cooperation of Airport and airline staff during the audit. For questions about the report, please contact me at Tonia.Lediju@sfgov.org or 415-554-5393 or CSA at 415-554-7469.

Respectfully,

Tonia Lediju
Director of City Audits

Attachment

cc: Mayor
Board of Supervisors
Budget Analyst
Citizens Audit Review Board
City Attorney
Civil Grand Jury
Public Library

**CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER**

PERFORMANCE AUDIT REPORT
Korean Air Lines Co., Ltd.

July 1, 2011 through June 30, 2013



Certified Public Accountants.



Certified Public Accountants.

Walnut Creek
2121 N. California Blvd., Suite 750
Walnut Creek, CA 94597
925.274.0191

Sacramento

Oakland

LA/Century Cit

Newport Beach

San Diego

Seattle

Performance Audit Report

Macias Gini & O'Connell LLP (MGO) presents its report concerning the performance audit of Korean Air Lines Co., Ltd. (Airline) as follows:

Background

The Airline operates under a lease and use agreement (agreement) with the Airport Commission of the City and County of San Francisco (Commission) to use the landing field facilities at the San Francisco International Airport (SFO) for its air transportation business. During the audit period, the Airline operated under agreement No. L10-0090 entered into on March 1, 2010 with an effective date of July 1, 2011 and an expired expiration date of June 30, 2021, with provisions that allows for an earlier termination. The agreement requires the Airline to submit to the Airport Department (Airport) a monthly report showing its actual revenue aircraft landings by type of aircraft and other landing data necessary to calculate the landing fees.

The Airport charges the Airline a landing fee based on the maximum landing weight of aircraft making revenue landings at the SFO. For every 1,000 pounds of aircraft landed, the Commission sets a fee that it may change annually.

<u>For the Period</u>	<u>Landing Fee Rate</u>
July 1, 2011 through June 30, 2012	\$3.79
July 1, 2012 through June 30, 2013	\$4.01

Reporting Period(s):	July 1, 2011 through June 30, 2013
Lease and Use Agreement(s):	No. L10-0090

Objective and Scope

The objective of this performance audit was to determine whether the Airline was in substantial compliance with the reporting, payment, and other rent related provisions of its lease with the Commission. To meet the objective of our performance audit and based upon the provisions of the City and County of San Francisco contract number PSC# 4042-11/12P-500 (5-10) dated March 1, 2013, between MGO and the City and County of San Francisco, and per Appendix A therein, we verified that landing fees for the audit period were reported to the Airport in accordance with the lease provisions, and that such amounts agreed with the underlying accounting records; identified and reported the amount and cause of any significant error (over or under) in reporting together with the impact on fees payable to the Airport; and identified and reported any recommendations to improve record keeping and reporting processes of the Airline relative to its ability to comply with lease provisions; and identified and reported any recommendations to improve record keeping and reporting processes of the Airline relative to its ability to comply with lease provisions.

The scope of our audit included the landing fees reported and paid or payable by the Airline to the Airport for the period from July 1, 2011 through June 30, 2013.

This audit and the resulting report relates only to the landing fees reported by the Airline, and does not extend to any other performance or financial audits of either the Commission or the Airline taken as a whole.

Methodology

To meet the objectives of our performance audit, we performed the following procedures: reviewed the applicable terms of the agreement and the adequacy of the Airline's procedures and internal controls for collecting, recording, summarizing and reporting its revenue aircraft landings; selected and tested 2 sample months for each contract year and 3 sample days for each sample months selected per guideline provided by the City; recalculated monthly landing fees due; and verified the timeliness of reporting landing fees to the Airport.

We conducted this performance audit in accordance with *Generally Accepted Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and recommendations based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our audit results based on our audit objective.

Audit Results

Based on the results of our performance audit for the period from July 1, 2011 through June 30, 2013, the Airline correctly reported 733 revenue passenger aircraft landings and paid \$1,339,865 in landing fees and 714 cargo aircraft landings and paid \$1,958,830 in landing fees to the Airport in accordance with its agreement. Those amounts agreed to the underlying records.

The tables below shows Airline's reported total revenue passenger and cargo aircraft landings and landing fees paid to the Airport.

**Revenue Passenger Aircraft Landings and Fees Paid
July 1, 2011 through June 30, 2013**

<u>For the Period</u>	<u>Number of Landings</u>	<u>Landing Fees Paid</u>
July 1, 2011 through June 30, 2012	368	\$ 643,216
July 1, 2012 through June 30, 2013	365	696,649
Total	733	\$ 1,339,865

**Revenue Cargo Aircraft Landings and Fees Paid
July 1, 2011 through June 30, 2013**

<u>For the Period</u>	<u>Number of Landings</u>	<u>Landing Fees Paid</u>
July 1, 2011 through June 30, 2012	369	\$ 936,661
July 1, 2012 through June 30, 2013	345	1,022,169
Total	714	\$ 1,958,830

Conclusion

Based upon the performance audit procedures performed and the results obtained, we have met our audit objective. We conclude that the Airline was in substantial compliance with the reporting, payment, and other rent-related provisions of its lease #L10-0090 with the Airport.

This performance audit did not constitute an audit of financial statements in accordance with *Government Auditing Standards* or auditing standards generally accepted in the United States of America. MGO was not engaged to, and did not, render an opinion on the Airline's internal controls over financial reporting or over the Airline's financial management systems.

This report is intended solely for the information and use of the Airline, the Commission and the City and County of San Francisco, and is not intended to be and should not be used by anyone other than these specified parties.

Macias Gini & O'Connell LLP

Walnut Creek, California
January 8, 2015



San Francisco International Airport

November 26, 2014

Ms. Tonia Lediju
Director of City Audits
City Services Auditor Division
Office of the Controller
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 477
San Francisco, CA 94102

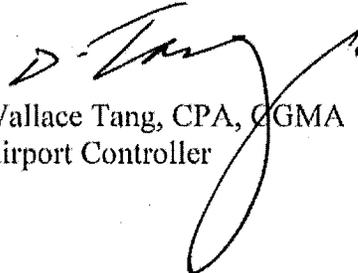
Subject: Performance Audit – Korean Air Lines Co., Ltd.

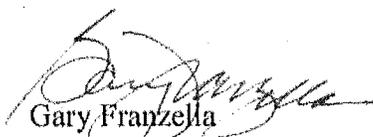
Dear Ms. Lediju:

We have received and reviewed the revised draft audit report of Korean Air Lines Co., Ltd. prepared and sent by Macias Gini and O'Connell, LLP via e-mail on November 10, 2014. This letter is to confirm that, based upon the details provided, we agree with the audit results.

If you have any questions, please feel free to call us at (650) 821-4526 (Gary) or (650) 821-2852 (Wallace) if you have any questions.

Very truly yours,


Wallace Tang, CPA, CGMA
Airport Controller


Gary Franzella
Associate Deputy Airport Director
Aviation and Parking Management

cc: Larry Lo, MGO
Eugene Ma, MGO
Winnie Woo, CSA
Teresa Rivor
Dan Ravina

AIRPORT COMMISSION CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE
MAYOR

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PRESIDENT

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VICE PRESIDENT

ELEANOR JOHNS

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JOHN L. MARTIN
AIRPORT DIRECTOR

Post Office Box 8097 San Francisco, California 94128 Tel 650.821.5000 Fax 650.821.5005 www.flysfo.com



KOREAN AIR
P.O. BOX 251515
SAN FRANCISCO, CA 94125
TEL (650) 821-0600 FAX (650) 821-0606 TOLL FREE (800) 438-5000
WEB SITE : www.koreanair.com

December 17, 2014

Tonia Lediju
Director of City Audits
City Services Auditor Division
Office of the Controller
City and County of San Francisco

Re: Performance Audit Report _ Korean Air Lines Co. Ltd

Dear Ms. Tonia Lediju,

Thank you for providing the draft concerning Audit Result covering the period of July 1, 2011 through June 30, 2013.

According to the final draft report, we have no objection of the result.

Again, we thank you, and surely we will comply with the reporting, payment, and other rent related provisions of lease with the commission.

Sincerely,

A handwritten signature in black ink, appearing to read "Young Yoon". The signature is fluid and cursive, with a large loop at the end.

Young Yoon
Station Manager

Korean Air
San Francisco Int'l Airport
P. O. Box 251515
San Francisco, CA 94125

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: Citizens' General Obligation Bond Oversight Committee - FY2013-14 Annual Report
Attachments: cgoboc2_20150109122810.PDF

From: Major, Erica
Sent: Monday, January 12, 2015 4:11 PM
To: Board of Supervisors (BOS)
Cc: Lane, Maura (CON)
Subject: C-Page Submittal - CGOBOC FY2013-14 Annual Report

Please see attached for the above stated.

Thank you.

Erica Major

Assistant Committee Clerk

Board of Supervisors

1 Dr. Carlton B. Goodlett Place, City Hall, Room 244 San Francisco, CA 94102

Phone: (415) 554-4441 | Fax: (415) 554-5163

From: Lane, Maura (CON)
Sent: Friday, January 09, 2015 12:40 PM
To: Major, Erica
Subject: CGOBOC FY2013-14 Annual Report

Hi Erica,

I apologize if I've already sent you CGOBOC's FY2013-14 Annual Report. I didn't cross it off my list so I thought I'd better get it to you if I had not done so already.

Best,

Maura

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**CITIZENS' GENERAL OBLIGATION BOND
OVERSIGHT COMMITTEE:**

Fiscal Year 2013-14 Annual Report

September 2014

September 25, 2014

Honorable Edwin M. Lee, Mayor
City and County of San Francisco
City Hall, Room 200
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Honorable Board of Supervisors
City and County of San Francisco
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Dear Mayor Lee and Members of the Board of Supervisors:

On behalf of my fellow members, I am pleased to present you with the 2013-14 Annual Report of the Citizens' General Obligation Bond Oversight Committee (CGOBOC).

You will recall that CGOBOC was established in 2002 with Proposition F, passed by the voters of San Francisco to review and oversee the delivery of general obligation bond programs. A year later, Proposition C authorized and required CGOBOC to also review and provide input on the work of the City Services Auditor Division (CSA) of the Office of the Controller, including the Whistleblower Program.

This report utilizes a standardized template for reporting key attributes for each of the general obligation bond programs. The template includes the three following attributes:

- Relevant CSA audits and other monitoring where performed
- Total cost of contract change orders where available
- Plans for funding non-bond items such as furniture, fixtures and equipment, and ongoing maintenance costs

In the time since CGOBOC was established, the voters of San Francisco have more than doubled the number of bond projects in the City and County of San Francisco. The recently approved Earthquake Safety and Emergency Response Bond of 2014 and the upcoming Transportation Bond if passed in November promise to add to that expansion. Assuming this expansion of oversight continues, CGOBOC's capacity to effectively fulfill our mandate will be sorely tested.

In addition to general obligation bond oversight, CGOBOC also has oversight responsibilities for the City Services Auditor (CSA) and the City's Whistleblower Program. Accordingly, we have included those areas in our report.

In addition to our core work, we have identified two priority areas that require attention:

Future maintenance costs: Maintenance costs for new capital projects impact the City's operating budget for decades. CGOBOC believes that all future GO bond proposals should include an analysis of the increase or decrease in annual maintenance costs related to each project and the ongoing implications of these costs. The proposed analysis should be part of a long-term funding plan developed by the Mayor and the Board that maintains the great libraries, parks, hospitals and other amazing facilities and capital assets funded by taxpayer-approved general obligation bonds. The ramifications of investing taxpayer money in capital projects without simultaneously planning for their continued viability are sobering.

Transparency: The Committee continues to seek additional and more effective ways to fulfill its mandate of making information about bond programs more accessible to the City's residents. Among the newest initiatives is a request that we centralize, digitally map and provide open access to data on all active bond projects so that any individual or entity can: a) locate where and when municipal construction is occurring in the City; b) understand how that particular project is funded and what the status of that funding is; c) contact the correct agency about a particular project in which they are interested, and d) access the data to create apps and other tools that increase transparency and ease of use in service to the general public. We will be discussing this initiative in the very near future.

In FY 14-15, subject to further refinement by the Committee, we intend to focus on the following:

1. Bond Projects

- Review current and alternative methods of fulfilling CGOBOC's responsibility to review and report on the expenditure of taxpayer approved bond funding
- Examine the efficacy of CGOBOC requirements and, where necessary, funding annual assessments or audits on each bond project
- Standardize CGOBOC bond and construction close-out process to examine what was promised versus what was delivered, lessons learned and best practices
- Advocate for more specific GO bond scope statements in future GO bond funded projects to enable SF residents to better understand the scope of work and ongoing budgetary impact of bond-funded projects

2. Benchmarking

- Identify potential areas for future benchmarking studies
- Incorporate CGOBOC benchmarking priorities into CSA work plan

3. CSA

- Evaluate overall compliance of CGOBOC with Charter defined responsibilities
- Expand the CGOBOC liaison role in annual work plan development
- Examine and operationalize the role of CGOBOC as Citizen's Audit Review Board
- Integrate applicable CSA audits into the bond oversight process

4. Whistleblower Program

- Implement the whistleblower satisfaction survey currently being finalized
- Develop recommendations on retaliation claims

5. CGOBOC Annual Report

- Standardize the report format
- Refine uniform performance metrics for all GO bond programs focusing on scope, time and budget and discussion of future maintenance costs

6. CGOBOC Annual Report

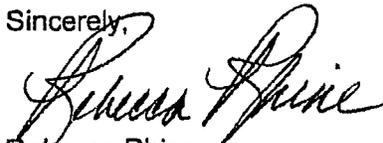
- Develop and implement consistent liaison guidelines for oversight role of GO bonds and Citizen's Audit Review Board

- Create an onboarding process to ensure continuity of active oversight responsibilities, including pairing new members with experienced CGOBOC members, committee orientation and framework for review of GO bonds and operating functions

We look forward to a productive and challenging year.

Thank you for your consideration.

Sincerely,



Rebecca Rhine

Chair, Citizens' General Obligation Bond Oversight Committee

Cc: Angela Calvillo, Clerk of the Board
Ben Rosenfield, Controller
Nadia Sesay, Director, Office of Public Finance
Civil Grand Jury

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- G. 2011 Road Repaving and Street Safety
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III. Citizens Audit Review Board Activities

- A. City Services Auditor Activities (Audits Unit and City Performance Unit)
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I. Introduction

Background

In March 2002 San Francisco voters adopted Proposition F, the Citizen Oversight of Bond Expenditures Initiative, which established the Citizens' General Obligation Bond Oversight Committee (CGOBOC), a nine-member committee to inform the public about the expenditure of general obligation (GO) bond proceeds, through active review and the publishing of regular reports, to ensure that bond revenues are expended only in accordance with the ballot measure. The ordinance required that the members meet certain minimum qualifications and be appointed as follows: three members by the Mayor, three members by the Board of Supervisors, two members by the Controller, and one member by the Civil Grand Jury. Each member serves a term of two years and may be re-appointed for a second two-year term. The current roster of committee members includes: Jonathan Alloy, Jerry Dratler, Michael Seville, Minneola Ingersoll, Michael Garcia, Corey Marshall, and Rebecca Rhine. Two positions are currently vacant.

To fulfill its purpose, CGOBOC must review and report on the expenditure of taxpayer's money in accordance with the voter authorization. This may include any of the following:

1. Inquire into the disbursement and expenditure of the proceeds of bonds approved by voters by receiving any reports, financial statements, correspondence, or other documents and materials related to the expenditure of bond funds from agencies that receive proceeds from these bonds.
2. Hold public hearings to review the disbursement and expenditure of voter-approved bond proceeds.
3. Inspect facilities financed with the proceeds of bonds approved by voters.
4. Receive and review the City's capital improvement project proposals or plans.
5. Review efforts by the City to maximize bond proceeds by implementing cost-saving measures.
6. Commission independent review of the disbursement and expenditure of bond proceeds.

When CGOBOC was established, it was granted set-aside funding of one-tenth of one percent of gross proceeds from GO bonds to be deposited in a fund established by the Office of the Controller (Controller) and used to cover the costs of oversight activities. If these funds are not used by the end of the bond, they go back to the bond fund. This set-aside was not established when the Laguna Honda Hospital Replacement Program or the Branch Library Improvement Program bond measures were passed, but the oversight funding is available for the bond programs that were more recently approved, including the San Francisco General Hospital Rebuild Program (2008); Clean and Safe Neighborhood Parks (2008 and 2012); Earthquake Safety and Emergency Response (2010 and 2014); and Road Repaving and Street Safety (2011).

In November 2003 the voters added to the duties of CGOBOC by approving Proposition C, which altered the City Charter by amending Section 3.105 and adding Appendix F, requiring the Controller to serve as the City Services Auditor (CSA). The ordinance also added to the duties of CGOBOC by requiring that it serve as a Citizens Audit Review Board (CARB). In this role, CGOBOC provides advisory input to the Controller on requirements set forth in Appendix F, including requiring that CGOBOC: 1) review the Controller's service standards and benchmarks to ensure their accuracy and usefulness; 2) review all audits to assure they meet requirements set forth in Appendix F; 3) review complaints received through the Controller's Whistleblower Hotline and their disposition; and 4) when appropriate, hold public hearings regarding the results of benchmark studies and audits. Appendix F provides that at least two-tenths of one percent of bond proceeds be deposited in the Controller's Audit Fund and used exclusively to implement the requirements of Appendix F.

This report provides an overview of and key updates for GO bond programs, describes the oversight activities undertaken and funds allocated, and summarizes CARB's activities, including the work of CSA and its Whistleblower Program.

II. General Obligation (GO) Bond Program Updates

The primary purpose of CGOBOC is to inform the public about the expenditure of GO bond proceeds. Bond program managers regularly update CGOBOC on project progress and expenditure of bond proceeds. This section provides key updates on active GO bond programs, as follows:

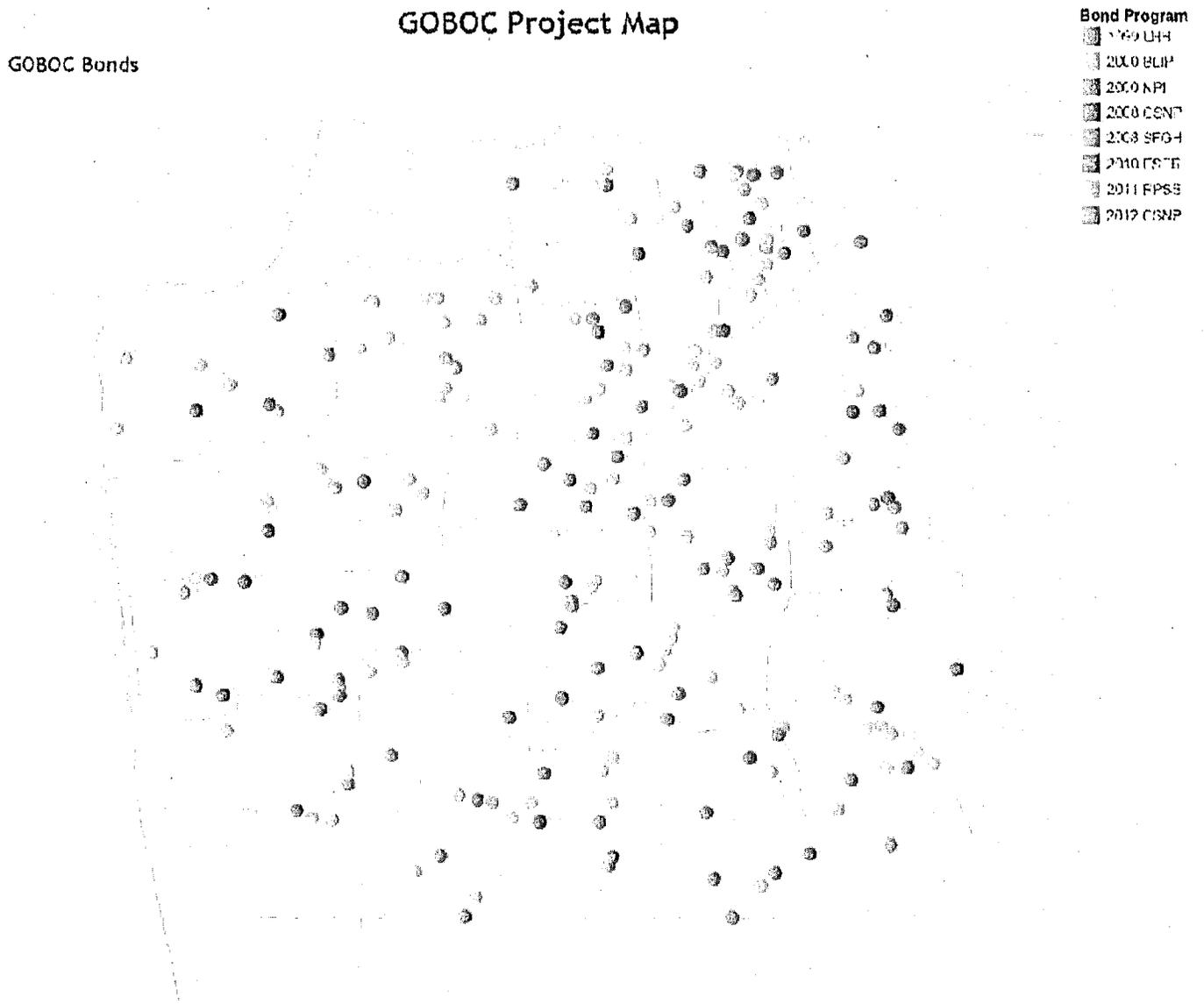
- A. 1999 Laguna Honda Hospital Replacement Program
- B. 2000 Branch Library Improvement Program
- C. 2000 Neighborhood Park Improvement
- D. 2008 Clean and Safe Neighborhood Parks
- E. 2008 San Francisco General Hospital Rebuild Program
- F. 2010 Earthquake Safety and Emergency Response
- G. 2011 Road Repaving and Street Safety
- H. 2012 Clean and Safe Neighborhood Parks

GO bond programs have funded over 200 projects across San Francisco since 1999. Figure 1 on the following page shows the location of the GO bond funded projects.

CGOBOC Comments

Generally, the more recent GO bond funded projects have been better managed resulting in projects that are on budget, don't stray from scope and are completed sooner. We attribute these positive changes to improvements in community engagement, project management and the development of more rigorous project scope statements. Looking forward, optimizing community engagement and project compliance and approval processes, carefully considering contractor bidding qualifications, and conducting contractor performance evaluations should all assist in ensuring that GO bond projects continue to be completed in a timely manner and within scope and budget. The more specific the pre-bond scoping the more effective the post-passage oversight process.

Figure 1 – Location of GO Bond Funded Projects



A. 1999 Laguna Honda Hospital Replacement Program

Program Description

Current Budget (all sources)	\$584,946,682
Original Bond Amount	\$296,083,671
Bond Interest	\$26,771,514
Tobacco Settlement Revenue	\$140,992,731
Certificates of Participation	\$120,000,000
Federal Grants	\$1,098,686
Original Completion	December 2009
Current Completion	December 2013
CGOBOC Liaisons	No liaisons currently assigned
Web site:	http://sfdpw.org/index.aspx?page=69

In November 1999 San Francisco voters approved \$299 million in GO bonds to finance the Laguna Honda Hospital (LHH) Replacement Program. Other funding sources as shown above include interest earned on the bonds, Tobacco Settlement Revenue funds under an agreement administered by the state, developer Certificates of Participation, and federal grants. The LHH Replacement Program comprises demolition, construction, and renovation of LHH, including: (a) the construction of three new buildings, South, Link, and East; and (b) renovations to existing facilities. The LHH Replacement Program will result in 780 skilled nursing facility beds and has an estimated cost of completion of \$584.9 million.

Program Status

The new building contracts were closed out and final payment was made in December 2012. The remodel of LHH's Wing H was completed in June 2013. The Office of Statewide Health Planning and Development (OSHPD) issued a certificate of occupancy on December 27, 2013. The certificate of occupancy is a major milestone which allows the space to be turned over to LHH for its use. LHH is in the process of moving furniture, equipment, and personnel into the newly renovated space. However, additional OSHPD comments need to be addressed before the project will be closed with OSHPD. Since the project received the certificate of occupancy, the City has proceeded with the process of closing out the contract with the project's construction manager-at-risk.

CSA Audit & Project Findings

In July 2013 CSA completed a close-out audit of the construction contract for the LHH Replacement Program. The audit found that Public Works generally complied with most of the close-out procedures in the contract, but was unable to provide documentation to verify compliance with 8 of 34 applicable close-out procedures. The report included a recommendation that the Public Works Department use a checklist to ensure completion of all procedures.

Change Orders

As of the April 2013 quarterly report, the project had approximately \$94.5 million in change orders.

Furniture, Fixtures & Equipment (FF&E) Costs

Not Available

Future Maintenance Costs

Not Available

CGOBOC Comments

While the LHH project predates the establishment of CGOBOC, the Committee has diligently tried to monitor the conclusion of the project. As noted in the cover letter, it is crucial that any close out assessment include a close out of the entire bond and not limited to the construction. This should include a detailed analysis of the \$94.5 million in change orders by category, including as a percentage of overall project costs they represent and whether this cost exceeded project contingencies.

B. 2000 Branch Library Improvement Program

Program Description

Current Budget (all sources)	\$196,259,350
Original Bond Amount	\$105,865,000
Bond Interest and Rents	\$7,857,752
Lease Revenue Bond	\$34,056,156
City ESP Bonds	\$2,400,000
State Prop. 14 Bonds	\$9,710,784
Library Preservation Fund	\$18,369,658
Developer Impact Fees	\$2,000,000
Friends of the Library	\$16,000,000
Original Completion	<i>Not available</i>
Current Completion	August 2014
CGOBOC Liaisons	No liaisons currently assigned
Web site:	http://sfpl.org/index.php?pg=2000002301

In November 2000 San Francisco voters approved a \$105.9 million bond for the 2000 Branch Library Improvement Program (BLIP) to fund modernization and improvement of 24 branch libraries. As shown in the table above, these funds were further leveraged with funding made available via the Library Preservation Fund, lease revenue bonds, City ESP bonds, state Proposition 14 bonds, developer impact fees, bond interest and rents, and private Friends of the Library funds, for a total program of \$196.3 million.

BLIP was approved before the formation of CGOBOC, and therefore oversight for the program does not technically reside with CGOBOC. However, CGOBOC has been actively engaged with the San Francisco Public Library and Public Works, meeting once per quarter for the past two years to discuss the status of the remaining bond-funded projects and close-out processes that can inform current and future bond planning efforts.

Program Status

The program has completed all of the original 24 projects—including 7 site acquisitions, construction of 8 new branch libraries, and renovation of 16 branches, as defined following passage of the bond in 2000—with the Bayview Library project completed in February 2013 and the North Beach Library project completed in May 2014. The project scopes for the final two projects were significantly changed from renovation to reconstruction. As a result, both projects encountered numerous delays and project cost increases.

Overall, the original budget for BLIP increased by more than \$60 million due to changes in project scope, including reconstructing instead of renovating facilities; changes in standards over the life of the bond program, such as ADA and LEED; and unforeseen site conditions. Due to the length and complexity of the BLIP, department staff also has been actively identifying opportunities for learning and pursuing improvements that will be implemented for planning and project delivery of future bonds. Some specific recommendations are as follows:

1. Document lessons learned to inform future bond issues.
2. Conclude projects as soon as possible.
3. Review bid processes to ensure that bond funds are optimized.

CSA Audit & Project Findings

CSA did not audit any BLIP projects in the last fiscal year.

In August 2009, CSA completed an audit that determined if Huey Construction Management Co., Inc., (Huey) complied with construction contract terms and conditions in its work on the West Portal Branch Library construction project and evaluated the extent to which the Department of Public Works (DPW) provided sufficient project management oversight in accordance with the contract. The audit found that library patrons, staff, and other stakeholders indicated that they are satisfied with the results of the renovation. However, certain DPW and Huey processes were not consistent with contract terms and conditions. The audit team identified the following:

- The final completion date approved by DPW was not granted in accordance with contract requirements and it is unclear why the contractor was not assessed \$405,000 in liquidated damages.
- DPW approved monthly applications for payment with no or incomplete supporting documentation.
- DPW approved incomplete certified payroll submissions.
- DPW approved change orders without detailed cost information required by the contract.
- DPW did not confirm the state registration of a Huey insurer and approval was given to a noncompliant bond surety company.
- Compensation paid to certain subcontractor employees was not in accordance with prevailing wage rates.

The audit report includes 27 recommendations for the DPW to improve administration of construction contracts for BLIP projects.

In September 2007 CSA completed an audit of BLIP to assess whether escalation factors used to estimate project costs were reasonable, whether best practices for obtaining construction bids were followed, and whether recent changes to staffing and management procedures are adequate to complete the program within the most recent schedule and budget. The audit found project delays averaging 20 months and budget increases of \$51.4 million, or nearly 39 percent. Project delays raised costs an estimated \$16.7 million out of the \$51.4 million total budget increase. Of the five projects completed as of March 31, 2007, but all were within budget, and the Library and DPW were working within the priorities established by the bond proposal. However, the Library and Public Works were already slightly behind their revised schedule for five projects scheduled to begin design in July 2007. Without increased efforts of the bond program management team, even the revised schedule may not be met.

The factors that contributed to delays and cost increases included:

- Applications for state bond funding for five projects took considerably longer than anticipated.
- Delays to five branches were due in part to the Library's decision to increase the size of those projects to meet increased service needs.
- Unclear responsibilities between the Library and DPW and senior management staff vacancies at the Library contributed to some delays.

Other audit findings were:

- Escalation factors used in cost estimates are consistent with industry standards but are inconsistently applied and calculated.
- The Library and DPW have improved bond program management, and further improvements in planning and reporting are recommended.
- The Library and DPW have adequately reached out to potential bidders, but many factors affect contractors' decision to bid or not.

The audit report includes six recommendations for the Library and Public Works to better manage the bond program to complete branch library improvements on schedule and within budget.

Change Orders

Not Available

Furniture, Fixtures & Equipment (FF&E) Costs

Not Available

Future Maintenance Costs

Not Available

CGOBOC Comments

The Branch Library Improvement Program (BLIP) stands as a notable accomplishment for its breadth and its complexity – requiring a lengthy and influential community and stakeholder engagement process. BLIP has successfully delivered 24 bond projects distributed across the city, modernizing a system that required significant repairs and seismic retrofitting to ensure the safety and viability of its facilities.

BLIP also illustrates the need for enhancements in the scoping and planning for GO bond programs to be approved by voters. Conducting extensive community outreach efforts and scoping in advance of voter adoption would have enabled bond projects to be completed more quickly and with less exposure to the city's volatile economic climate, with impacts in the cost of labor, materials, and services. Subsequent bond packages have increasingly conducted much more planning in advance of voter consideration, leading to improvements in cost containment and project delivery. These many dynamics underscore the need for this bond program to conduct a comprehensive close-out process of all bond projects and to actively share lessons learned with other programs – whether in process or in planning – to ensure these learnings can be incorporated.

Both departments (SFPL and DPW) have been very responsive to CGOBOC requests are designing a process for bond close out and sharing lessons learned.

C. 2000 Neighborhood Park Improvement

Program Description

Current Budget (all sources)	\$257,224,470
Original Bond Amount	\$110,000,000
Open Space Fund	\$22,947,262
Revenue Bonds	\$41,227,762
Gifts/Grants	\$21,067,118
Bond Interest	\$10,151,673
Other Sources	\$51,830,654
Original Completion	<i>Not available</i>
Current Completion	Fall 2014
CGOBOC Liaisons	Michael Seville and Minneola Ingersoll
Web site:	http://sfrecpark.org/park-improvements/capital-publications/

The 2000 Neighborhood Park Improvement (NPI) bond is a \$110 million general obligation bond enacted in March 2000 for the acquisition, construction, and reconstruction of Recreation and Park Department (Rec and Park) facilities. As shown in the table above, these funds were further leveraged with funding made available via the Open Space Fund, revenue bonds, private gifts/grants, bond interest, and other sources for a total program of \$257.2 million.

Program Status

The bond program comprises 78 capital projects and 3 acquisitions. The program has completed 76 capital projects. Like the BLIP bond, the NPI bond was approved before the formation of CGOBOC, so oversight of the bond does not technically reside with CGOBOC. However, CGOBOC has been actively identifying opportunities for learning and pursuing improvements for delivery of future bond projects.

With the conclusion of approved bond projects from the 2000 Bond program in 2014, staff completed a comprehensive reconciliation and review of all sources supplementing bond funds, including gifts, grants, lease revenue bonds, General Fund, and Open Space funds. Projects were closed out, and the reconciliation identified \$5,595,792 in project balances and interest earnings.

Staff re-appropriated the \$5.6 million into a Master Project for future allocation. Guided by one restriction in the 2000 Bond – that funds not be used on projects in Golden Gate Park – the RPD Commission approved reallocations to close funding gaps in eight active projects at Coit Tower, Boedekker Park, Randall Museum, Crocker Amazon, Carl Larsen Playground, Lake Merced Boathouse, Balboa Park, and the Great Highway Restrooms. As of June 30, 2014, \$1,942,429 in 2000 Bond funds were remaining for future allocations.

CSA Audit & Review Findings

CSA did not audit any NPI projects in the last fiscal year.

In April 2014 CSA completed an audit of the \$10.8 million Chinese Recreation Center and \$4.6 million Mission Clubhouse and Playground contracts funded by the 2008 CNSP bond and administered by Public Works. CSA engaged SF Delaney Consulting as a specialist to assist in performing the audit, which determined whether the construction contractors complied with cost and certain other provisions of the contracts, whether the construction management teams followed the appropriate change management process, and whether the process was consistent with industry best practices.

The audit found that, although the contractual provisions for each project appear to be sufficient, the change management procedures and processes, including those for evaluation of change orders and recording of supporting documentation, require some improvements. The report includes 12 recommendations for Recreation and Park and Public Works.

In December 2011 CSA conducted an audit that evaluated whether Bauman Landscape and Construction, Inc., (Bauman) complied with its construction contract for the renovation of McCoppin Square Park (McCoppin), whether Public Works and Rec and Park appropriately managed the contract and renovation of McCoppin, and whether Public Works properly used its IMPACT construction management system to manage the contract. The audit found that Bauman complied with most of the contract provisions, and Public Works Rec and Park properly managed the renovation of McCoppin except for change orders, and that Public Works did not effectively use its IMPACT system to manage the contract. The report included nine recommendations for Public Works to improve its project management.

Change Orders

Contract Sum to Date	Base Contract Awarded	Change Orders - Non-Base Contract Costs
\$183,660,624	\$152,636,069	\$31,024,554
	83.11%	16.89%

Furniture, Fixtures & Equipment (FF&E) Costs

Not Available

Future Maintenance Costs

CGOBOC Comments

This pre-CGOBOC project has provided CGOBOC and Rec and Park with important lessons about the need for specificity and detail which have positively influenced subsequent Rec and Park bonds in 2008 and 2012. Due to the prolonged outreach and project selection process under NPI, each subsequent bond program has invested greater time and energy in conducting proactive community outreach, and increased attention to project identification, scoping and planning in advance of voter consideration of bond proposals. Further, Rec and Park has spent significant time and effort improving coordination with other city departments to facilitate timely delivery of bond projects and to prevent cost overruns due to unforeseen project delays.

Because the majority of NPI projects have been completed, Rec and Park staff were able to reallocate remaining funds to other pressing capital needs that fit the definition supplied under the original voter-approved GO bond. With the possible exception of programs that experience significant cost savings, enhanced planning and project identification efforts underway across bond programs should preclude funding reallocations of this type in future bond programs.

D. 2008 Clean and Safe Neighborhood Parks

Program Description

Current Budget (all sources)	\$223,727,950
Original Bond Amount	\$179,577,229
Revenue Bonds	\$6,609,605
Gifts	\$2,141,945
Private Grants	\$11,593,275
BART Funds	\$1,399,256
Port Funds	\$22,048,608
Open Space Funds	\$46,591
General Fund	\$250,000
2000 NPI Funds	\$61,441
Original Completion	January 2018
Current Completion	January 2018
CGOBOC Liaisons	Michael Seville and Minneola Ingersoll
Web site:	http://sfrecpark.org/park-improvements/capital-publications/

The 2008 Clean and Safe Neighborhood Parks (CNSP) bond is a \$185 million GO bond enacted in February 2008 for specific, voter-approved parks and open space recreation projects, to be completed by both Rec and Park and the Port of San Francisco (Port). The GO bond proceeds are \$151.3 million to Rec and Park and \$33.5 million to the Port, and were further leveraged with funding made available via revenue bonds, gifts, private grants, funding from both the Bay Area Rapid Transit (BART) and the Port, General Fund, Open Space funds, and 2000 NPI bond funds, for a total program of \$223.7 million.

The objectives of the 2008 CNSP bond program are as follows: 1) fix and improve park restrooms citywide; 2) eliminate serious earthquake safety risks in neighborhood and waterfront park facilities; 3) renovate parks and playgrounds in poor physical condition; 4) replace dilapidated playfields; 5) repair nature trail systems in the city's parks; and 6) attract matching community and philanthropic support.

The 2008 CNSP bond is the first parks bond to come under the official authority of CGOBOC. The committee has been actively engaged with Rec and Park, meeting quarterly to discuss project status and how lessons learned from previous project delivery challenges can inform current activities. Rec and Park completed significant project planning and preliminary environmental review in advance of the passage of the 2008 CNSP bond, which has already proven beneficial.

Program Status

The third and final Rec and Park bond sale for this program was successfully completed in February 2012 and proceeds were appropriated. This sale will fund all remaining design and construction for Rec and Park projects under the program. To date, 95 percent of allocated funds have been spent or committed. The fourth and final bond sale for the Port's waterfront park projects is anticipated in late 2014.

As of June 30, 2014, eleven Neighborhood Park projects are complete and open to the public: McCoppin Square, Helen Diller Playground at Mission Dolores, Mission Playground, Chinese Recreation Center, Fulton Playground, Sunset Playground, Lafayette Park, Cabrillo Playground, Cayuga Playground, Palega Playground, and Glen Canyon Park. Two additional projects are in construction: Mission Dolores Park and Raymond Kimbell Playground. Citywide programs are preceding under their implementation plans.

Of 26 projects selected for funds from the Community Opportunity Fund under the 2008 bond, eleven are now complete and open to the public, including Waterfront Playground. Seven projects are in construction, and the

remaining eight projects are working to meet community funding requirements and/or are in design. Approximately 70 percent of the COF program funds are spent or encumbered.

In January 2014 the Port reported that five of ten Port Waterfront Park projects were substantially complete, including the Pier 43 Bay Trail Link; Bayfront Park, Heron's Head Park, and Brannan Street Wharf projects; and the Blue Greenway Planning & Design Guidelines.

CSA Audit & Review Findings

In April 2014 CSA completed an audit of the \$10.8 million Chinese Recreation Center and \$4.6 million Mission Clubhouse and Playground contracts funded by the 2008 CNSP bond and administered by Public Works. The focus of the audit was to determine whether construction contractors complied with cost and certain other provisions of the contracts, whether the construction management teams followed the appropriate change management process, and whether the process was consistent with industry best practices.

The audit found that, although the contractual provisions for each project appear to be sufficient, the change management procedures and processes, including those for evaluation of change orders and recording of supporting documentation, require some improvements. The report included twelve recommendations for Recreation and Park and Public Works.

In August 2013, CSA completed a management review of the 2008 CNSP Bond Program. The management review found that Rec and Park and SF Port lacked a robust project management system, Rec and Park projects were delayed due to staffing shortages, and that SF Port did not have a Memorandum of Understanding (MOU) in place with the Department of Public Works, which led to delays on the Tulare and Bayview projects due to a lack of coordination and role clarity.

The report recommended that Rec and Park hire additional Project Managers, fill vacant positions, develop standardized MOUs, and develop a robust project management system to improve project management and reporting. The report includes 7 recommendations for Rec and Park and SF Port.

In December 2011 CSA conducted an audit that evaluated whether Bauman Landscape and Construction, Inc., (Bauman) complied with its construction contract for the renovation of McCoppin Square Park (McCoppin), whether Public Works and Rec and Park appropriately managed the contract and renovation of McCoppin, and whether Public Works properly used its IMPACT construction management system to manage the contract. The audit found that Bauman complied with most of the contract provisions, and Public Works Rec and Park properly managed the renovation of McCoppin except for change orders, and that Public Works did not effectively use its IMPACT system to manage the contract. The report included nine recommendations for Public Works to improve its project management.

Change Orders

Contract Sum to Date	Base Contract Awarded	Change Orders - Non-Base Contract Costs
\$101,329,333	\$90,419,233	\$10,910,100
	89.23%	10.77%

Note: The numbers above include Rec and Park costs only; they do not include Port costs.

Furniture, Fixtures & Equipment (FF&E) Costs

Not Available

Future Maintenance Costs

Not Available

CGOBOC Comments

When compared to the 2000 Neighborhood Parks Improvement (NPI) bond, the 2008 Clean and Safe Neighborhood Parks (CNSP) bond has shown how advance planning and project selection can positively impact the delivery of bond-funded projects. Project selection and budgets were largely established in advance of voter approval. However, CNSP is not without its challenges: issues affecting the delivery of projects at Mission Dolores Park and others – including both facilities renovations and redesign of Helen Diller Playground – instigated CGOBOC to conduct benchmarking studies on the impact of processes for community engagement and project compliance and approval.

While CNSP projects are either substantially completed or open to the public, ongoing project delays and cost increases – Helen Diller Playground was delayed four years; Mission Dolores renovations were delayed five years and increased costs by nearly 50 percent – underscore the need for greater attention to advance planning for bond-funded projects. The impacts of both the civic design review process and protracted community input have been found to create significant project impacts, and CGOBOC will recommend proposals for process improvements in the coming year.

E. 2008 San Francisco General Hospital Rebuild Program

Program Description

Current Budget (all sources)	\$887.4 million
Original Bond Amount	\$887.4 million
Original Completion	May 2015
Current Completion	May 2015
CGOBOC Liaisons	Rebecca Rhine
Web site:	http://sfdpw.org/index.aspx?page=126

The San Francisco General Hospital (SFGH) Rebuild Program consists of new facility construction on the existing SFGH campus, including a 284-bed acute care facility, service building modifications, site utilities relocation, and site improvements. The building will be constructed on base isolators to withstand a major seismic event. The new building will have nine levels, two of which will be below grade, and will contain approximately 453,000 square feet. The project will strive to meet silver LEED certification or better. The project is being funded solely by general obligation bonds approved in November 2008, totaling \$887.4 million.

The SFGH Rebuild Program has eight components: Site Utilities Relocation, Service Building Modification, Increment 1 – Shoring & Excavation, Increment 2 – Steel Framing, Increment 3 – Foundation, Increment 4 – Build-out (New Hospital), Increment 5 – Medical Equipment, and Increment 6 – Building Enclosure. All eight components were permitted by OSHPD in April 2013. Related to Increment 4, Public Works has established two additional OSHPD permitted projects: (1) Existing Hospital (Building 5) Remodels, where the second floor bridge and basement level tunnel tie into the new hospital (Building 25), and (2) the Service Building NPC4 Compliance Project.

The SFGH Rebuild Program is also managing the Emergency Generator Project, which is a lease-financed project to install an emergency generator while replacing the SFGH campus's obsolete steam turbine power generation plant and to do so concurrently with the SFGH Rebuild-required Service Building modifications and generator installations.

Program Status

The fourth bond sale was completed in January 2014. Proceeds from this sale are funding the following projects: (1) continued technical service consultant contracts; (2) continued construction of the Service Building Modifications and the new SFGH Hospital (Increments 4, 5 & 6); and, (3) project management and construction management costs.

Since the March 2014 report, the SFGH Rebuild Program's activities have presented the SFGH Rebuild team with more difficulties to be managed. With the contract's substantial completion date about a year away, it is expected that the increased volume of building trades needing to work concurrently or in tandem will lead to delays and complications in delivering the scope of work on time.

The overall SFGH Rebuild program budget remains constant with executed subcontracts, forecasted future procurements, and identified contingency risk and the project remains within budget. Currently, the project team has managed to the overall budget and schedule successfully, but future unforeseen issues or delays always remain a risk. Upcoming work in Building 5, which is required by the Medical Center as a result of SFGH Rebuild work introducing the bridge and tunnel connection, remains a large risk to the budget because of the high probability of unknown conditions being uncovered in this remodel work, such as an earlier discovery of exhaust fan deficiencies. The Medical Center's need to complete the NPC4 certification of the Service Building also represents a significant risk to the Rebuild budget. These two issues combined could drive more than \$12 million of additional cost to the Rebuild Program. The SFGH Rebuild team is carefully navigating decisions and timelines toward meeting SFGH's needs while maintaining budget, contract timelines, and fidelity to original scopes of work.

The project achieved the 75 percent completion milestone this quarter, which allowed the Rebuild team to capture more than \$10 million dollars from the construction manager/general contractor contingency funding to address the Rebuild Program's needs. This budget capture will offset anticipated elevated costs associated with the more extensive remodels, where the second floor bridge and basement level tunnel tie the existing hospital (Building 5) into the new hospital (Building 25). The contingency disbursement to the City will also buttress against the associated risk of unknown conditions with the more expansive work in Building 5 that is about to be undertaken.

Readiness for operations and licensing remains a major focus as the May 2015 milestone of substantial completion of construction nears. The financial and scheduling demands on SFGH operations, with the support of Public Works and Public Health, have been identified. These demands relate to timely delivery and installation of major furniture, fixtures, and equipment (FF&E) items integrated in the building before and after substantial completion. The SFGH Rebuild Team has progressed with the FF&E procurement and transitional planning necessary to meet the licensing requirements. However, much work lies ahead for operational readiness. SFGH and Public Health continue to be challenged with the information technology needs of the Medical Center and the procurement process associated with it. These operational challenges represent a significant risk of changes to or inadequacies of the building elements and systems. The SFGH Rebuild Team continues to support the Medical Center to manage these risks to budget and schedule.

CSA Audit & Review Findings

In May 2014 CSA completed a contracted audit that assessed the controls of Public Works and Jacobs Project Management Company (Jacobs) over progress billings submitted by Fong & Chan Architects, the Architectural/Engineering consultant on the project. The audit found that controls over Fong & Chan Architects' progress billings generally complied with best practices and the contract requirements, and Public Works' procedures for progress billings and payment applications were effective. However, some instances of noncompliance exist that demonstrate where contract requirements and department controls could be improved. The audit report includes seven recommendations for Public Works to clarify contract requirements, clarify billing process responsibilities and requirements, and improve its policies and procedures for contract and billing oversight.

In May 2013 CSA conducted an audit that evaluated whether Public Works and Webcor Builders (Webcor) have adequate operational controls to ensure that subcontractors comply with all relevant contractual insurance and license requirements, and whether Webcor's bills for certain types of insurance and bonding are based on actual costs that Webcor incurred. The audit found that Webcor correctly applied markups to contractor costs and permanent materials and billed its overhead costs in accordance with contract terms. However, Webcor does not actively monitor compliance with certain contract terms for all subcontractor tiers. The report includes 11 recommendations for Public Works to strengthen contract terms and improve its monitoring of subcontractors' compliance with license and insurance requirements.

In November 2011 CSA conducted an audit that evaluated whether Jacobs complied with its construction management contract for the SFGH Rebuild Program and whether Public Works is adequately managing the contract with Jacobs. The audit also determined whether Public Works and Jacobs implemented adequate controls over the SFGH Rebuild Program to ensure that it remains on budget and on time. The audit found that Jacobs is complying with its construction management contract and that Public Works is properly managing this contract to ensure that Jacobs' performance meets the contracted expectations. The audit also found that Public Works and Jacobs have implemented appropriate controls over the project to ensure that it remains on budget and on time. The audit did not have any recommendations.

Change Orders \$20,228,423 (3.01%)

Change Orders						
Contract Sum to Date	Base Scope Buy-out	E&O	Client Requested Changes	Unforeseen Conditions	Code Issues	Total of Non-Base Scope Costs
\$672,943,499	\$652,715,076	\$8,421,204	\$3,098,748	\$4,281,563	\$4,426,907	\$20,228,423
	96.99%	1.25%	0.46%	0.64%	0.66%	3.01%

Furniture, Fixtures & Equipment (FF&E) Costs

Future Maintenance Costs

Operational Cost by SFGH are currently under development as part of the Transition Planning effort to obtain Licensing.

CGOBOC Comments

This bond project has been extremely effective in staying on time and on budget and managing change orders. Issues and concerns remain on IT infrastructure implementation and the extent of renovation required in the current hospital where the new building connects. There is also a concern about post construction funding for FF&E with respect to amount, timing and source currently being addressed.

F. 2010 Earthquake Safety and Emergency Response

Program Description

Current Budget (all sources)	\$426,134,604
Original Bond Amount	\$412,300,000
Fire Facility Bond Funds	\$8,310,696
General Fund	\$5,523,908
Original Completion	Winter 2018
Current Completion	Winter 2018
CGOBOC Liaisons	Jonathan Alloy and Michael Seville
Web site:	http://www.sfearthquakesafety.org/eser-2010.html

The \$420 million Earthquake Safety and Emergency Response (ESER) program was approved by San Francisco voters in 2010 and consists of three components: the Emergency Firefighting Water Supply System, Public Safety Building, and Neighborhood Fire Station program. As shown in the table above, additional funds from Fire Facility Bonds and the General Fund were leveraged, resulting in a total program of \$426.1 million. The ESER program's main objective is to retrofit and seismically rehabilitate San Francisco's aging public safety infrastructure to expedite San Francisco's recovery after a major earthquake or disaster and allow San Francisco's emergency first responders to act more quickly. San Francisco voters recently approved another public safety bond measure in June 2014, the \$400 million 2014 ESER bond. This new bond will fund Police and Fire facilities, Forensic Services and Medical Examiner facilities, and additional Emergency Firefighting Water System.

Program Status

The Public Safety Building project continues to stay on budget and on schedule, with projected completion and occupancy in November 2014. Of the five Water Supply System projects, two are complete, two will be completed in 2015, and one in 2016. For the Neighborhood Fire Station program, many projects are still in the design and planning phases, and the budget appropriation may change depending on the shifting priority and scope of the projects. The final scope for the projects is scheduled to be complete by December 2014.

CSA Audit & Review Findings

In April 2014 CSA completed an audit that assessed the adequacy of the construction management, oversight, and project controls of Public Works over its contract with Charles Pankow Builders, Ltd. (Pankow), the construction manager/general contractor for the Public Safety Building. The audit found that Public Works needs to improve its oversight and controls over the Public Safety Building project to ensure that independent cost estimates and documentation for change orders over \$20,000 are provided and b) Pankow adheres to contract requirements and that all applicable Public Works procedures and requirements are followed. The audit report includes 11 recommendations for Public Works to make necessary improvements.

In October 2013, City Performance completed a management review of the 2010 ESER Bond Program. The review found that the Public Safety Building was 66 days behind schedule due to a delayed permitting process, scheduling and coordination issues with utility companies, and an aggressive bid schedule. In general project staffing, coordination, and reporting was sufficient. However, the Auxiliary Water Supply System component lacked a Memorandum of Understanding (MOU) between the SF Public Utilities Commission (SFPUC) and Department of Public Works (DPW). The report recommended that DPW and SFPUC create an MOU to clearly delineate roles and responsibilities. The report also recommended that DPW consider developing new strategies for attracting and retaining high quality contractors. The report contained 4 recommendations for future improvements.

Change Orders \$10,784,248 (4.98%)

Contract Sum to Date	Base Scope Buy-out	Change Orders				Total of Non-Base Scope Costs
		E&O	Client Requested Changes	Unforeseen Conditions	Code Issues	
\$216,617,051	\$205,832,803	\$6,689,975	\$1,808,886	\$1,981,436	\$303,951	\$10,784,248
	95.02%	3.09%	0.84%	0.91%	0.14%	4.98%

Furniture, Fixtures & Equipment (FF&E) Costs

The project budget includes \$5,523,908 in General Fund revenues for FF&E costs.

Future Maintenance Costs

Not Available

CGOBOC Comments

The new Public Safety Building funded by the ESER bond of 2010 is largely progressing according to the budget and timeline approved by voters, but CSA audit findings about change orders and oversight of the construction manager/general contractor are quite concerning. While not unique to this program, these ongoing issues underscore the need for continued attention to the management of GO bond funded construction projects, and oversight of the city's relationship with contracted construction manager/general contractor for those projects.

More difficult to assess is the progress of fire station renovations, as the number and location of specific projects were not well defined in advance of voter approval. CGOBOC will work in the coming year to enhance project tracking and oversight, and ensure that DPW and affected public safety agencies clearly communicate planned facilities improvements under the bond.

G. 2011 Road Repaving and Street Safety

Program Description

Current Budget (all sources)	\$247,981,264
Original Bond Amount	\$248,000,000
Original Completion	Late 2016
Current Completion	Late 2016
CGOBOC Liaisons	Corey Marshall
Web site:	http://www.streetsbondsf.org/

The \$248 million Road Repaving and Street Safety (RRSS) general obligation bond was approved by San Francisco voters in November 2011. With these funds, the City is repaving streets in neighborhoods throughout San Francisco; making vital streetscape improvements for pedestrian and bicycle safety; building curb ramps and fixing sidewalks; repairing deteriorating bridges, overpasses, and stairways; and installing and upgrading traffic signals.

Program Status

The Department of Public Works reported in March 2014 that the paving program projects were moving forward on schedule. At that time 14 contracts were either completed or substantially complete, paving 325 city blocks. Fifteen additional contracts were in the construction phase and will pave 412 blocks. Two additional contracts were in the bid and award phase and will pave 80 blocks in the coming months. The design team is currently working on another seven contracts, which will pave 225 blocks.

The streetscape program is comprised of larger scale, community projects located throughout the City and smaller projects that focus on pedestrian and bicycle safety improvements referred to as "Follow the Paving" or FTP projects. FTP projects are being added to paving projects throughout the City to provide bulb outs to shorten crosswalks, install median islands, and to establish bike lanes where called for. The first of these projects to be completed include the Great Highway Streetscape project and improvements along 24th Street. Construction of the Polk Bikeway (contraflow) is under construction with expected completion in May 2014. The Castro Streetscape Improvements project is now in construction and bids have been received for the Taraval Streetscape project. Both Irving and Potrero streetscape projects have reached finalization of the planning phase.

Challenges to the streetscape program include projects with Muni overhead lines. Projects of this type require the overhead lines to be de-energized and often require diesel bus substitution. This can add significant costs to the projects. The team is working closely with SFMTA to mitigate these costs. Both the Castro and Polk Contra Flow projects include significant costs associated with this requirement.

CSA Audit & Review Findings

In May 2014, CSA completed a management review of the 2011 RRSS Bond Program. The review found that most projects (88 of 118 reviewed) were within schedule, on budget, and had sufficient staffing. However, some programs, such as the streetscape improvements component, may have been understaffed. The review also found that contractor performance was a concern among City Project Managers. All scheduled quarterly CGOBOC reports that provide project details and status updates from the Department of Public Works were not posted on the public website.

The report contained six recommendations regarding project management, staffing, reporting, contracting, staffing, and project implementation.

Change Orders \$604,837 (0.50%)

		Change Orders					
Contract Sum to Date	Base Scope Buy-out	E&O	Quantity Adjustment	Client Requested Changes	Unforeseen Conditions	Code Issues	Total of Non-Base Scope Costs
\$121,714,934	\$121,110,097	-	(\$114,832)	\$376,231	\$343,438	-	\$604,837
	99.50%	-	-0.09%	0.31%	0.28%	-	0.50%

Furniture, Fixtures & Equipment (FF&E) Costs

Not Available

Future Maintenance Costs

Not Available

CGOBOC Comments

With projects underway in a number of programmatic categories, the Road Repaving and Street Safety (RRSS) endeavors to not only work through a significant deficit of street maintenance, but also to help accelerate efforts in other categories such as improvements to streetscapes for pedestrian and bicycle safety, as well as repairs to curb ramps and sidewalks.

The challenge of coordinating bond-funded projects with other existing efforts, however, is that delivery of RRSS bond projects can be delayed by external factors. Projects such as the Polk Street Bikeway have experienced significant project delays. Multiple projects involving relocation of Muni overhead lines have experienced both delays and unexpected cost escalation. These issues further underscore the need for bond projects to be well defined prior to submission for voter approval, and CGOBOC will work with DPW and coordinating agencies to ensure timely delivery of projects.

With such a diversity of locations and project types across the city, clear communication of the duration, location, and impacts of RRSS projects throughout the city is extremely important. In the coming year, CGOBOC will be working with DPW and the SFMTA to make data publicly available for use by citizens, developers, and businesses to help improve the transparency of project locations and impacts.

H. 2012 Clean and Safe Neighborhood Parks

Program Description

Current Budget (all sources)	\$208,324,148
Original Bond Amount	\$195,000,000
2008 CNSP Funds	\$1,813,250
Other Funds	\$1,200,000
Original Completion	November 2018
Current Completion	November 2018
CGOBOC Liaisons	Michael Seville and Minneola Ingersoll
Web site:	http://sfrecpark.org/park-improvements/capital-publications/

In November 2012 San Francisco voters approved a \$195 million GO bond, the 2012 San Francisco Clean and Safe Neighborhood Parks (2012 CNSP) bond. The bond allocates \$99 million for neighborhood parks, selected based on community feedback, their physical condition, the variety of amenities offered, seismic safety risk, and neighborhood density; \$21 million for Golden Gate Park, Lake Merced Park, and McLaren Park; \$12 million for the Community Opportunity Fund; \$15.5 million for failing playgrounds; \$13 million for forestry, trails, and water conservation, and; \$34.5 million for waterfront parks and open spaces. As shown in the table above, additional funds from the 2008 CNSP bond and other Port/Rec and Park funds were leveraged for this program. The current program budget is \$208.3 million, so additional funding sources must be identified.

The 2012 CSNP projects are structured to be completed over approximately six years, beginning in early 2013 and concluding with the last project closeouts in 2018. The sequence of projects was developed to allow for site efficiencies, balance across districts, parity across facility types, allocation of workload resources, to spread contracts over time to improve competitive bidding, and to provide adequate workload capacity of Rec and Park, Port, and Public Works staff.

Program Status

The first sale of bonds occurred in spring 2013 (\$71.8 million), with proceeds appropriated to projects in June 2013. The second sale is tentatively planned for early 2015, with the timing depending on several considerations related to management of the City's public finance program. Timing of the third and subsequent sale(s) is not yet known. Proceeds from the first bond sale funds the planning, design, and construction of five neighborhood parks, funds planning and design for another neighborhood park, and partially funds early planning of five additional neighborhood parks. Three waterfront project sites on Port property will have an allocation for planning and design, and one of those will also receive construction funding.

The first phase includes six projects: Balboa Park, Gilman Playground, Glen Canyon Park, Joe DiMaggio Playground, Mountain Lake Playground, South Park, and West Sunset Playground. All of these have approved concept plans, a milestone that concludes the planning phase. The schedule for Balboa Park has slipped by five months due to delays related to approvals to hire a third-party consultant to develop the Concept Plan. The department made this trade-off to secure expertise in specialized aquatic design experience. Three projects, Gilman Playground, Joe DiMaggio Playground, and South Park, are now slated for completion ahead of schedule. All active projects are currently on budget. However, the City's Capital Planning Committee recently published a report that warns that as demand for construction services continues to grow, the environment will become increasingly favorable for contractors and subcontractors.

CSA Audit & Review Findings

CSA did not audit any 2012 CSNP projects in fiscal years 2012-13 or 2013-14.

Change Orders

Not Available

Furniture, Fixtures & Equipment (FF&E) Costs

Not Available

Future Maintenance Costs

Not Available

CGOBOC Comments

The 2012 San Francisco Clean and Safe Neighborhood Parks (2012 CNSP) bond has already shown the benefits of how advance planning and project selection, continuous program management and improved staffing can improve bond project delivery. The first six projects of the program have already been initiated and – with the exception of project delays due to contracting for development of the Balboa Park concept plan – are proceeding on or ahead of schedule. CGOBOC will continue to monitor project status and budget to ensure there are not further unnecessary delays.

CGOBOC also notes that the booming economy and active construction environment can carry unforeseen impacts for bond programs. While program budgets frequently include contingencies for cost overruns, these conditions can likewise negatively affect both the cost and bidding climate for public projects. CGOBOC will continue to work with bond programs to monitor these dynamics and identify strategies to mitigate the impacts.

III. Citizens Audit Review Board Activities

Overview

Charter Appendix F established CGOBOC as the CARB. In this role, CGOBOC provides advisory input to the Controller on matters set forth in the appendix, including requiring that CGOBOC: 1) review the Controller's service standards and benchmarks to ensure their accuracy and usefulness; 2) review all audits to assure they meet requirements set forth in the ordinance; 3) review complaints received through the Controller's Whistleblower Hotline and their disposition; and 4) when appropriate, hold public hearings regarding the results of benchmark studies and audits.

A. City Services Auditor Activities

Liaisons: Corey Marshall and Jerry Dratler

Background

Charter Appendix F created the City Services Auditor Division (CSA) of the Office of the Controller and established CGOBOC as the CARB. CGOBOC duties as the CARB related to the Controller's Office and CSA include:

- Reviewing the Controller's service standards and benchmarks to ensure their accuracy and usefulness
- Reviewing all audits to assure they meet requirements set forth in the ordinance

The CSA was created through a 2003 Charter amendment that envisions a broad effort to measure, audit, and report on San Francisco's public services and government performance in recognition of the fact that it is often difficult for San Franciscans to judge the effectiveness and efficiency of local government. The mandate is to analyze the City's public service delivery, compare and benchmark San Francisco to best practices nationwide, provide information to citizens, and help drive improvements in city government. CSA has broad authority for reporting on the level and effectiveness of San Francisco's public services and benchmarking the City to other public agencies and jurisdictions; conducting financial and performance audits of city departments, contractors, and functions to assess efficiency and effectiveness of processes and services; operating a whistleblower hotline and Web site and investigating reports of waste, fraud, and abuse of city resources; and ensuring the financial integrity and improving the overall performance and efficiency of city government.

Key CSA Accomplishments in Fiscal Year 2013-14

During fiscal year 2013-14 the CSA Audits Unit completed or made significant progress on many of its initiatives, including the following:

- Built audit focus on construction activities and strengthened its construction audit program. Audits and assessments this year focused on change order practices, project controls and oversight, progress payment processes, and the construction project close-out process. An especially significant project was the performance audit of the contractor performance evaluation process in six departments, where CSA determined the adequacy of each department's process regarding construction contractor performance evaluations. All six departments to which the report was directed concurred and applauded the audit findings and recommendations.
- Provided quality assurance through citywide continuous audit programs on the City's key business processes that cut across various city departments, including cash transactions assessments, contract compliance audits, and payroll audits. The Audits Unit developed and implemented two new audit programs in the areas of inventory and cash disbursements. The inventory audits determine whether

city departments have adequate inventory processes and controls to ensure that materials, supplies, and tools are accurately accounted for and properly secured. The cash disbursement audits evaluate whether cash disbursements are made in accordance with governing policies and procedures while adequately safeguarding the City's resources.

- Conducted performance audits of Public Health's billing controls, San Francisco Municipal Transportation Agency's (SFMTA) Taxis and Accessible Services Division, and the City's procurement process, which focuses on the timeliness of contracting for goods and services in the City, one of which has been released and two of which are scheduled for release the first quarter of 14-15.

During fiscal year 2013-14 the City Performance Unit's largest accomplishments included:

- Scaling up CSA's program of researching and publishing detailed benchmarking reports comparing San Francisco's public services to peer jurisdictions. Reports have been issued on street and tree maintenance, the jails, library services, recreation and park services, transit services, and the City's overall financial management and debt position.
- Working in partnership with the Department of Public Health in preparing for and implementing the Affordable Care Act.
- Running a citywide working group to complete the WalkFirst plan. WalkFirst—which consisted of a detailed analysis of accident data, geospatial information, traffic and infrastructure conditions, and demographics—was intended to show where pedestrian deaths and injuries occur and how the City should alter intersections, road designs, and signals.
- Issuing an analysis of the Department of Emergency Management's staffing and scheduling efficiency and effectiveness for the 911 call center.
- Continuing the development of SFOpenBook, an interactive Web tool and now the City's primary effort in making financial information available to the public.

CGOBOC Comments:

As CGOBOC marks 10 years since the formation of CGOBOC as currently constituted, the committee will evaluate oversight and coordination activities with CSA to ensure compliance with charter-mandated responsibilities including bond oversight and citizen's audit review board.

The quality of the audits and reports issued by the CSA is very good. The CSA liaison has requested clarification as to CSA's adherence to audits of the streets, parks and open space projects funded with bond funds. The annual bond report requirement CGOBOC is recommending should resolve any concerns about mandated audit frequency and scope.

B. Whistleblower Program Activities

Liaison: Michael Garcia

Background

The California Government Code, Section 53087.6, authorizes the creation of a process to deal with whistleblower complaints. Specific legislation provides for creation of a whistleblower process under the Controller of the City and County of San Francisco. The Whistleblower Program was initially created in 1988, and until 2003 was managed under various city departments. Charter Appendix F, which created CSA and established CGOBOC as the CARB, legislatively established the Whistleblower Program and placed it under the management of CSA as of July 2004.

City Charter Appendix F gives the Controller broad authority to administer and publicize a whistleblower hotline and website for citizens and employees to report wrongdoing, waste, inefficient practices and poor performance in city government and service delivery. The legislation provides that the Controller investigate and report complaints, and gives CGOBOC oversight responsibility, but ultimately places resolution and/or corrective action with the department head, board, or commission that has jurisdiction. (In some cases, the department may be the Ethics Commission, Department of Human Resources, or one of the City's civil or criminal law agencies.)

CSA continues to staff the Whistleblower Program to meet the requirements assigned to the Controller by Charter Appendix F. The controller and director of city audits will continue to provide adequate staff for the Whistleblower Program to meet program needs and insure that complaints are adequately investigated in a timely fashion.

The Whistleblower Program investigates or otherwise attempts to resolve complaints concerning the following:

- Misuse of city funds.
- Improper activities by city officers and employees.
- Deficiencies in the quality and delivery of government services.
- Wasteful and inefficient government practices.

Every complaint that falls under the jurisdiction of the Whistleblower Program is investigated or referred for investigation. When a complaint is referred to a department for investigation, departments are required to report back to the Whistleblower Program on their investigative findings, including the methodology of the investigation and any corrective or preventative action taken in response to the complaint. Investigators review department responses for adequacy and ask follow-up questions when appropriate.

The Whistleblower Program has a goal to close the majority of complaints within 90 days; however, investigation completion times can vary greatly depending on the complexity of the issues involved. Steps that influence the length of investigations include:

- Researching issues identified in the complaint.
- Accumulating documentation from multiple sources.
- Interviewing witnesses.
- Coordinating resources between departments.

The Whistleblower Program has received an average of 328 complaints per year since fiscal year 2004-05, with the number of complaints declining each of the past five years since a peak of 465 complaints in fiscal year 2008-09.

Whistleblower Complaints and Their Resolution in Fiscal Year 2013-14

As shown in the table below, the Whistleblower Program received 292 complaints during fiscal year 2013-14. Staff investigated 209 (72 percent) of these complaints.¹ The table shows the breakdown of the disposition of the complaints.

Action	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Investigated	55	31	57	66	209 (72%)
Merged With Prior Complaint	7	4	6	32	32 (11%)
Not Enough Info to Investigate	5	10	5	0	20 (7%)
Referred to Department With Jurisdiction	4	1	3	2	10 (3%)
Information Requested	1	1	1	0	3 (1%)
Outside of Whistleblower Jurisdiction	1	4	7	6	18 (6%)
Total	73	51	79	89	292

As shown in the table below, Whistleblower Program staff closed 287 complaints during the fiscal year. Of these complaints, 223 (77 percent) were closed within 90 days.

Age	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
30 Days or Less	39	21	30	29	119 (41%)
31-90 Days	27	26	17	34	104 (36%)
91-180 Days	12	11	10	10	43 (15%)
181-270 Days	3	4	5	2	14 (5%)
271-360 Days	0	0	3	0	3 (1%)
More Than 360 Days	0	1	0	3	4 (1%)
Total	81	63	65	78	287

At the end of fiscal year 2013-14, 64 complaints remained open, with 84 percent of them less than 90 days old.

Highlights of Accomplishments and Initiatives

In fiscal year 2013-14 the Whistleblower Program created a Fraud Hotline webinar series to encourage dialogue and collaboration on best practices with other jurisdictions' fraud hotlines. The webinar series has had participants from 65 jurisdictions.

¹ Investigation includes research and other preliminary information developed to determine whether a full investigation is warranted or possible.

In May 2014 Whistleblower Program staff participated in the ALGA 2014 Annual Conference panel on investigations. Other panelists were staff from the City of Dallas and City of Toronto. The conference was attended by auditors from throughout the United States and Canada. Also in May 2014 program staff presented on fraud and running a fraud hotline. This presentation, assisted by an employee of the San Francisco Public Utilities Commission, occurred at the Association of California Water Agencies' annual conference. Conference attendees included water agency officials from other California jurisdictions.

A new whistleblower complainant survey will be implemented early in fiscal year 2014-15.

CGOBOC Comments:

A concern raised by the public about the administration of retaliation claims under the program has generated much discussion. The reporting on these claims to CGOBOC has been unclear at times and some members find the fact that no claim has ever been sustained troubling. Ethics has recently provided a comprehensive response on the process undertaken in cases of claimed retaliation which is summarized below.

During the past fiscal year, the Ethics Commission received four complaints alleging retaliation from individuals who had also filed a complaint with the Whistleblower Program at the Controller's Office: one individual was not a current or former City officer or employee; one complainant had not been subjected to any employment action; and two complainants presented allegations outside the two-year time period required by SF C&GCC section 4.115(b).

The Ethics Commission has not recently provided any findings or recommendations on policies or practices resulting from the Ethics Commission's investigations of complaints filed under Chapter IV. Nevertheless, staff has long felt frustrated by the narrow scope of the retaliation law, as defined by section 4.115(a) of SF C&GCC. Indeed, the Ethics Commission is not frequently presented with a retaliation complaint that warrants a full investigation. However, it is unclear that it would be beneficial to expand the law to cover complainants who are not current or former City officers or employees, especially as no employment action would or could be taken against those individuals.

For the past several years, the Ethics Commission has not found a City officer or employee to have violated section 4.115(a) and therefore the Ethics Commission has not made any referrals to the Civil Service Commission or imposed any administrative penalties as a result of complaints made to the Ethics Commission.

IV. Use of Oversight Funds

A. Introduction

CGOBOC was established in part to provide oversight for ensuring that bond revenues are expended on authorized activities. Per the San Francisco Administrative Code, one-tenth of one percent of the gross proceeds from GO bonds are used to cover the costs of CGOBOC activities. In addition, per Appendix F, two-tenths of one percent of the gross proceeds are set aside for CSA activities, including the Whistleblower Program.

General Obligation Bonds Issued Since 2008

Description of Issue (Date of Authorization)	Amount Authorized	Amount Issued	CGOBOC (1/10 of 1%) ¹	CSA (2/10 of 1%) ²	Total
Clean and Safe Neighborhood Parks (February 2008); Series 2008B, 2010BD & 2012B	\$185,000,000	\$176,305,000	\$176,305	\$352,610	\$628,915
San Francisco General Hospital Rebuild Program (November 2008); Series 2009A, 2010AC & 2013D	\$887,400,000	\$887,400,000	\$887,400	\$1,774,800	\$2,662,200
Earthquake Safety and Emergency Response (June 2010); Series 2010E, 2012A, 2012E & 2013B	\$412,300,000	\$332,135,000	\$332,135	\$664,270	\$998,405
Road Repairing and Street Safety (November 2011); Series 2012C & 2013C	\$248,000,000	\$203,855,000	\$203,855	\$407,710	\$611,565
Clean and Safe Neighborhood Parks (November 2012); Series 2013A	\$195,000,000	\$71,970,000	\$71,970	\$143,940	\$215,910
Earthquake Safety and Emergency Response (June 2014)	\$400,000,000				
Total:	\$2,327,700,000	\$1,671,665,000	\$1,671,665	\$3,343,330	\$5,014,995

Notes:

¹ Pursuant to Administrative Code Section 5.31c, one-tenth of one percent of gross bond proceeds.

² Pursuant to City Charter Appendix F Section F1.113, two-tenths of one percent of project fund deposits.

B. Oversight Programs Funded and Results - Fiscal Year 2013-14

CGOBOC commissioned two benchmarking studies in fiscal year 2012-13:

- Community Engagement Benchmarking
- Project Compliance and Approval Process Benchmarking

These projects were funded in fiscal year 2012-13 but completed in October 2013. These projects are described in detail in the 2012 CGOBOC annual report.

Potential uses of CGOBOC funds in fiscal year 14-15 are to be determined but the Committee is examining the following options:

- Annual Bond Assessments or Audits
- Open Data Initiative
- CGOBOC Member Training

From: Tang, Katy (BOS)
Sent: Tuesday, January 13, 2015 5:32 PM
To: Gosiengfiao, Rachel (BOS)
Subject: FW: Proposed Corona Heights Development
Attachments: CoronaHeightsResponse.docx

for the public record

Katy Tang
District 4 Supervisor
San Francisco Board of Supervisors
City Hall, Room 264
Phone: (415) 554-7460

Office website:
www.sfbos.org/Tang

View our Sunset District Blueprint:
www.sfbos.org/SunsetBlueprint

From: Jaime [<mailto:jaimeenroute@yahoo.com>]
Sent: Tuesday, January 13, 2015 6:12 AM
To: Breed, London (BOS); Avalos, John (BOS); Campos, David (BOS); Christensen, Julie (BOS); Farrell, Mark (BOS); Cohen, Malia (BOS); Mar, Eric (BOS); Kim, Jane (BOS); Wiener, Scott; Tang, Katy (BOS); Yee, Norman (BOS)
Cc: cwu.planning@gmail.com; planning@rodnevfong.com; wordweaver21@aol.com; richhillissf@yahoo.com; Johnson, Christine D.(CPC); mooreurban@aol.com; Richards, Dennis (CPC); Lee, Mayor (MYR)
Subject: Proposed Corona Heights Development

Please consider attached letter and include in the public record. Thank you.

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Dear Mayor Lee, Supervisor Breed, and Planning Commissioners:

The link to the attached article below describes residential projects that have been recently approved and/or are under consideration. I am writing to express my position that these projects are too big for San Francisco's residential neighborhoods, such as Corona Heights.

<http://www.sfgate.com/bayarea/article/Developers-with-big-plans-descend-on-S-F-s-5995457.php>

I believe that your actions are causing irreparable damage to the unique character of the city's charming neighborhoods. Yes, property owners should be allowed to construct new and replacement buildings but such construction must fit the scale of adjacent and nearby buildings, not just in height and massing limits but also in the maximum square footage.

You have a great responsibility as our elected supervisors and appointed commissioners and you must look to the future with each vote and appointment and not just consider today's demands or desires. Housing is important but a larger home does not fill the demand for housing any better than a smaller one. The parcel pictured in Corona Heights is the wrong location for this larger home.

I own a home and rental property in the Haight Ashbury/Cole Valley neighborhood and would be horrified if such development were proposed in my section of the city even if it meant a larger return in terms of today's financial investments. I can guarantee you that if the projects going on in Corona Heights were proposed my neighborhood, I would show up at your meetings to state my opposition loudly, often, and in a public forum. Fortunately, I do not need to face this issue today, but I did want to express my concern for my neighbors in Corona Heights.

We all have to look at the pair of curved apartment buildings near Van Ness and Beach Streets constructed in the 1960s. With that development, the city realized its error and precluded future such development. Today, I suggest that you are making a very similar error. I urge you not to make this error in Corona Heights and to be judicious in implementing your General Plan. Further, if the General Plan does sufficiently not protect neighborhood character, then you have a duty to swiftly update it so that it includes the necessary provisions to ensure such preservation.

I am a 20-year resident of and property owner in San Francisco. I also work in the city. I vote. I pay taxes. I am committed to working on ensuring that the unique and special character that makes San Francisco a special, desirable, and valuable place, is retained well into the future and long beyond my lifetime. I urge you to use your position to not ruin this wonderful place; instead, please use your power to improve the city for everyone and not just those who think that bigger means better.

Thank you for consideration of my views;

Jaime Michaels
786 Clayton St.
SF, CA 94117

cc: Board of Supervisors



SAN FRANCISCO CHAMBER OF COMMERCE
Our City. Your Business.

Received Time Jan. 16, 2015 3:46PM No. 2730

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Orig. - File

2015 JAN 20 AM 11:31

AK

FACSIMILE TRANSMITTAL SHEET

TO: Angela Calvillo FROM: Jim Lazarus
 COMPANY: _____ PHONE: 415.352.8810
 FAX NUMBER: 415.554.5163 DATE: 1.16.15
 PHONE NUMBER: _____ TOTAL NO. OF PAGES INCLUDING COVER: 2

RE: File No. 141300 - Rights of Former Retail Employees in Hotels

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Please Distribute to Supervisor Wiener, Board President Breed, and Supervisor Mar

29





**SAN
FRANCISCO
CHAMBER OF
COMMERCE**

January 15, 2015

Supervisor Scott Wiener
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

RE: File #141300, Police Code – Rights of Formula Retail Employees in Hotels

Dear Supervisor Wiener:

The San Francisco Chamber of Commerce, representing over 1,500 businesses, urges you to delay scheduling File #141300: Police Code-Rights of Formula Retail Employees in Hotels, at the Board of Supervisors' Land Use Committee.

The Board of Supervisors passed two ordinances in December 2014 commonly referred to as the Formula Retail Workers' Bill of Rights (File #140880 and #141024). Many stakeholders impacted by these ordinances were not provided with the opportunity to weigh in during the drafting process on how the legislation will impact their businesses and employees. Issues remain in the legislation that businesses of all sizes are hoping will be addressed this year. Until we can convene to identify the outstanding issues and propose reasonable means of resolving them, we believe it is too soon to take up this piece of legislation, which addresses only one of the outstanding issues, at committee.

Mayor Lee, in his letter sent to former BOS President Katy Tang dated December 8, 2014 when he returned the Bill of Rights ordinances unsigned, states, "I am concerned about large numbers of impacted merchants who said there was little meaningful discussion during the drafting of these ordinances...[T]his is a process I cannot support. It is my hope that, moving forward, the conversation can be more inclusive. I look forward to your support as we work with impacted retailers and workers' rights groups to improve upon these pieces of legislation, so that our part time workers can truly benefit from these mandates."

Given that there has not been enough time to reconvene in order to address the outstanding issues in the Formula Retail Bill of Rights legislation as a whole, we urge you to wait until stakeholders have had the opportunity to do so before scheduling this piece of legislation for a hearing.

Sincerely,

Jim Lazarus
Vice President of Public Policy

cc: BOS President London Breed; Mayor Ed Lee; Sup. Eric Mar; Hotel Council Executive Director Kevin Carroll

From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: Stop shameful advertisement on MUNI

From: Termeh Yeghiazarian [<mailto:termeh.yeghiazarian@gmail.com>]
Sent: Thursday, January 15, 2015 11:28 PM
To: Board of Supervisors (BOS)
Subject: Stop shameful advertisement on MUNI

Hello SF Supervisors,

It is utterly insulting and disheartening to see that this city's public transportation allows Zionist propaganda against Islam (see attached photo) to be displayed on its trains and buses. The level of callousness demonstrated by MUNI by accepting money from a clearly racial and religiously biased organization is disgraceful and unacceptable.

I'm a SF resident of 20some years and expect my government and agencies that it manages to respect all religions. Never before have I seen such thoughtlessness demonstrated by a city agency. To display racial, religious and politically biased advertisement on a service that is meant to serve the entire population of this fine city known for its diversity is shameful and disrespectful. Frankly, it should be illegal.

Please remove derogatory advertisements from MUNI.

Termeh Yeghiazarian



From: Library Users Association [libraryusers2004@yahoo.com]
Sent: Thursday, January 15, 2015 3:08 PM
To: Board of Supervisors (BOS); Calvillo, Angela (BOS); Avalos, John (BOS); Breed, London (BOS); Campos, David (BOS); Cohen, Malia (BOS); Farrell, Mark (BOS); Kim, Jane (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Scott Weiner; Yee, Norman (BOS); Christensen, Julie (BOS)
Subject: URGENT - Library's Disastrous Action Plan for TODAY's Lib.Comm. meeting, , 1-15-15, 4:30pm

Dear Supervisors:

>
> This afternoon at 4:30pm the Library Commission meets to consider City
> Librarian Luis Herrera's request to gut the patron privacy protections
> described in the existing Library Patron Privacy Policy, and we ask
> you to use your influence to STOP the changes and to STOP
> implementation of BIBLIOCOMMONS.
>
> BiblioCommons is a catalog overlay that includes social media features
> -- that will wreck patron privacy, censor patron expression, and
> sell/use patron information outside the library.
>
>
> In short, it will damage or destroy long-held ethical and practical
> library policy and practice.
>
> No one will be able to take privacy at the library seriously after
> this, should the weakened privacy policy be approved -- and any trust
> that people may have had about their privacy at the library would be
> justified in -- evaporating.
>
> PLEASE READ OUR PIECE in today's Bay Area Reporter (BAR). The url is:
>
> http://ebar.com/openforum/opforum.php?sec=guest_op&id=497
>
>
> Thank you for your prompt consideration. Please do not hesitate to
> contact us regarding this -- both before and after the meeting, as
> rollout to the public will take some time, even if the Commission
> approves this today.
>
> Peter Warfield
> Executive Director
> Library Users Association
> 415/7 5 3 - 2 1 8 0; cell 735-8963
>
>
>
>
>
>
>
>
>
> To: "Mayor Edwin Lee" <mayoredwinlee@sfgov.org>
> > > Cc: "Mayor Edwin Lee" <mayoredwinlee@sfgov.org>,
> > > "Mayoral Aide Joaquin Torres" <joaquin.torres@sfgov.org>,

31

> > > "Director of Mayors Office of Neighborhood
> Services
> > Kriztina
> > > Palone" <Kriztina.Palone@sfgov.org>, "Arts Commission Secretary
> > > Sharon Page Ritchie"
> <Sharon.Page.Ritchie@sfgov.org>,
> > > "Director of Cultural Affairs - Arts Commission Administrative
> > > Head Tom DeCaigny" <tom.decaigny@sfgov.org>,
> > > Board.of.Supervisors@sfgov.org, "Clerk of the
> > > BoardAngela.Calvillo" <Angela.Calvillo@sfgov.org>, "City Librarian
> > > Luis Herrera" <LHerrera@sfpl.org>, "Each Library Commissioner &
> > > Library
> > Commission--care of
> > > Library Commission Secretary Sue Blackman" <SBlackman@sfpl.org>,
> > > "John Avalos" <John.Avalos@sfgov.org>, "London Breed"
> > > <London.Breed@sfgov.org>, "David Campos" <David.Campos@sfgov.org>,
> > > "David Chiu" <David.Chiu@sfgov.org>, "Malia Cohen"
> > > <Malia.Cohen@sfgov.org>, "Mark Farrell" <Mark.Farrell@sfgov.org>,
> > > "Jane Kim" <Jane.Kim@sfgov.org>, "Eric Mar"
> > > <Eric.Mar@sfgov.org>,
> > > "Katy Tang" <Katy.Tang@sfgov.org>, "Scott Weiner"
> > > <Scott.Weiner@sfgov.org>, "Norman Yee" <Norman.Yee@sfgov.org>,
> > > <libraryusers2004@yahoo.com
> > > > Date: Tuesday, February 18, 2014, 8:34 PM Dear Mayor Lee,
> > > > Supervisors, Arts

From: Board of Supervisors (BOS)
To: Lamug, Joy; Carroll, John (BOS)
Subject: File 141320 FW: Supervisory Hearing Jan 27

From: Roland Salvato [<mailto:rolandsalvato@hotmail.com>]
Sent: Thursday, January 15, 2015 2:38 PM
To: Board of Supervisors (BOS); Farrell, Mark (BOS)
Cc: Taylor, Adam (BOS); Mar, Eric (BOS); Kim, Jane (BOS); Yee, Norman (BOS); Tang, Katy (BOS); Chu, Carmen (ASR); Breed, London (BOS); Avalos, John (BOS); Cohen, Malia (BOS); Campos, David (BOS); Wiener, Scott; Christensen, Julie (BOS)
Subject: Supervisory Hearing Jan 27

Re: 110 The Embarcadero appeal 1-27-15

Dear Supervisors,

I am writing to you in support of the appeal of the Neg Dec affecting the [historic] building at 110 The Embarcadero on the grounds that multiple architectural historians and indeed the BoS itself (a few years ago) deemed the structure worthy of preserving.

I'm sure you are aware of the union history of the structure.

I understand that the Commonwealth Club is a popular institution. They have appealed to their membership to support the changes to the building. The membership to which they are appealing to not understand and are not told about the issue at hand, which is preservation of the Western facade, and rehabilitation of the building. If you listen closely to their testimony, this becomes obvious.

Nobody doesn't want to support the Commonwealth Club. I am a member and a volunteer there. But this hearing and the issue before you *is not about the Commonwealth Club*.

Please judge this case on its merits and respect for San Francisco's historic Waterfront.

Thank you.

Well done is better than well said.
--Benjamin Franklin

32

141320

Mya Shone

111 Clayton Court
Vallejo, CA 94591
Phone: 707.552.9992 Cell: 707.694.5695
mshone@pacbell.net

RECEIVED
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SAN FRANCISCO
2015 JAN 15 PM 4:50

January 14, 2015

San Francisco Board of Supervisors
c/o Angela Calvallo, Clerk of the Board
Room 244, City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Re: 113 Steuart Street development by the Commonwealt

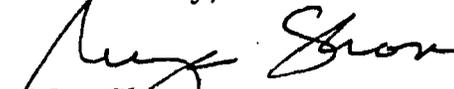
Dear Supervisors,

As someone who has worked for San Francisco union organizations (SEIU-United Healthcare Workers West, IFP for Elders in the Central City and the IHSS Public Authority in San Francisco for Ten15, Inc., one of the City's longest a former resident of San Francisco, I cherish the preservation of buildings and neighborhoods.

I join with others to urge you to ensure the restoration of the building and its Embarcadero facade to reflect their appearance in 1847. The building was at the center of the General Strike and the birth of the longshoreman's struggle, of which Harry Bridges was a leader. The San Francisco General Strike that followed, transformed labor throughout the United States and internationally and will

Please do not let us miss this opportunity.

Yours truly,


Mya Shone

141320

RECEIVED
BOARD OF SUPERVISORS
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2015 JAN 16 AM 11:03



88 Howard Street
Apt. 1520
San Francisco, Ca 94105
January 11, 2015

Angela Calvillo
Clerk of the Board
Room 244
City Hall
1 Dr. Carlton B. Goodlett Pl.
San Francisco, Ca 94102

Dear Ms Calvillo,

I believe in the historic preservation of older buildings and am surprised that the Planning Department would allow the building at 110 Embarcadero to be changed so drastically.

It is important that cities respect their history, and maintaining older buildings is a primary way of doing that. I enjoy seeing the buildings around San Francisco that have been restored, including City Hall. Maintaining the historic look of a block of buildings helps retain this area's history.

I encourage the Board of Supervisors to support this appeal and do what it takes to preserve both sides of this very historic building.

Sincerely,



Barbara Randlett

1520

Cc: Supervisor Jane Kim

141320

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BOARD OF SUPERVISORS
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88 Howard Street
San Francisco, CA 94105

2015 JAN 16 AM 11:09

January 14, 2015

BY _____
[Signature]

Ms. Angela Calvillo
Board of Supervisors
City Hall
Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Dear Ms. Calvillo:

The Commonwealth Club plans to demolish most of their building at 110 Embarcadero and 113 Steuart Street including its front façade.

The Board of Supervisors has already determined that the building is an historical resource and demolition work "may result in a substantial adverse change in the significance of an historical resource requiring the preparation of an EIR."

We expect the Board to stand by its previous findings and not give special treatment to one group.

Sincerely



Bob Pittman

141320

January 14, 2015

Angela Calvallo
Clerk of the Board
San Francisco Board of Supervisors

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SAN FRANCISCO
2015 JAN 15 PM 4:50
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Dear Board members:

I understand that the building located at 113 Steuart Street is once again threatened by commercial development.

In 2009 I wrote in support of ongoing efforts to landmark the building as a historically significant site for labor scholars. That summer, as part of the American Sociological Association meetings taking place in San Francisco, I led a well-attended walking tour of the city's rich labor history.

One of the highlights of the tour was visiting 113 Steuart Street, the former headquarters of the longshoremen's union -- an organization that transformed the face of the national labor movement during the 1930s.

While I have written a scholarly book and several articles on the west coast longshoremen's union, I readily acknowledge that I am not an expert on historical preservation. From my expertise on labor history, however, I can say unequivocally that 113 Steuart Street is a location with great historical significance. It was the operational headquarters during the early 1930s of the International Longshoremen's Association, whose insurgent members, led by the fiery and colorful Harry Bridges, initiated one of the most important labor struggles of the twentieth century, and arguably the most important conflict in the rich history of San Francisco labor: the 1934 west coast maritime strike that culminated in a city-wide general strike that summer.

The role of 113 Steuart in these events was pivotal. Not only was this building the command center for the strike, it was also the location of one of its most dramatic -- and still celebrated -- moments when strike-supporter Howard Sperry was killed by police on Thursday July 5, 1934 directly in front of the building. Grieving strikers traced the outlines of his lifeless body in chalk on the pavement to remind themselves and others of their fallen hero. Sperry's family held his funeral at 113 Steuart, and his death, along with another maritime worker, are still commemorated every year with "Bloody Thursday" activities sponsored by the ILWU, the ILA's successor. Few events in labor's past are as resonant today.

Beyond these dramatic events, 113 Steuart remains historically significant because of its close association with Harry Bridges. Indeed, when students of American labor think of Bridges, they think also of 113 Steuart where he first rose to prominence. Many books have been written on his enormous influence over the direction of American labor, but suffice to say that, among his west coast contemporaries, Bridges had no equal. He was the prime mover in transforming labor relations on the San Francisco waterfront, forging coast wide solidarity among the squabbling maritime unions, and articulating for labor a wider political vision of equality and social justice -- those are all part of the unique Bridges legacy that is worth preserving.

I realize you face conflicting agendas regarding the future of 113 Steuart Street. I hope that you will take fully into account the significance of this building in the broader sweep of American labor history, and that you will make every effort to preserve this historical landmark for future

generations of scholars and citizens whose lives have been shaped in no small way by the events and people that revolved around 113 Steuart Street nearly 80 years ago.

Sincerely,

A handwritten signature in cursive script that reads "Howard Kimeldorf". The signature is written in black ink and is positioned above the typed name.

Howard Kimeldorf
Professor of Sociology
University of Michigan

From: Kimeldorf, Howard <hkimel@umich.edu>
Subject: Landmarking 113 Steuart Street
To: "chris.daly@sfgov.org" <chris.daly@sfgov.org>
Cc: "bradley_wiedmaier@yahoo.com" <bradley_wiedmaier@yahoo.com>
Date: Monday, August 17, 2009, 7:28 AM

Dear Supervisor Daly:

I am writing on behalf of the ongoing efforts to landmark 113 Steuart Street so that this historic site can be preserved for future generations. I have read the statement, submitted last March, from Bradley Wiedmaier and Ralph Schoenman detailing the significance of this site, its place in the history of the San Francisco labor movement, and the resulting case for historical preservation. I will not add here to that very thorough statement on behalf of the site's historical significance.

I wish only to add that 113 Steuart Street figured prominently in a recent "walking tour" of San Francisco labor history that I helped to organize in connection with the national meeting of the American Sociological Association, which was held last week in San Francisco. The tour, which was sponsored by the "labor movements" section of the ASA, was very well attended. As part of our tour of the waterfront, we stopped at 113 Steuart Street to discuss its significance in the pivotal 1934 maritime strike, and how the incidents that took place outside that location in July of that year had widespread ramifications not only for the city's labor movement but for working people across the entire region and beyond.

Visiting 113 Steuart Street was a valuable part of our walking tour. We owe it to the citizens of San Francisco, scholars, and future generations to preserve this historical landmark.

My own interest in this case stems from my first book, *Reds or Rackets?* (University of California Press, 1988), which explored the divergent political trajectories of American longshore unionism, comparing the Harry Bridges'-led west coast ILWU with its conservative counterpart, the ILA, in the port of New York from 1920 through 1960.

Sincerely,

Howard Kimeldorf
Professor and Chair
Department of Sociology
University of Michigan
Ann Arbor, MI 48109
(institutional affiliation for identification)

purposes only)

141320

Ralph Schoenman

111 Clayton Court Vallejo, CA 94591 - USA
phone: 707.552.9992 mobile: 707.694.5699
email: rbs1@pacbell.net

January 14, 2015

San Francisco Board of Supervisors
c/o/ Angela Calvallo, Clerk of the Board
Room 244 - City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

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Ref: 113 Steuart Street Development by the Commonwealth Club

Dear Supervisors,

I write to you in part in my capacity as former Communications Director of the Millilon Worker March, initiated by leaders and activists of ILWU Local 10 whose antecedent local was International Longshoreman's Association Local 38-79. This was the local of Harry Bridges located at 113 Steuart Street where its meetings, decisions and actions there served in the most dramatic fashion as ground zero for the 1934 General Strike.

In its application before the Planning Board, the Commonwealth Club placed on record the falsehood that Harry Bridges and his local were not situated in this building.

On this basis they would alter its structure, adulterate its façade and deprive it of status as a National Landmark. as urged by leading members of the National Historic Landmark Commission in Washington, D.C.

I attach "Resolution #R17 - 113 Steuart Street," passed by proclamation at the International Longshore and Warehouse Union 34th International Convention in Seattle, Washington on June 12, 2009. (see attached)

It reads in part:

"Whereas 113 Steuart Street, the landmark building that was ground zero for the Great Maritime and General Strike of 1934, was targeted for demolition... and

Whereas, from 1933 to 1935, the International Longshoremen's Associationn was located on the second floor of this very building and...

Whereas, it was that Bloody Thursday occurred at this very site on July 5, 1934, that the funeral of the longshore martyrs, Howard Sperry and Nick Bordoise took place in this Hall, that their bodies lay in state there for four days, that the massive funeral procession for labor's martyrs across San Francisco began here;

Whereas, this great silent march electrified working people around the world and galvanized the broadest support for the General Strike;

Whereas, police and armed goons fired shotguns, tear gas, chemical gas bombs and explosives into the windows of the Hall, killing and wounding untold numbers of working people;

Whereas, Harry Bridges and the leaders of the ILA emerged from this Hall and the great struggles that were planned and organized there;

Whereas, Harry Bridges and the Great Maritime and General Strike of 1934 taught us that working people need to stand together as a mighty, mighty union;

Whereas, the jobs we want will only come through the mobilization of all working people as in 1934...

Resolved: That the ILWU Convention calls for 113 Steuart Street to become a landmarked labor history museum, labor education and training center and calls for good union jobs for working people on projects that restore our cities and serve the needs of our people and not the greed of duplicitous developers."

This unanimous proclamation, issued by the highest legal body of the ILWU, was responsive as well to the call by leading members of the National Landmarks Commission in Washington, D.C. that 113 Steuart Street should be landmarked and its distinctive architectural features preserved.

These features were, as architectural historian Bradley Wiedmaier documented, the contribution of Etienne Garin whose stunning architectural legacy across the Bay Area in itself marks this building as worthy of the national landmark called out for it.

I urge the Board of Supervisors to require the current applicant to acknowledge the historic role of 113 Steuart Street and preserve the distinctive architectural character of this living legacy of a struggle bestowed upon the nation by working people of San Francisco in passionate anticipation of signal battles for justice yet to be won.

Yours very sincerely,



Ralph Schoenman

**International Longshore and Warehouse Union
Thirty-fourth International Convention
Seattle, Washington - June 8 - 12, 2009**

Resolution #R-17 passed unanimously

113 STEUART STREET

- WHEREAS:** 113 Steuart Street, the landmark building that was ground zero for the Great Maritime and General Strike of 1934 was targeted for demolition by the multi-billion dollar developer Hines Real Estate; and
- WHEREAS:** from 1933 to 1935, the International Longshoremen's Association (now the ILWU) Local 38-79 was located on the second floor of this very building and that this Local is the direct predecessor of ILWU Local 10; and
- WHEREAS:** Hines Developers concealed the address of the building to prevent Maritime workers and organized labor from discovering their plan to demolish this historic site; and
- WHEREAS:** Hines ordered a false "Historic Study" stating that neither the building nor anyone associated with it had made any significant contribution to the history or development of the city of San Francisco; and
- WHEREAS:** It was that Bloody Thursday occurred at this very site on July 5, 1934, that the funeral of the Longshore martyrs, Howard Sperry and Nick Bordoise took place in this Hall, that their bodies lay in state there for four days, that the massive funeral procession for labor's martyrs across San Francisco began here; and
- WHEREAS:** This great silent march electrified working people around the world and galvanized the broadest support for the General Strike; and

- WHEREAS:** Police and armed goons fired shotguns, tear gas, chemical gas bombs and explosives into the windows of the Hall killing and wounding untold numbers of working people; and
- WHEREAS:** Harry Bridges and the leaders of the ILA emerged from this Hall, and the great struggles that were planned and organized there; and
- WHEREAS:** Hines claimed falsely that the building no longer exists in any recognizable form when it is unchanged in all essentials and the Hall is today as it was in 1934; and
- WHEREAS:** In 1934 the employers sought to make concessions to longshore workers alone, and the newspaper headlines screamed "Strike Over"; and
- WHEREAS:** Harry Bridges refused to allow the employers to pit workers against each other; and
- WHEREAS:** Harry Bridges and the ILA leadership declared that "an injury to one is an injury to all" and that the struggle was for good jobs and decent wages and workers' power for organized labor; and
- WHEREAS:** Working people everywhere today need good paying union jobs; and
- WHEREAS:** There is vast work to be done in creating decent and affordable housing for all working people, schools that are not collapsing around the heads of the students and teachers, restoration and renewal of the infrastructure of San Francisco and of cities across the United States; and
- WHEREAS:** What Harry Bridges and the Great Maritime and General Strike of 1934 taught us that working people need to stand united as a mighty, mighty union; and

WHEREAS: The jobs we want will only come through the mobilization of all working people as in 1934; and

WHEREAS: It was the very mobilization of Maritime and organized labor across San Francisco and the Bay Area that exposed the lies of Hines and led to a huge victory for all working people on March 17 when the Board of Supervisors voted overwhelmingly to reject the Hines project and the lies presented about it by the developer and his supporters; and

WHEREAS: Hines seeks to impose a ten story glass building 66% over the height restrictions for the entire Waterfront District; and

WHEREAS: The San Francisco Board of Supervisors voted overwhelmingly to reject the Planning Board's "negative determination" and the demolition of 113 Steuart Street; and

WHEREAS: Former seven-year ILWU International President Brian McWilliams led the fight against the destruction of 113 Steuart Street; and

WHEREAS: Officers, executive board members and ranks of all major Maritime and other unions joined this fight, **THEREFORE BE IT**

RESOLVED: That the ILWU Convention calls for 113 Steuart Street to become a landmarked labor history museum, labor education and training center and calls for good union jobs for working people on projects that restore our cities and serve the needs of our people and not the greed of duplicitous developers.

141320

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SAN FRANCISCO, CA

2015 JAN 15 PM 4:47

January 15, 2015

Angela Calvallo
Clerk of the Board
San Francisco Board of Supervisors

Dear President Breed and Supervisors,

I ask that you reject the Mitigated Negative Declaration (MND) for 110 the Embarcadero, also 113 Steuart Street passed by the Planning Commission.

The CEQA basis for the approval rests on very incorrect mistakes of fact and must be rejected because of these false foundations.

Please find included documents that refute the claim that 113 Steuart/110 the Embarcadero had no association with persons of significance. Harry Bridges and the entire leadership of the 1934 events are directly associated with 113 Steuart Street. Also please note that there was no serious

consideration to the claim of architectural significance for the building as the record by the known architect is available, which the proponents and Planning Commission chose to make no effort whatsoever to explore.

Additionally there was no serious labor history done to verify the claim that there was nothing happening on the Embarcadero or that the building was not involved on both streets.

The Historic Block setting with six out of nine building retaining historic resource presence for the 100-198 Block of the Embarcadero which were central to the events of Bloody Thursday and the Great Maritime and General Strike of 1934. In addition this block is the last surviving mostly intact block of the 36 central district waterfront blocks that stretched from Broadway to Rincon Hill. This block has been unwisely excluded from Historic District consideration because of several development proposals which were giving unequal treatment and exemption from normal historic survey. The Hines Project six years ago, and now the Commonwealth Club proposals have moved forward by seemingly being exempt from preservation laws of our city.

Please find enclosed Images of the strike events on the Embarcadero at the 110 the Embarcadero site.

Also please find images of the work of the architect for 110 the Embarcadero and 113 Steuart Street that show the significance of this architect's (Etienne A. Garin's) work. Included please find the case for the architectural significance of the building and use of a mode and style which the SF Planning Department has incorrectly not cataloged.

Please ask the proponents these questions and pursue complete answers. The Planning Department and Commission have not honored the facts and this is the second time that this parcel has had to come to the Board of Supervisors for review and appeal. First, does the Commonwealth Club deny that Harry Bridges has an association with 113 Steuart Street. Second, does the proponent deny that strike actions occurred on the Embarcadero during the events of 1934, and that 110 the Embarcadero was impacted. How do their statement impact the MND? Third, will they restore the Stuart Street front to the 1934 period of significance or merely rehabilitate the existing irrelevant changes which have occurred in the last half century? Will they follow established preservation practice and make the 3rd floor addition step back 15 feet? Fourth, do they find nothing to the History of the Mission to Howard and Steuart to the Embarcadero block that gives them pause to remove parts of its historic resource. Fifth, will they landmark the building now before the proposed changes render it impossible to landmark? Sixth, will they review the architect of the building with some kind of respect and thoroughness? And finally will they explain why they changed from the first design concept of Architect Dan Phipps which called for utilizing the existing Embarcadero Front. These are questions they have refused to answer.

Please honor our San Francisco Urban Legacies, that make this the place share. This is a landmark that should be officially one, as the ILWU Convention has called for declaring it one. The documents of the city cannot be based on falsehoods. Please reject the MND.



110 The
Embarcadero
behind the
mounted officer
and the horse head.

Police and tear gas guns

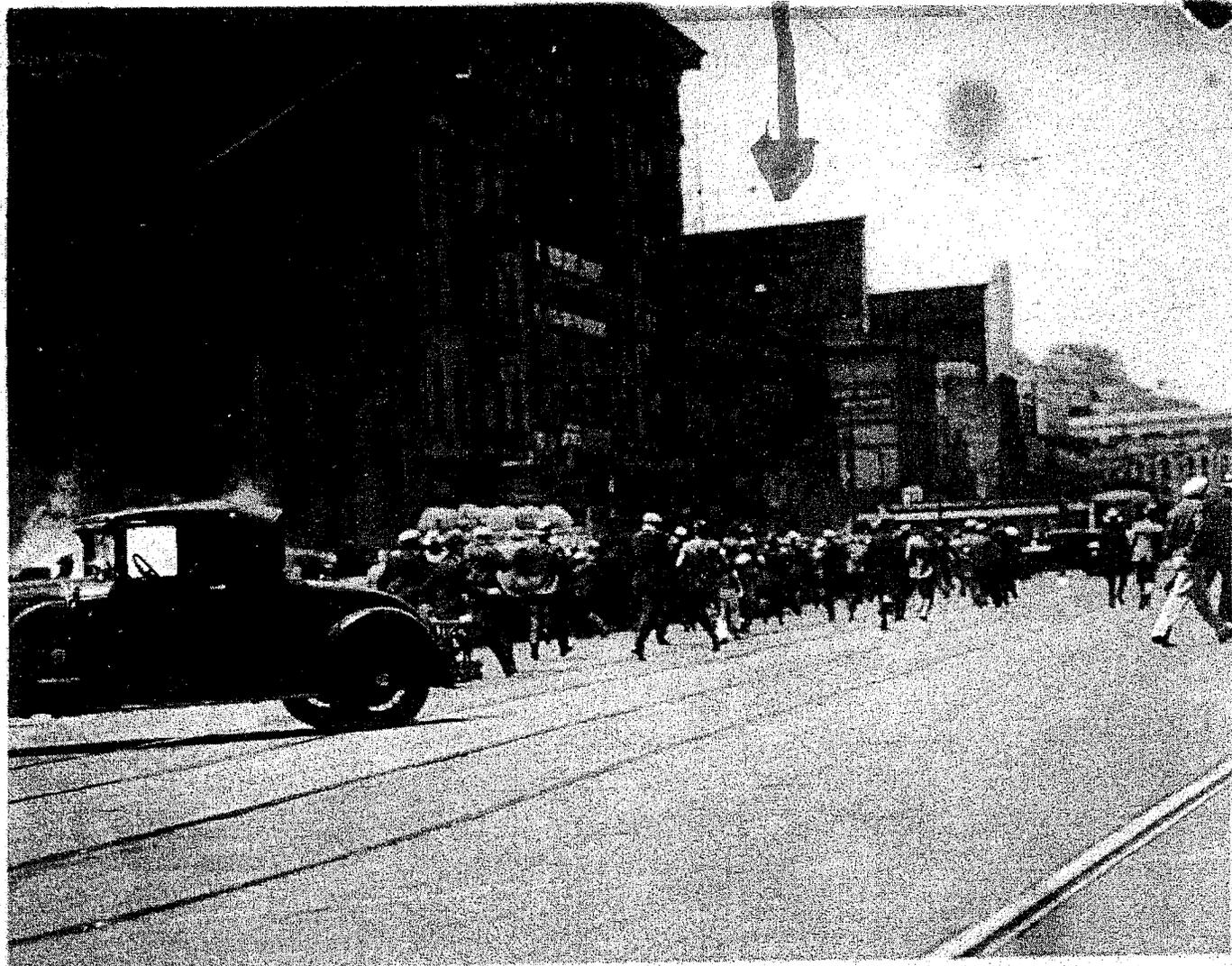


Police
Gas
Attack on the
Embarcadero
Across from
110 the
Embarcadero
and Mission
Street.



Strikers surging

110 The Embarcadero





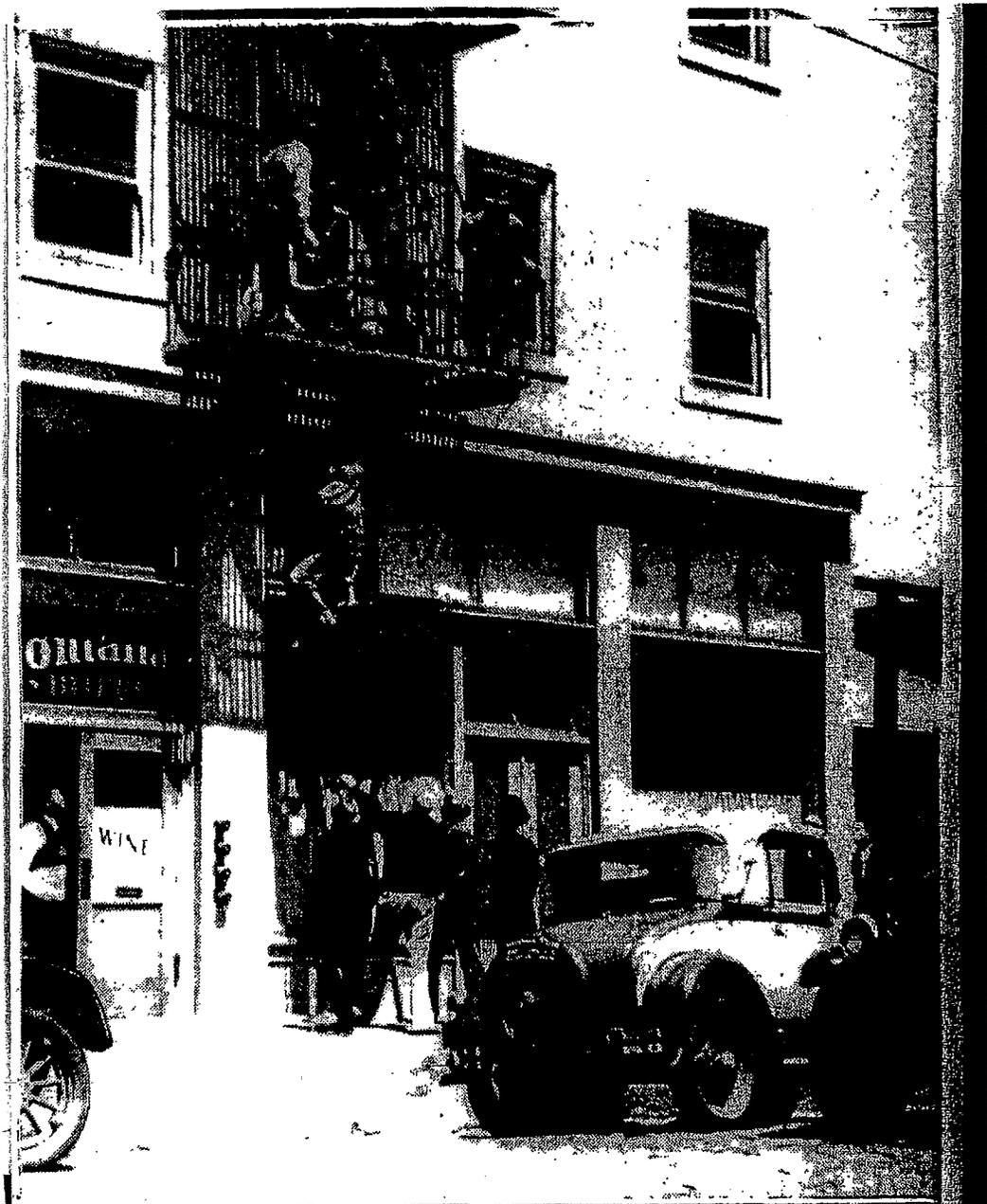
← "Rooms"
 Sign on
 the main
 Hotel, 2 -
 Doors from
 110 the
 Embarcadero

Embarcadero South of Intersection with Mission
 in Vicinity of 110 The Embarcadero.



↗

↑ Police Attack with Gas across Howard
on the Embarcadero # 220 Seaboard Hotel
Injured man hit with Police Gas Canister.



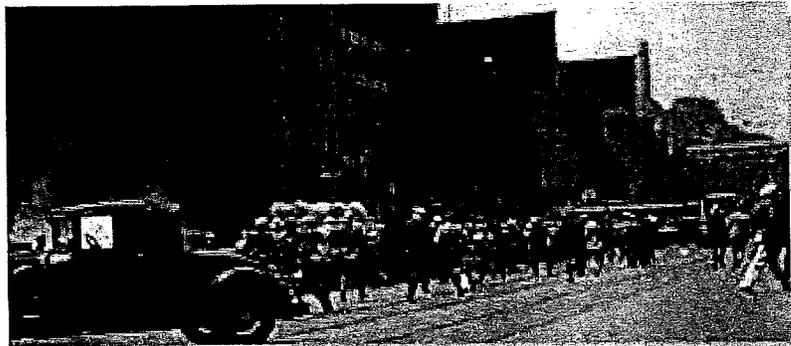
SE BX 246 p7
r- } MAN DISABLED BY TEAR GAS SHELL being lowered down fire escape at rear
n. } of Seaboard Hotel, into which gas was fired to dislodge hiding strikers.

Hotel So Filled with gas, emergency
Exit was down Fire Escape.

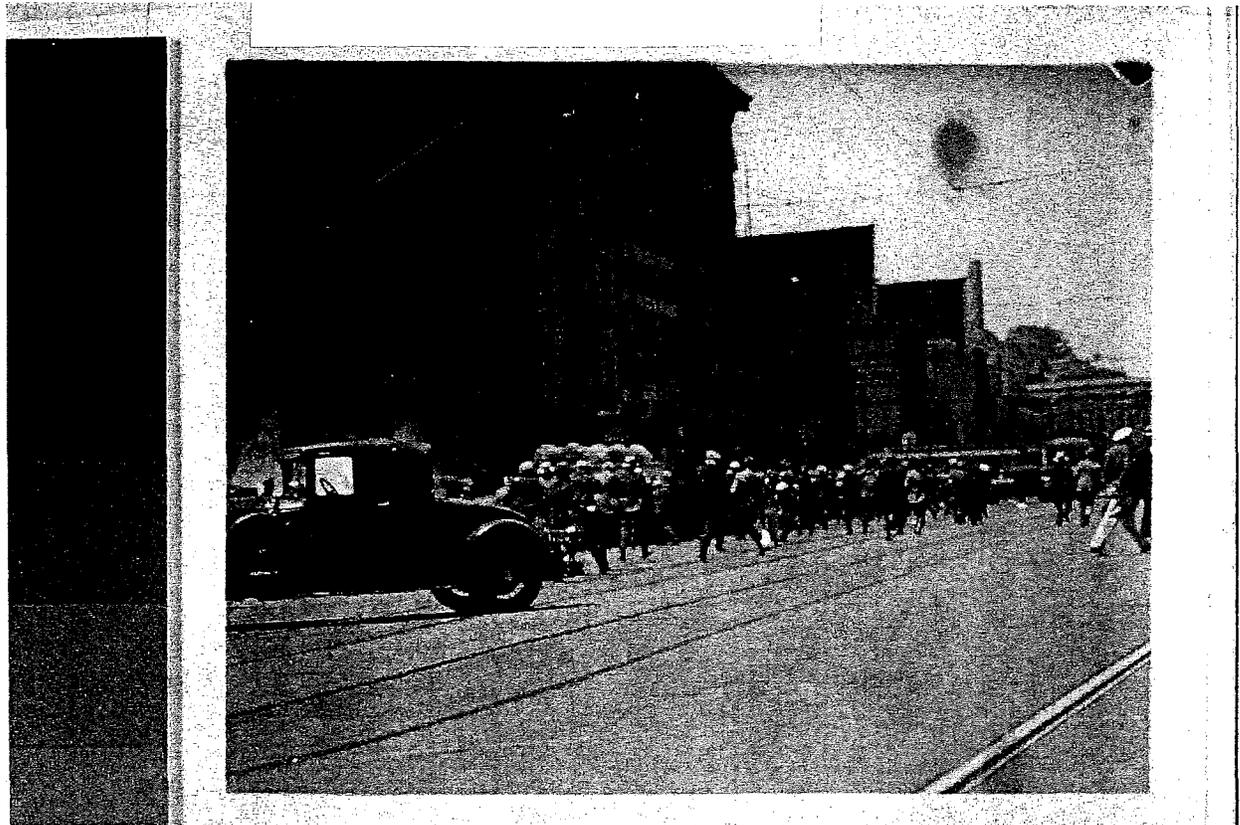
Another
Gas
Attack
Up & Down
the Embarcadero



Photo
"Used in"
"SF News"
July 6, 1934



Teargas explosion (behind car) drives rioters along the Embarcadero
toward Mission St. —San Francisco News Photo

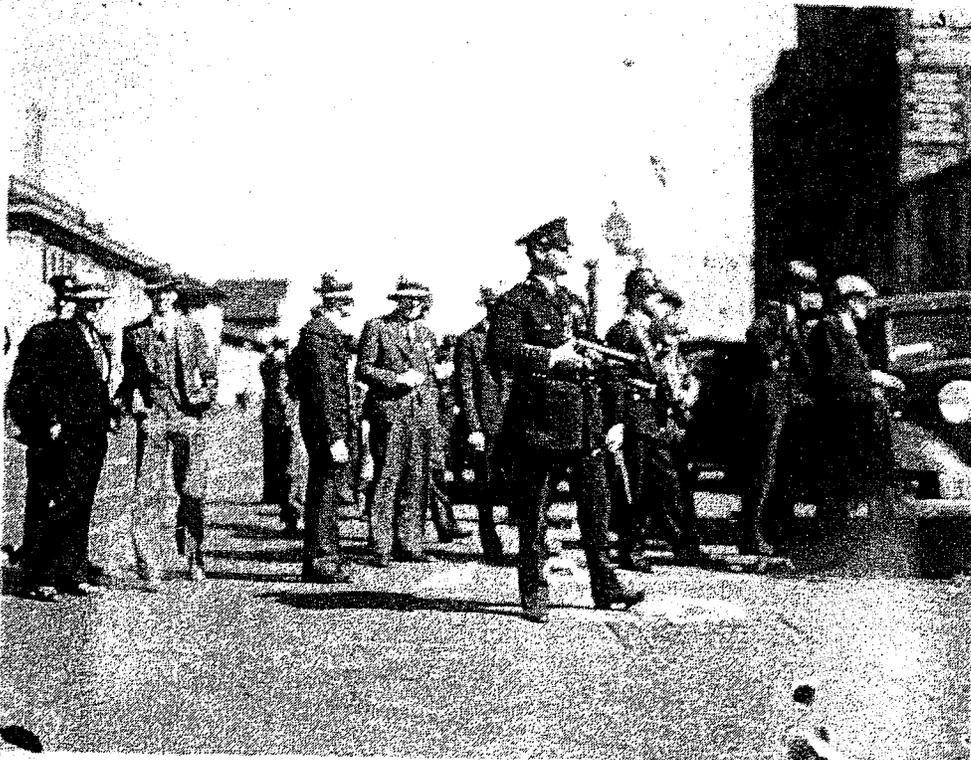




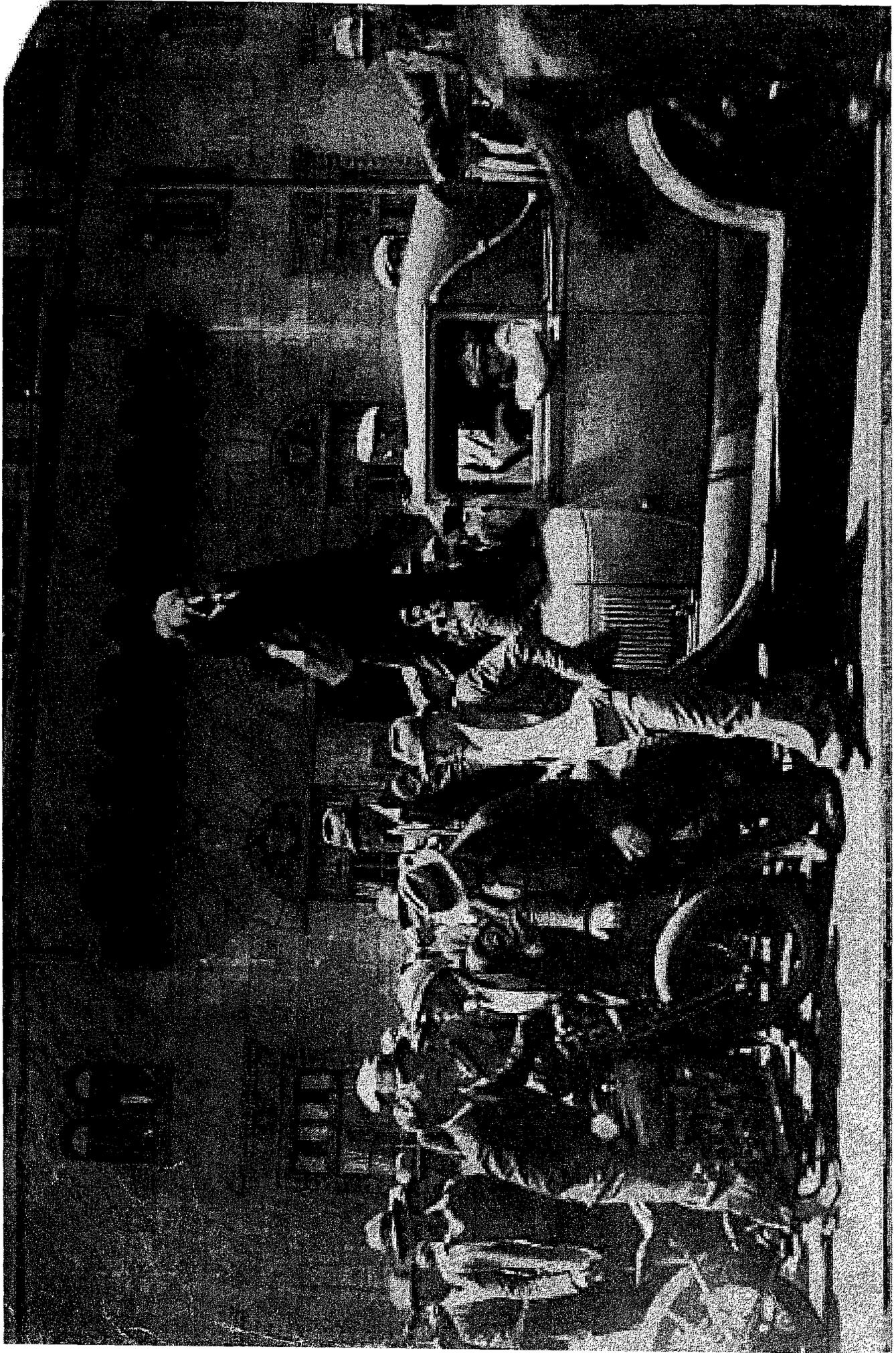
Teargas explosion (behind car) drives rioters along the Embarcadero toward Mission St. —San Francisco News Photo

↖ 110 The Embarcadero

Police and tear gas guns



Police
Fire Gas
Across
from 110
The
Embarcadero



Striker Supporters in front of YMCA which Press said was hit w/ Gas



Embarcadero Across from 100-198 the Embarcadero

BRADLEY WIEDMAIER & RALPH SCHOENMAN

535 Geary Street – Suite 912 – San Francisco, CA 94102

phone: 415.694 3605

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email: bradley_wiedmaier@yahoo.com * email: rbs1@pacbell.net

January 14, 2015

Angela Calvallo
Clerk of the Board
San Francisco Board of Supervisors

ETIENNE A. GARIN – ARCHITECT, DESIGNER AND BUILDER OF 113 STEUART STREET

The organized efforts in 2008-9 to conceal and falsify the significance for San Francisco of 113 Steuart Street began with the attempts to deny and suppress the historical, cultural and political importance of this site as the nerve center of the Great Maritime Strike and the General Strike of 1934. In 2015 The Commonwealth Club is seeking to conceal the association of 113 Steuart Street/110 the Embarcadero with the leaders of the 83 day Maritime Strike. But, this was the ILA Hall from which Harry Bridges, head of the Strike Committee, emerged as a labor leader of national significance who would be featured on the cover of Time Magazine.

The Commonwealth Club has used the fraudulent denial of any association of persons of significance with the building, to skirt preservation law in their proposed reconstruction of the property. They conspired with the Planning Department to utilize this stratagem to demolish the Embarcadero front and to rehabilitate the late changes to the Steuart Street front which have been made after the period of significance in 1934. They intend to add an a third floor that violates setback standards for landmarks. The falsehood that "no one of significance was associated with the building" has only been pursued to achieve an illegal exemption from required Historic Resource practices.

HANDS OFF COLLECTIVE BARGAINING AND HANDS OFF THE ARCHITECTURAL HISTORY OF 1934!

True to the history of the Commonwealth Club, their opposition to the actual record of 1934, in regards to their building program, pales to their misuse of history in their recent Legacy of 1934 Forum that echoed the theme of the maritime bosses today. As the Pacific Maritime Association is turning up the pressure to force the ILWU into mandatory mediation, the Commonwealth Club's Forum on the Legacy of 1934, pushed the abstracted line that mediation was the source of the victory in 1934. But, mediation can not be considered, alone and independent from the context in which it takes place. Mediation in 1934 was only accepted by the workers after the dramatic 83-day defense of the right of collective bargaining and the winning of mass support and public opinion. In fact at the beginning of the strike mediation was rejected. In today's current setting, mediation is in the interest of the bosses as the PMA is trying to dictate. Vast pressure has been brought to force the ILWU to accept mediation now. Today it has been imposed to substitute for and to further gut collective bargaining rights. The preposterous theme of the Commonwealth Clubs December Forum on the Legacy of 1934 contributed to the strong arming of the ILWU today, as much as their gross lie about Bridges having no association with the strike Headquarters in 1934, both contributed toward destroying the legacy of 1934.

The Commonwealth Club hired Page and Turnbull in 2013 to put forward the preposterous proposition that no one of significance was associated with 113 Steuart/110 the Embarcadero based on one wrong 1980s newspaper article. They also claim that the owner-builders and architect are unknowable. Page and Turnbull is wrong on all of these points as they were wrong in 2008-9 when they first said the building was somewhere else, and then next that it was so changed as to be unrecognizable. The San Francisco Board of Supervisors in March 2009 rejected those falsehoods. Now, it is time for the Board to reject again the false stratagems, put forward to manipulate the planning process and fool the Planning Commission.

The importance, however, of 113 Steuart Street to the architectural history of San Francisco is, it turns out, a further important, if suppressed part of the story.

The designer and builder of 113 Steuart Street was the accomplished San Francisco architect, Etienne A. Garin, of 37 Belvedere Street. Etienne Garin first came to architectural distinction with his prominent multiple designs of churches and collateral buildings for the Roman Catholic Archdiocese of the San Francisco Bay Area at the turn of the twentieth century.

GARIN 'S SACRED HEART CHURCH ON NATIONAL REGISTER OF HISTORIC PLACES

In 1901, Garin designed the Sacred Heart Church at 40th and Martin Luther King, Jr. Way in Oakland. Opened in 1902, the building was considered so distinctive that it was later listed on the National Register of Historic Places.

The Church survived the 1906 earthquake, but suffered damage during the Loma Prieta earthquake of 1989 and did not survive, thus lending 113 Steuart Street even more importance as one of the few remaining designed buildings of Etienne Garin.

The association of Garin and his architectural output with 113 Steuart Street is highlighted by the fact that Garin's St. Andrew's Church, built in 1908, was the Oakland Parish church designed for William J. Yore, one of the two owner-builders of 113 Steuart Street which was constructed in 1913. St. Andrews church edifice remains in Oakland today as St. John's Missionary Baptist Church. It was moved subsequently to 19th and Market.

Garin rebuilt San Francisco's Notre Dame des Victoires Church after 1906 and, his parish structure adjacent remains today on Bush Street in San Francisco across from the Sutter-Stockton Garage. Not long thereafter, his first St. Anne's Church in the Richmond District was constructed on Irving Street.

THE IMPORTANCE OF ETIENNE GARIN TO SAN FRANCISCO ARCHITECTURAL HISTORY

Garin was trained in part by his father, Paul A. Garin, who was Head of Technical Drawing at Oakland Public Schools and who taught many years first at Oakland High School and then after 1900 at Mission High School in San Francisco. Paul Garin published in 1892 a highly regarded manual on technical drawing. His students are a who's who of Bay Area architects from the era.

The young Etienne Garin honed his craft and architectural experience while a member of the firm of the noted San Francisco commercial architect, John J. Clark, beginning in 1895 when Garin turned twenty years of age.

Having made his mark, Garin started out on his own at the age of twenty-three in 1898 when he designed a series of parish buildings and churches for the Archdiocese. He went on to create varied commercial building designs, highlighted by the widely admired flats Garin prepared for Mortimer Fleishhacker – an important commercial developer of the time who donated Fleishhacker Pool to the city.

The Fleischhacker Flats are located on Broadway, east of Octavia, in Pacific Heights. Garin went on to design distinctive residences in Presidio Heights, St. Francis Wood, Jordan Park and across the city of San Francisco.

Garin would design, as well, a series of commercial strip store buildings, including one for himself that he designed ten years after he completed 113 Steuart Street. What is of note is that Garin replicated the parapet silhouette of the ILA headquarters at 113 Steuart Street – a feature he considered distinctive and in the modern mode. It wasn't the machine modern side of the modern but the arts and crafts side.

Garin built 113 Steuart/110 the Embarcadero in 1913 for two partners. He utilized completely different styles for each street front to take commercial advantage of the different uses that had evolved on each street. On the Embarcadero as the waterfront

boulevard, it contained the potential for more "front office" and maritime business tenants. Garin allotted most of the budget on the more elaborate Embarcadero Front. On the Steuart Street Front, Garin utilized a more innovative style, rendered in a less elaborate, yet direct manner, than that on the Embarcadero. Light industrial uses and loft space were established on Steuart by 1913. Where on the Embarcadero Garin employed the formal classic vocabulary and details, he contrasted on the Steuart Street Front with the early-California inspired "Portola" Style which mixed the Arts and Crafts with an updated Mission Style, that looked more closely at Spanish prototypes. The distinctive parapet employs an Arts and Crafts motif as do the simple piers without capitals. Above the piers, stylized beam ends "protruded" through the reinforced concrete walls which were covered in stucco to suggest adobe. The popularization of the "Portola" in San Francisco is represented by the 113 Steuart Street Front. The "Portola" style is one the SF Planning Department does not even acknowledge, as it is an element of Californian Architecture, and is not well known outside the state where most of the department staff originate.

Many of Garin's commercial buildings were exceptional, exemplified by his design for one building on Fillmore in the Pacific Heights commercial district near California Street.

Etienne Garin enjoyed an innovative career with varied output, denoting him as a distinctive figure in San Francisco architectural history.

His career was cut short tragically in 1927 when he died at the age of 52 from a skull fracture, whose cause remains unknown to this day.

113 Steuart Street is one the few remaining examples of Etienne Garin's opus. Like his important Sacred Heart Church, which is no longer with us, 113 Steuart deserves equally to be on the National Register of Historic Places, not solely because of the great historic significance of this building and the union hall that became ground zero for seminal events in the history of labor, but also because the building itself at 113 Steuart Street, as the record shows, enjoys a distinctive place in the architectural history of San Francisco and the Bay Area. The "Portola" style which was referred to contemporarily provided the link between the Mission and the more archeological styles of Spanish Colonial, Italian villa and Mediterranean Revival of the late teens and twenties. Garin achieved with the 113 Steuart/110 the Embarcadero an example of a single building utilizing different fronts to connect with different commercial uses. He utilized a style that was central to modernism and connected San Francisco esthetically with European Arts and Crafts. Garin was a serious architect who contributed to the evolution of Bay Area Architecture.

113 Steuart/110 the Embarcadero deserves amply to be a land-marked building *of the*

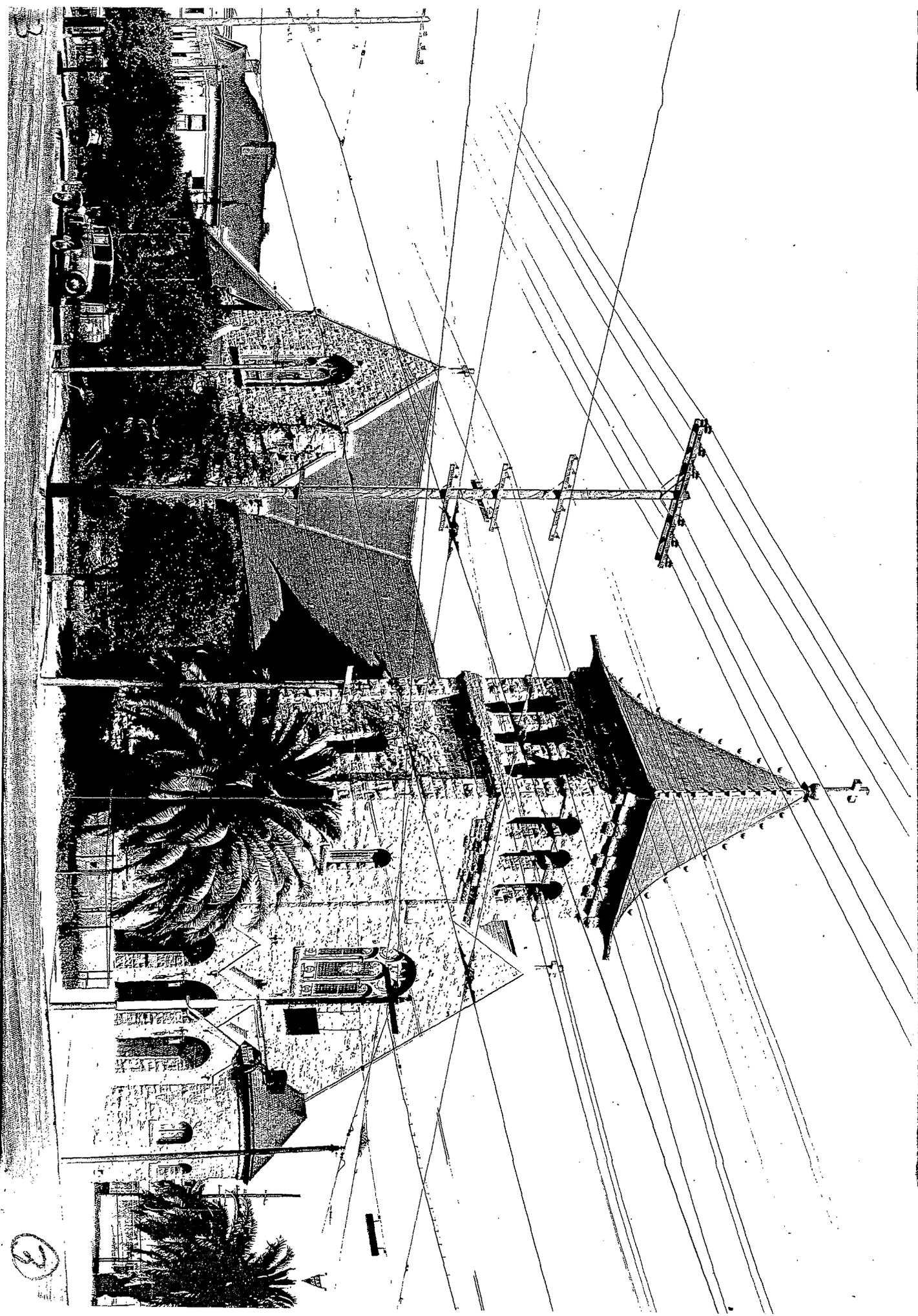
city of San Francisco, on the National Register of Historic Places, and to be a National Landmark.

The refusal by the Commonwealth Club to landmark shows their true attitude to the legacy of 1934.

Bradley Hedman

Sacred Heart Church Oakland EIA Gavin

08/11



3

3

Barin
Archit.

Sacred Heart Church

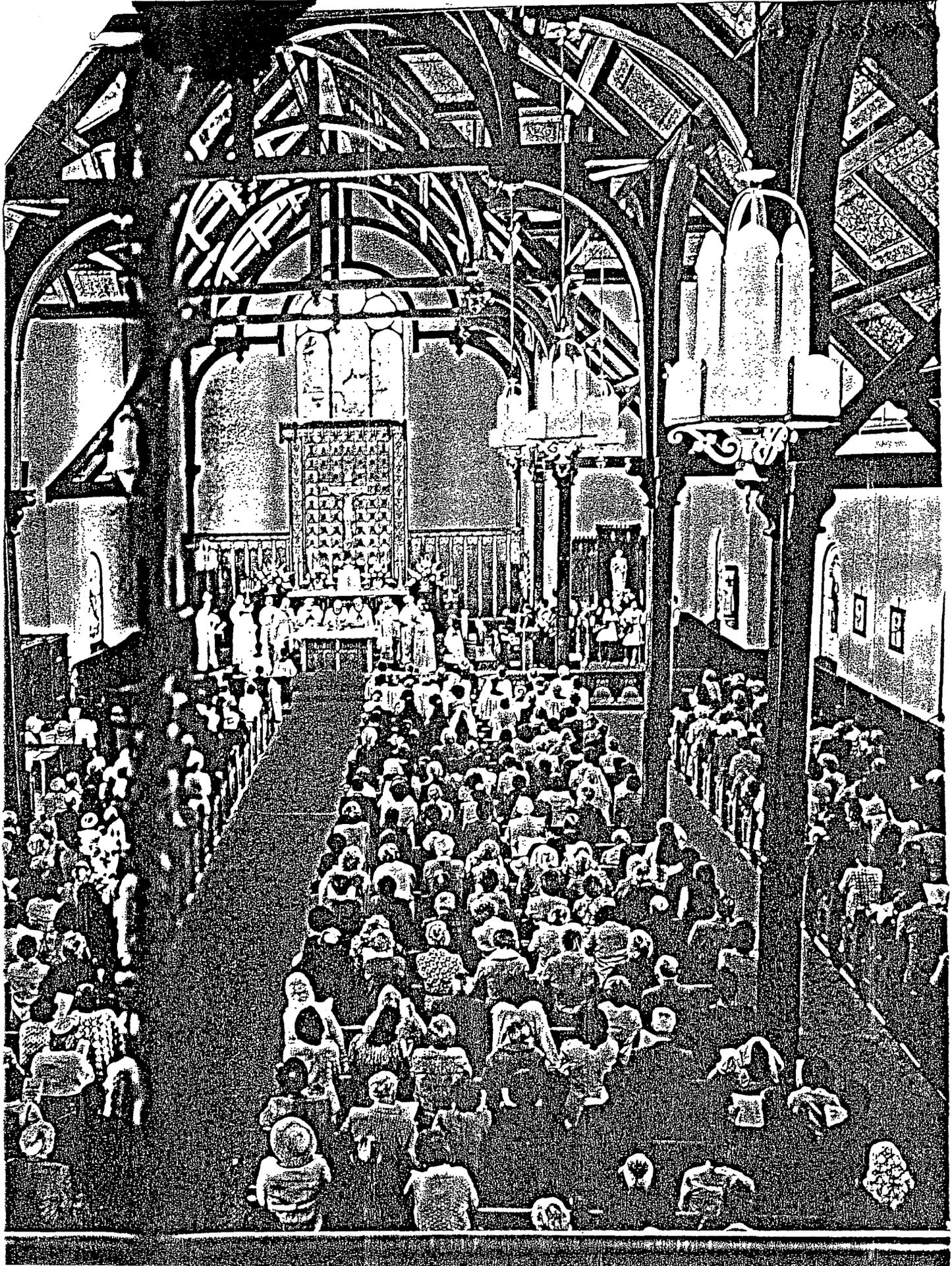
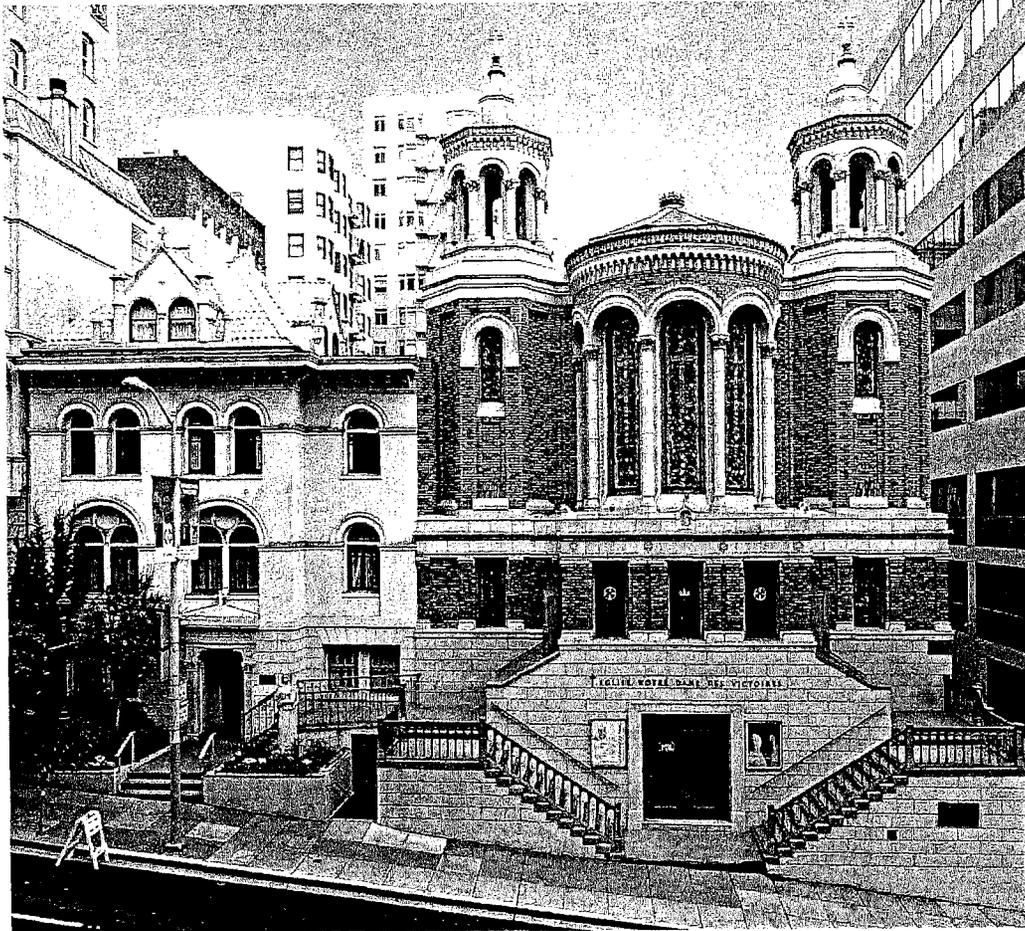


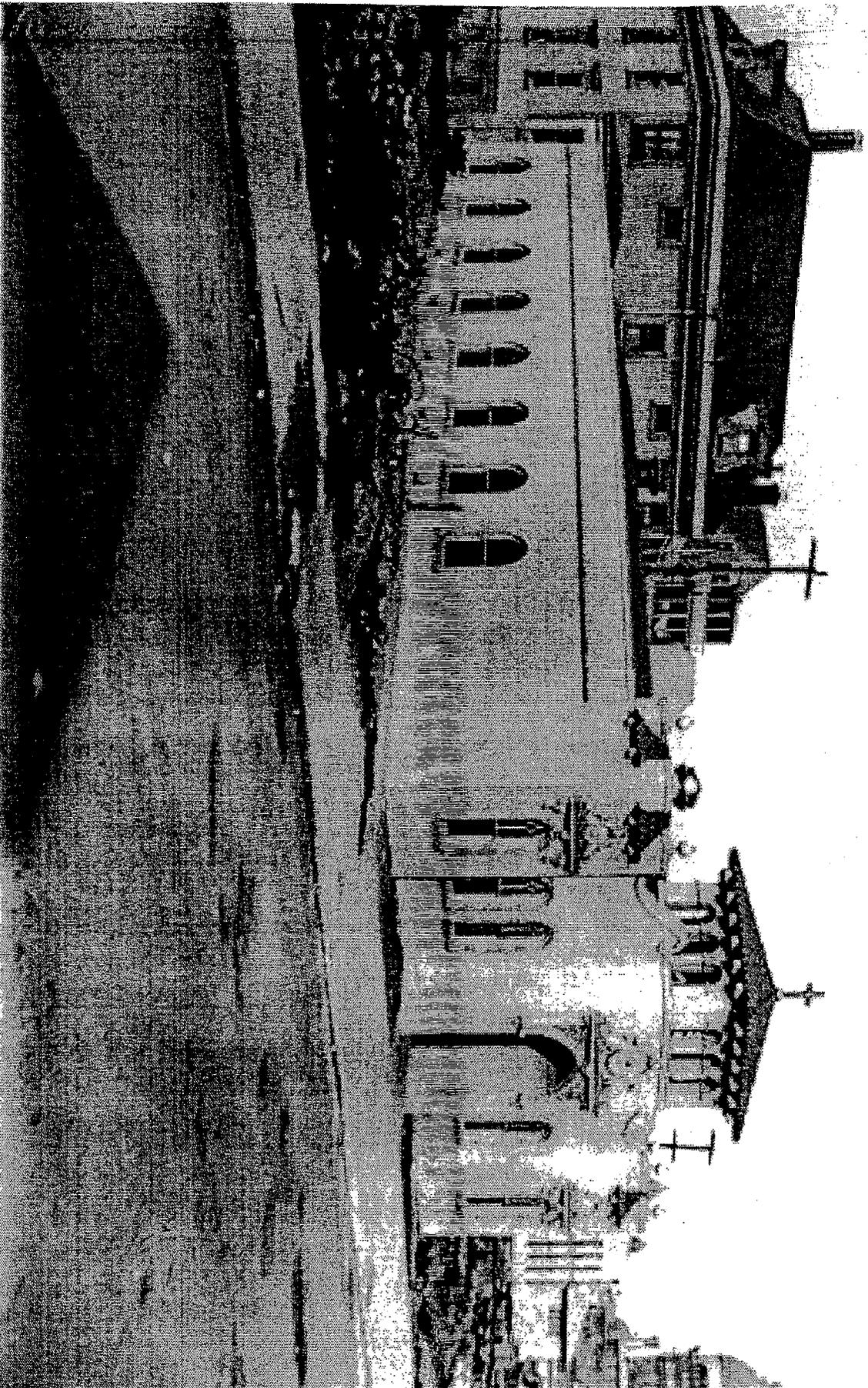
Image Search

Historic Photos ILWU 1934 Strike San

↓ Parrish House Notre Dame des Victoires



Church of the Nativity, Fall Street 1906 (Ruins of City Hall Dome on right edge)



Architect Etienne Gavin

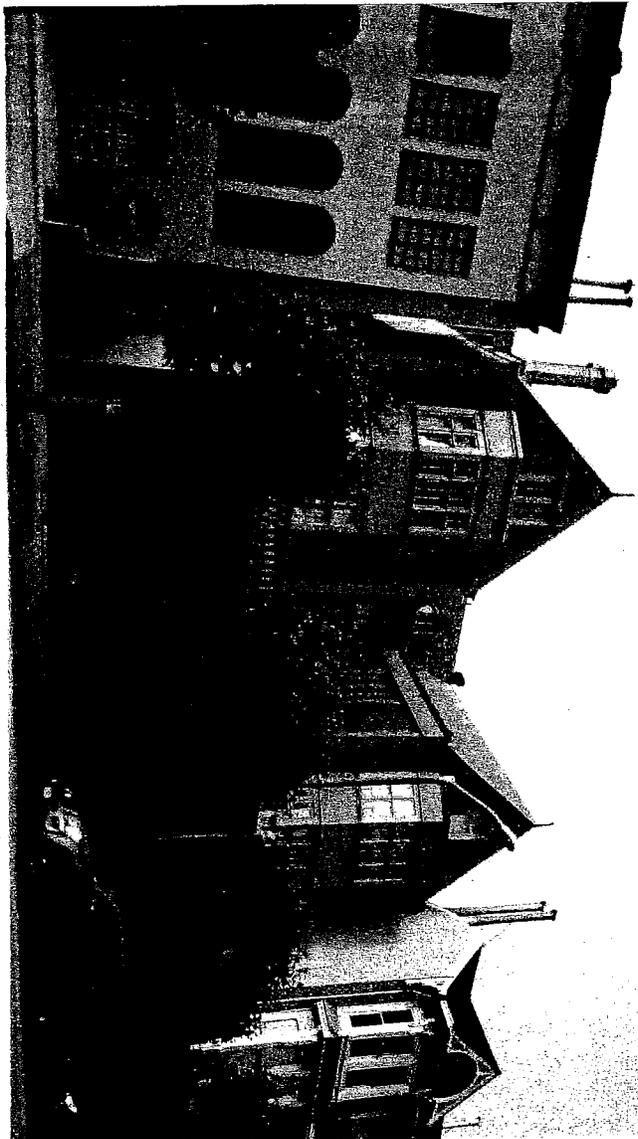
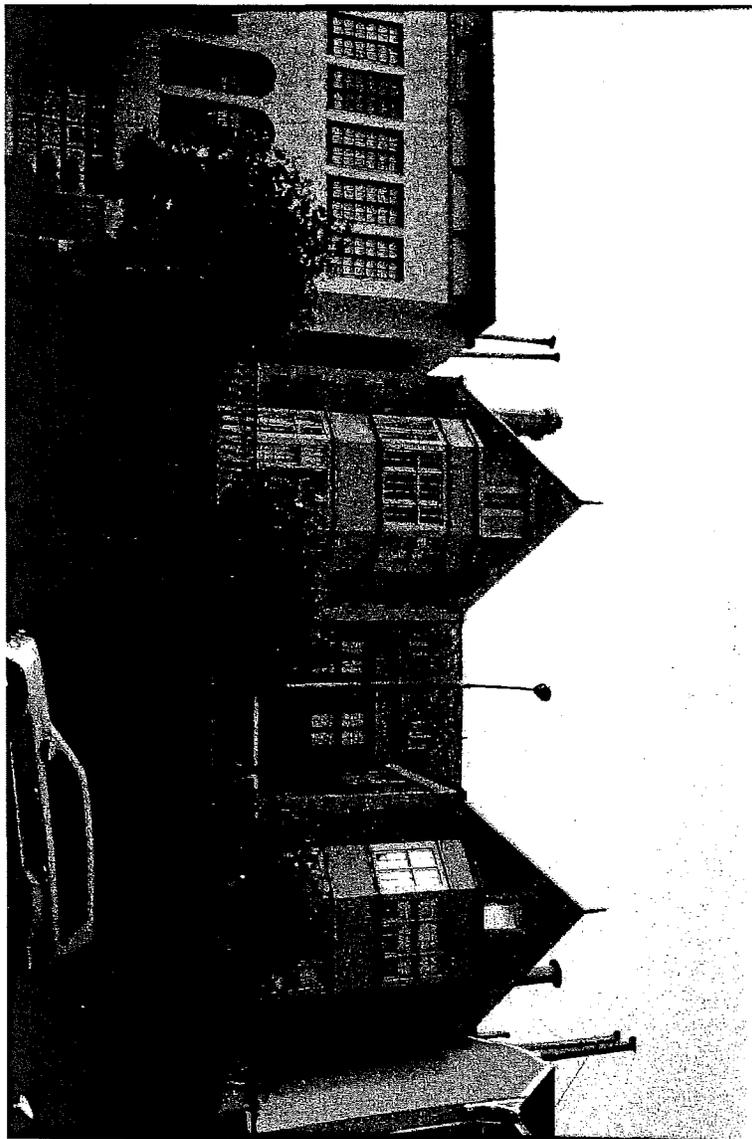
Google maps Address



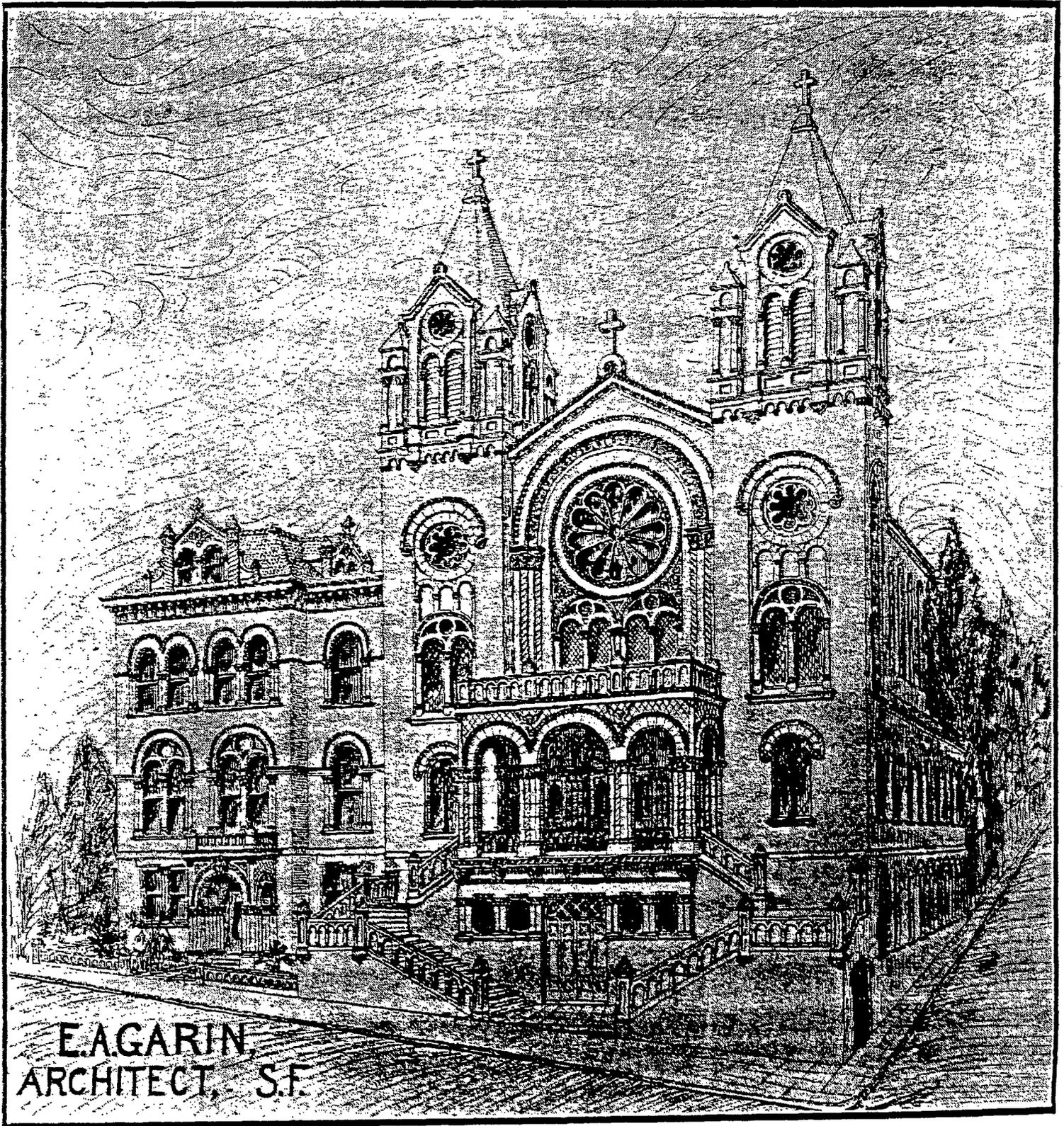
St Anthony's Oakland 19thth
 moved now on Market
 as St John's Missionary Baptist

Google maps Address





Fleishhacker Flats



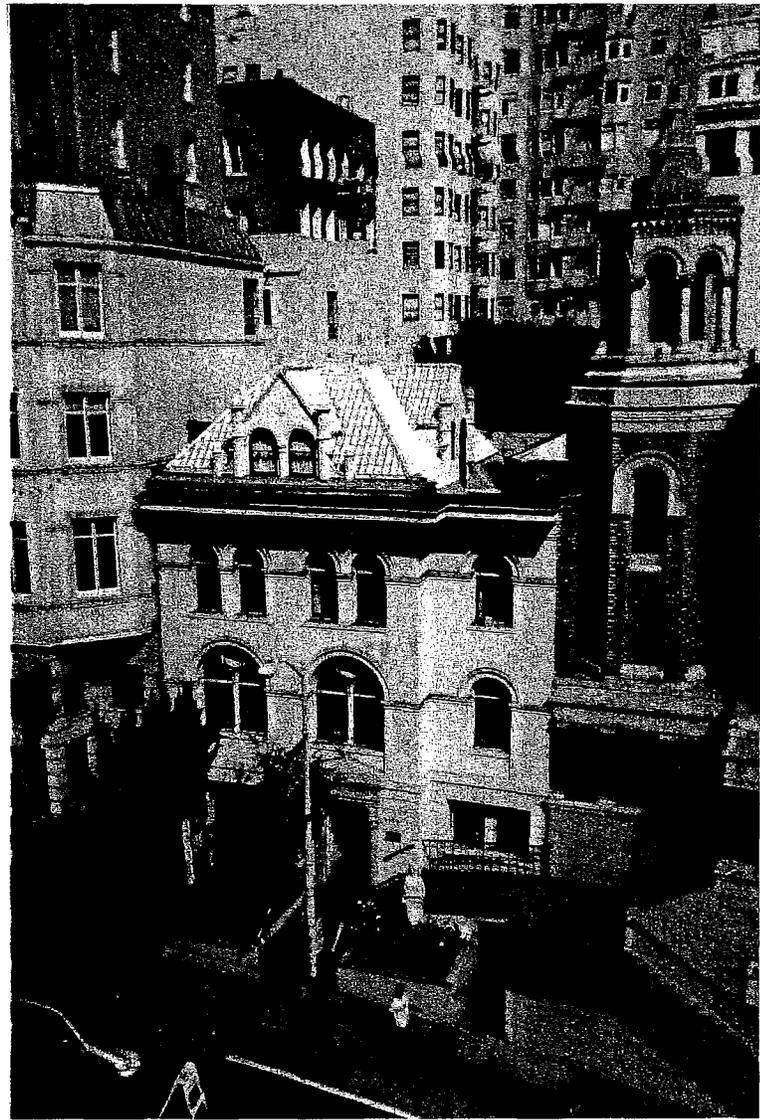
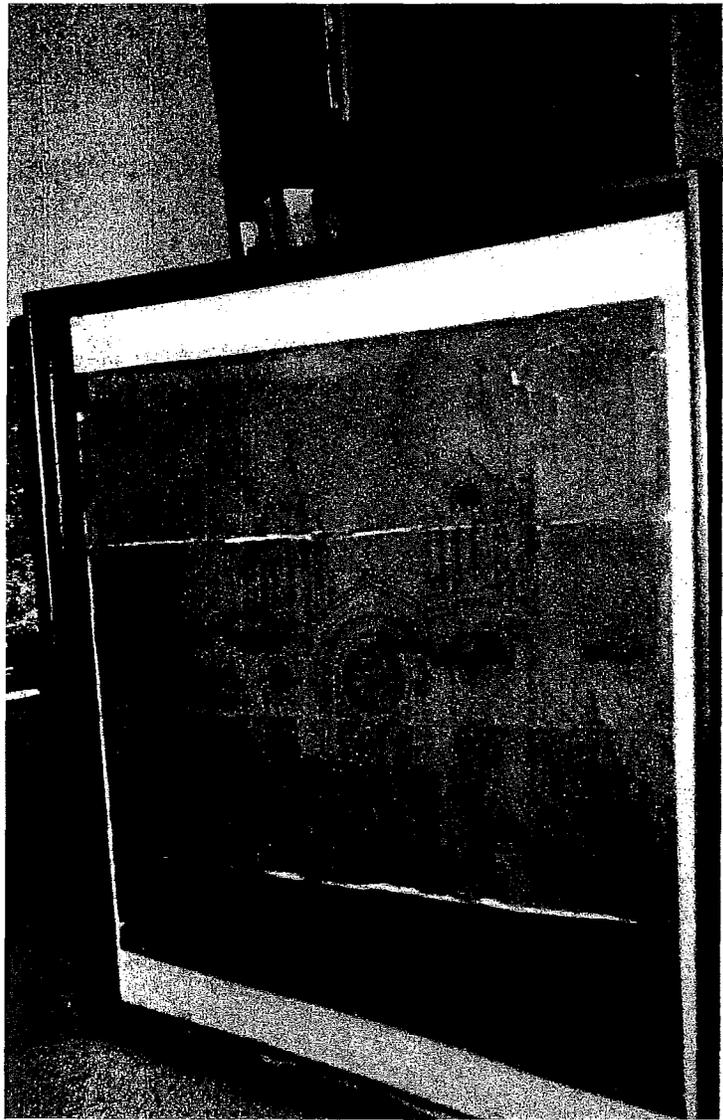
Nouvelle Eglise N.D. des Victoires, et Résidence, San Francisco, Californie.

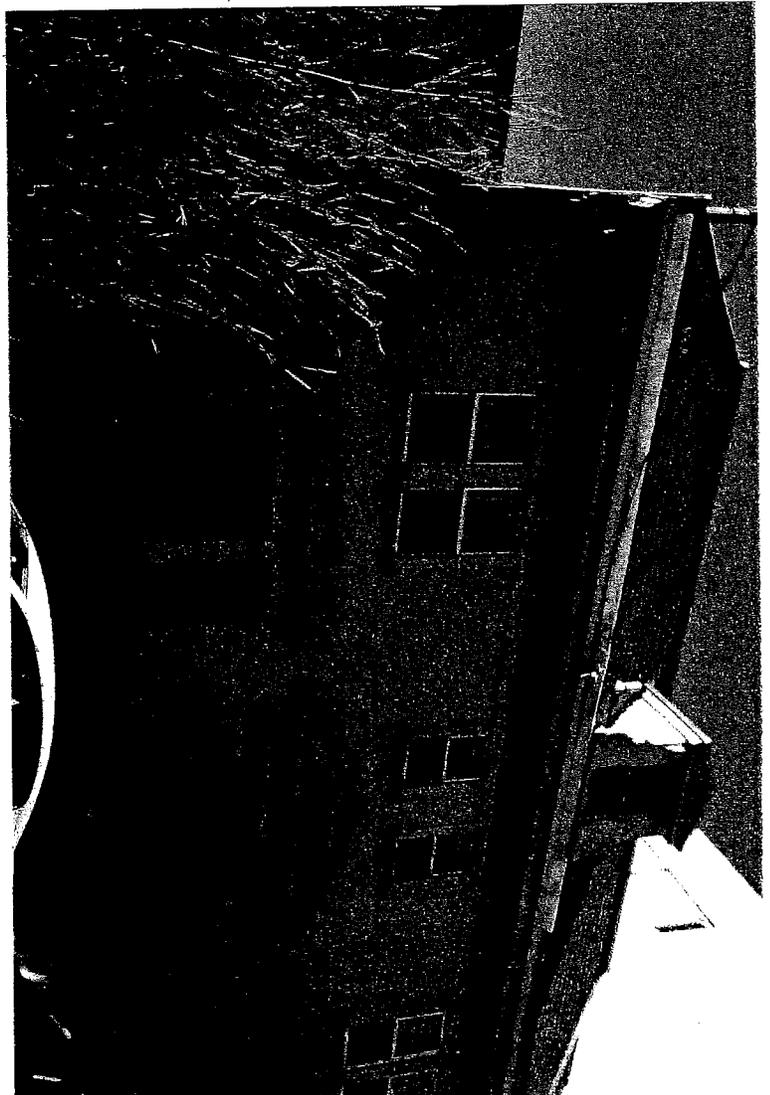
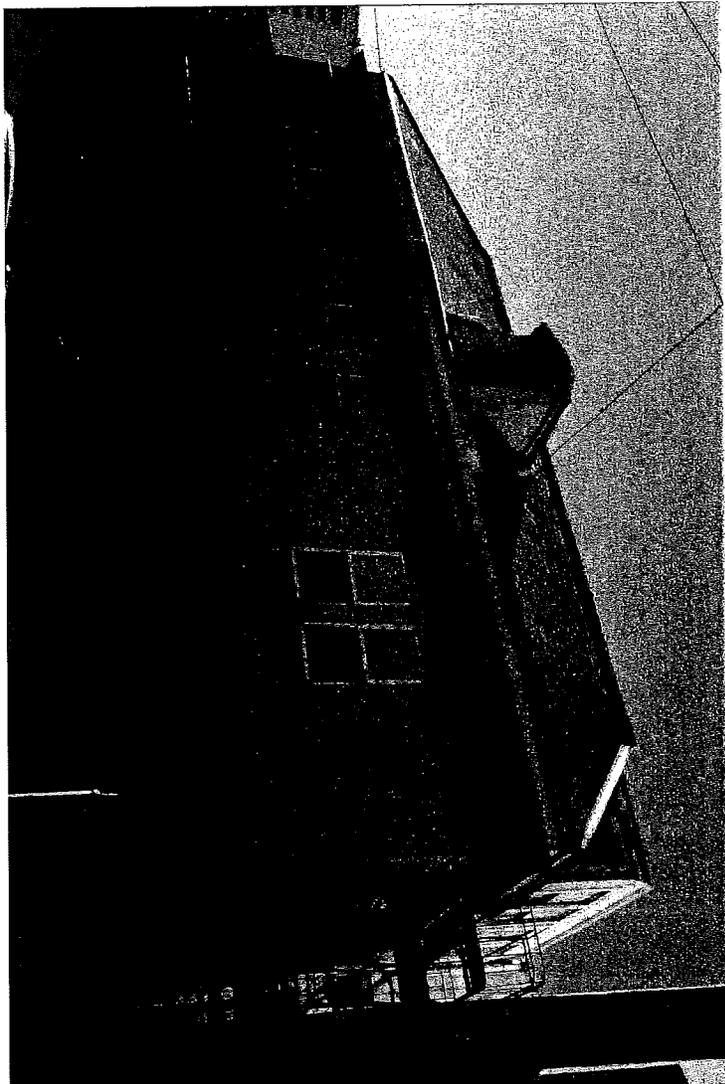
Architect of 113 Stewart St.

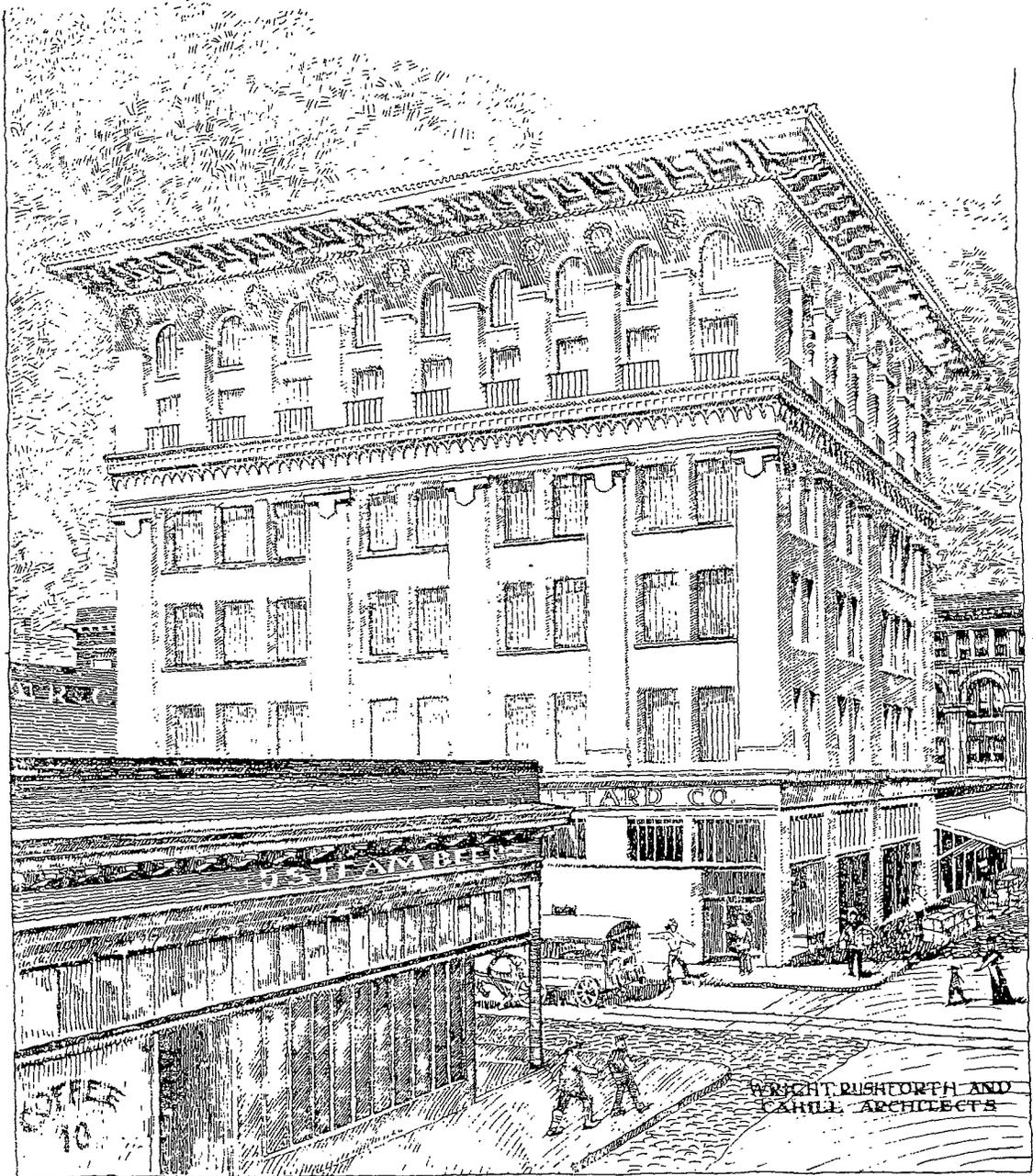
Notre Dame des Victoires, Bush Str.



Architect Etienne Garin designed the Rectory (white building to the left) and a larger proposed church not built.







Design of a Wholesale House for Judge Dorn, San Francisco
(Note the Portola Spirit in the Spanish Decorations)
Wright, Rushforth & Cahill. Architects

Portola
Spirit

Passive Philosophy

Now when a man to silence clings
Steadfastly day by day,
There are a lot of foolish things
A fellow doesn't say.

January 14, 2015

Angela Calvallo
Clerk of the Board
San Francisco Board of Supervisors

Dear Board members:

Restore the History and Building of Bloody Thursday

Harry Bridges' presence in the history of the ILWU at its founding headquarters and on the 1934 Strike Committee was declared "non-existent" by the San Francisco Planning Commission, Thursday September 18, 2014.

This bizarre act was carried out based upon duplicitous claims advanced by the Commonwealth Club which arrogates to itself the right to revise history selectively for its convenience. The Commonwealth Club has asserted that they honor the ILWU's history as it applies specifically to the very building in which that history was ennobled through courage and sacrifice that the Commonwealth Club thus dishonors

The Commonwealth Club purports to respect the 1934 General Strike while demanding and inducing the Planning Commission to place the City of San Francisco on record with the false statement "Owners and occupants (of 113 Steuart Street) include a variety of commercial tenants serving the waterfront uses and NONE appears to have made a significant contribution to local, state or national history." [page 25, paragraph 2, case no. 22011.1388E, PMND. The Commonwealth Club induced the Planning Commission to put on record the falsehood that Harry Bridges was not present at the 1934 Strike Committee which he led, nor present daily throughout the momentous struggle in the besieged offices of the very ILWU local where his leadership was consolidated throughout the 1934 Strike.

The National Register of Historic Places in Washington, D.C. in contrast has demonstrated its support for landmarking not just the building but the surrounding area.

The Commonwealth Club wants a free hand to tear down and restructure the 113 Steuart Street Headquarters and birthplace of the ILWU and Maritime Strike. They want to exercise their plan with minimal historic oversight. The strategy of revising Harry Bridges out of history enables the Club to have minimum interference. The plans call for the rehabilitation of changes after the 1934 period of significance on Steuart Street. The Club plans the removal of the Embarcadero Front of the building and a third floor addition to the Steuart Street side, which will keep the building from ever being a landmark, because of the indecent loss of integrity through vandalizing what will remain. They want to make these alterations without having to mitigate changes that alter the historic resource needlessly and irreparably and thus preclude it from ever becoming an actual landmark. They have limited one half of the history by removing Harry Bridges presence, making one of the most significant historic sites in San Francisco less than half a landmark. Illegal complicity of the Planning Commission has made this farce possible.

Given the fact that a tear gas barrage was launched at the Embarcadero side of 113 Steuart Street, the attempts to dismantle the components of the landmark on the Embarcadero as well as on 113 Steuart highlight the extent of this duplicity that cries out to be repudiated and rejected.

For a public affairs organization that claims to seek the truth to blur the very history it should embrace, celebrate and memorialize has been carried out to impose construction alterations that are incompatible with landmarking 113 Steuart Street.

They have failed to honor history by landmarking the building, because they want to prevent landmark standards from being enforced.

But the depth of dishonesty of this attack on San Francisco history goes even deeper. The block on which the 1934 ILA/ILWU HQ sits, is the last of over three dozen waterfront blocks with its distinctive character and structure. Housing for waterfront workers together with marine service loft and industrial spaces stretched along the waterfront from Broadway to Townsend. This block, Howard to Mission, and Steuart to the Embarcadero, contains this structure of the maritime waterfront from the post 1906 earthquake period. It also contains other buildings attacked by the police in 1934.

This block is the sole survivor of the 36 water blocks whose historic presence has been erased. The police fired gas projectiles into the 110 The Embarcadero side of the ILA/ILWU 113 Steuart building. The YMCA was assaulted as well. There were pictures of Bloody Thursday in the press. The crowds supporting the strikers were on the Embarcadero around the foot of Mission Street and Howard Street because of the effort to block the Belt Line Railway serving the docks. This is well documented in the period news coverage. There is nothing of this in the Commonwealth Club commissioned Page and Turnbull HRE or the error-packed Planning Department HRER documents. This omission and the grotesque censorship involved in this elimination of Harry Bridges from the scene make these reports a mockery.

National maritime history experts in the Interior Department and beyond are stunned that this landmark and block of national significance is being degraded in this primitive provincial manner. It is even more shocking that the San Francisco Planning Department pushed the destruction of 110 The Embarcadero side and the diminution of the 113 Steuart landmark and waterfront block setting.

Support the repeal of the Planning Commission documents which must be changed decisively. The Planning Commission must reverse this falsification on November 13th to reflect the truth and the actual history they purport to describe with a view to raising this if necessary with the San Francisco Board of Supervisors. Tell the Commonwealth Club to recognize the whole history of this building which is part of San Francisco's proud and unique maritime legacy.

415/624-3605

Bradley Wiedmaier

GENERAL REFERENCE DEPARTMENT

JUN 9 1971

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SAN FRANCISCO TELEPHONE DIRECTORY

JULY 1934 ISSUE

THE PACIFIC TELEPHONE AND TELEGRAPH COMPANY

A	Aaron Gustave r 582-18th Av. BA yrlw-0246	Abbott Ralph H r 14 Santa Paula. MO ntrose-6602	Abraham Max Inc Jeweler 150 Post. DO uglas-255
A A Cleaning & Dyeing Co	Aaron J T r 68-7th Av. BA yrlw-3847	Abbott S L Jr Co chemicals 208 Calif. SU iter-8802	Abraham Morris r 895-Brd Av. BA yrlw-335
150 Van Ness HE mlock-3400	Aaron Leopold knitted wear 154 Butr. EX brook-4640	Abbott Soph r 196 Lexington. MA rket-6757	Abraham Richard Dr 50 Palm Av. SK yline-114
A Amer Automobile Assn.	Aaron Locksmith & Fishing Tackle Co	Abbott W G Mrs r 825-8th Av. BA yrlw-3517	Abrahamson Alfred r 90 Divisadero. MA rket-618
150 Van Ness HE mlock-3400	1848 Polk. PR ospet-1880	Abbott W Lindley atty Mills Bldg. EX brook-4973	Abrahamson G D r 110-16th Av. SK yline-684
A Auto Wreckers 419-10th. UN drhil-9113	Aaron Oscar plumbing 243-9th. EX brook-0941	Abbott W Lindley r 340 Lake. SK yline-5294	Abrahamson. see also Abrahamson
A Letter Shop 55 New Mtgy. DO uglas-7170	Aaron Robt r 344-12th Av. BA yrlw-5693	Abbott Wm r 100-9th Av. BA yrlw-6725	Abrahamson A Grocer 2807 McAllister. SK yline-311
A Painting Co 1481 Steiner. WE st-1640	Aaron Victor Aaron Victor Jones & Co	Abbott Wm M atty for MKT St Ry Co	Abrahamson Albert r 1276 Greenwich. GR ayson-925
A Service Co painters 800 Oak. MA rket-7778	Financial Center Bldg. GA rfd-3577	58 Buttr. SU iter-3200	Abrahamson B P r 845 Hyde. PR ospet-6601
Arrow Express Co 978 Bush. TU xedo-1831	Aaron Victor Mrs r 3030 Cabrillo. BA yrlw-4922	Abbott Wm T Mrs r 8689-18th. VA lenda-2212	Abrahamson C J r 1767-8th Av. MO ntrose-711
Mission Typewriter Exchange	Aaron Victor Jones & Co cert pub accts	Abbott's Bitter Agcy 2489 Buttr. WA lnut-9100	Abrahamson Jules r 1800 Broadway. OR dway-225
2214 Mission HE mlock-5680	Financial Center Bldg. GA rfd-3377	Abbott's Cakes Mrs 508 Fulton. FI lmor-1000	Abrahamson M G r 22 Cervantes Blvd. FI lmor-665
Anchor Coal Co 865 Valencia. AT water-6565	Aaron WE Dentist 450 Buttr. DO uglas-8960	Abbuhi Hewitt r 408 Felton. EL kridge-2088	Abrahamson Peter G r 437 Staples. DE laware-8931
A Auto Wreckers 53 Oak Grove. DO uglas-9746	Aaron W E Dr r 801 Junipero Serra. EL kridge-8456	Abderhalden L r 448 18th. RA ndiph-7830	Abrahamson R W r 768-27th Av. SK yline-5661
A Bazaar 1530 Haight. UN drhil-4902	Aaronsen Phillip V Dr ofcs 323 Geary. EX brook-2686	Abe T r 1923 Buttr. FI lmor-5608	Abrahamson Rosa Miss r 806 Maple. SK yline-302
C Cigar Stores	Aaronsen Phillip V Dr r 3838 Santa Ana. DE laware-1045	Abe W S r 2107 Pine. FI lmor-2389	Abraham Ben r 1428 Fulton. FI lmor-307
Branches	Aarberg Lawrence L r 85 Bradford. MI sm-4006	Abe's Japanese House Cleaners	Abraham Samuel r 165-18th Av. EV green-850
San Office 207-9th. HE mlock-3610	Aase Esther A r 1265 Grove. WA lnut-4768	1408-8th Av. MO ntrose-1416	Abraham I M Monarch Gold Tip Printing Co
	Aasland T r 925 Prague. DE laware-3018	Abel Cecil Coast Radio Co 1106 Mt. UN drhil-3335	58-2nd. EX brook-059
	Abad Carlos r 1800 Anza. EV green-9146	Abel Cecil H r 195 Alhambra. FI lmor-8723	Abraham Isidora M r 5540 Fulton. BA yrlw-6564

International Labor Defense
 121 Haight. UN drhil-3425

International Ladies Garment Workers
 Union Local 8 767 Market. SU tter-9309

International Longshoremen's Assn strike
 committee 113 Steuart. GA rfd-8051

International Longshoremen's Assn
 Local No 38-79 113 Steuart. GA rfd-4062

Photographic Service Mills Bldg. DO uglas-1081	Abbott-Brady Printing Corp See Sunst. Press 1045 Sansome. EX brook-0430	Abin Suit Cleaning Co 1004 Larkin. OH dway-8621	Abraham Louis r 338 Funston Av. SK yline-2211
Polishing Co 1913 Fillmor. WE st-1468	Abbott C E Mrs r 1712 Bush. GR ayson-3533	Abinanti H S Mrs r 1000 Buttr. OR dway-8699	Abrams M Mrs r 6460 Fulton. EV green-2187
Printer The 1205 Jackson. PR ospet-3524	Abbott C T r 2588-16th Av. MO ntrose-1855	Abinanti Peter r 105 Broad. EL kridge-4564	Abrams M L Mrs r 785 Geary. GR ayson-8054
Refrigerating Co 2311 Irving. OV erland-0818	Abbott C V r 1940 Clay. GR ayson-5630	Abington Press The 85 McAllister. MA rket-0072	Abrams Max r 1755 Van Ness. OR dway-5192
Rater Filter Co 2136 Market. MA rket-3772	Abbott C W r 575 O'Farrell. PR ospet-0278	Abitsch G r 269 Dornay. UN drhil-8160	Abrams Minnie Miss r 1688 Wash. OR dway-6156
Rice & Liquor Co	Abbott Carpet Cleaning Co 1859 Mt. UN drhil-5010	Able Machine Works 1808 Harrison. HE mlock-5664	Abrams Mrs r 1428 North Point. WE st-3490
Ro No 1 5505 Geary Blvd. BA yrlw-2434	Abbott Catherine M r 12-30th. MI sm-9268	Able Window Cleaning Co	Abrams N underwear 820 Mission. DO uglas-2590
Ro No 2 2138 Chestnut. FI lmor-2434	Abbott Cleon r D30 Bellvue. DE laware-5591	1885 Lombard. WA lnut-3350	Abrams P r 1918 Balboa. BA yrlw-6180
Ro No 3 345 Front. EX brook-3643	Abbott Ed R r 1372 Pine. TU xedo-2614	Abney C L r 58 Yasta. RA ndiph-6015	Abrams Perry C r 80-7th Av. BA yrlw-6333
Ro No 4 171-2nd. SU tter-2533	Abbott Ed R r 400-40th Av. SK yline-8691	Abney J K r 370-11th Av. EV green-8660	Abrams R r 4719 Geary Blvd. EV green-1146
Ro No 5 171-2nd. BE rky-3334	Abbott Ed R r 461 Market. EX brook-6442	Abraham Alma Mrs r 1368 Hyde. GR ayson-0231	Abrams Ray Mrs r 840 Hayes. FI lmor-7682
Ro No 6 482 Castro. HE mlock-5890	Abbott F H r 99 Yicksburg. AT water-6419	Abraham B M r 795 Buttr. PR ospet-4980	Abrams Robt B r 229-19th Av. BA yrlw-4014
Ro No 7 2080-22nd. MI sm-4909	Abbott F P r 1755 San Jose. DE laware-6359	Abraham Chas r 378-4th Av. EV green-1746	Abrams Rubin r 80 Pradoc. WA lnut-0651
Ro No 8 426 Front. DO uglas-5281	Abbott Frank H Jr Sunst Press	Abraham Clara Mrs r 1455 Lrwith. GR ayson-5440	Abrams Samuel H r 148 California. SU tter-6883
Ro No 9 383 Leavenworth. PR ospet-2266	1045 Sansome. EX brook-0430	Abraham Flora r 68 Jordan. BA yrlw-6332	Abrams Samuel r 1809 California. GR ayson-7401
Ro No 10 500 Leavenworth. PR ospet-5706	Abbott Frank H Jr r 3090 Pacific Av. WA lnut-3408	Abraham Harold J atty deYoungs Bldg. DO uglas-0390	Abrams Sidney H The Mutual Benefit
Ro No 11 810-45th Av. EV green-5854	Abbott Golda Mrs r 1207 Chestnut. GR ayson-3532	Abraham Harold J r 474-40th Av. BA yrlw-3062	Life Ins Co C Spruells Bldg. SU tter-5520
	Abbott Grace r 1709-22nd Av. OV erland-9471	Abraham Harry r 48 Loyola Ter. BA yrlw-2573	Abrams Sidney H Mrs r
	Abbott H A phys & surg 2588 Mission. AT water-0324	Abraham Isidor r 950 Fulton. WA lnut-2716	20th Av & Boat Blvd. MO ntrose-3485
	Abbott H A Dr r 487 Turk. PR ospet-3020	Abraham M r 670-30th Av. BA yrlw-5738	Abrams Sol A atty 333 Montgomery. DO uglas-7694
	Abbott Helen M r 3255 Laguna. WA lnut-1488	Abraham N r 687-8th Av. SK yline-3466	Abrams Stella M Mrs r 825 Ashbury. UN drhil-8993
	Abbott Howard J r 2878 Greenwich. WA lnut-2255	Abraham N Co jnt kmj goods	Abrams Sylvia S r 2869 Jackson. WE st-1559
	Abbott J L Mrs r 1270-28th Av. MO ntrose-1239	1084 Mission. HE mlock-3020	Abrams Walter S r 1401 Jones. PR ospet-6858
	Abbott James Francis Mrs r	Abraham Neta r 348-5th Av. SK yline-4508	Abrams Wm Mrs r 3588 Webster. WA lnut-5814
	1048 Union. GR ayson-7282	Abraham R Mrs r 458-43rd Av. EV green-6145	Abrahamson

Charles Larrowe

70 HARRY BRIDGES: the Rise and Fall of Radical Labor in the U.S.A

hell out of here!" an officer shouted, "or you'll get what they got!" An ambulance arrived to take Sperry and Olsen to the hospital, where Sperry died moments after their arrival.

When the ambulance pulled away, strikers chalked off a 12-foot square where the fallen men had lain, banked flowers and wreaths around it, and placed the American flag and the union banner up against the wall. Minutes later, a paddy wagon pulled up. Three policemen and a lieutenant climbed out. Quickly they scooped up the flowers, threw them into the wagon, wiped away the chalk, and left. Almost as quickly, the graffiti and the flowers were back, with strikers standing guard. This time, the police let them stay.

After the inquest, the coroner's jury found that Sperry's death was justifiable homicide: "He died of buckshot wounds inflicted by an unknown police officer while said officer was engaged in suppression of a riot." The verdict in Counderakis's case was: "Shot by party or parties unknown to the jury."

Just around the corner, the union headquarters had taken on the appearance of a front-line medical aid station as the wounded and gassed were carried or stumbled up the narrow stairway to the second floor hall, where they were laid in rows on the floor. A doctor was found who was willing to treat them and as he moved among the wounded, a tear gas shell came crashing through a window, to spew its sickening smoke in the room. Someone had bolted the door to protect the wounded from the police, who insisted that they were going to take the casualties to the emergency hospital. Over the racket of the shots and the shouting outside and the moaning of the wounded inside, the men heard an insistent pounding on the door. The upper half was frosted glass, and they could see a head and shoulders silhouetted against it. "Don't let him in!" someone shouted, "It's a goddam cop!" Then, as the man outside turned toward the stairs, a cry went up, "Hey, you guys! Look at that nose! It's Harry! It's Harry! Let him in!"

At almost the precise moment that the intersection of Stuart and Mission was being turned into a battleground, the Adjutant General of the National Guard in Sacramento was calling Major General David Prescott Barrows, Commanding General of the 40th Division to order the guard to the waterfront. "By midnight," Barrows has written (in the *California Guardsman*), "steel helmeted soldiers were on guard in front of every dock from Fisherman's Wharf [the long dock at the extreme left on the frontispiece map] to China Basin, equipped with rifles, bayonets, automatic rifles, machine guns . . ."

WHERE DID YOU STUD

General Barrows was the guardsmen under his and administrative deta waterfront. "Fourteen ye "have gone into our wor front with dispatch, and

For division headquar ter," a river boat which tied up at Pier 3, near Regiment was strung al the Ferry Building. Th area from the Ferry Bu 185th infantry held the the gauntlet from Pier 3! It ran inland from Pier down Third to the Chir from there to a few blo also called out two batta pany, but these never h bay, General Barrows p headquarters company pied by an army base), lery in reserve.

With the arrival of down.

"Next day [July 6th] rows wrote, "there wa Man's Land for strikers wide; the Belt Line mo impunity . . . Reason Australian chairman of "We can't stand up a Guard bayonets."

Bridges's action was lier when company g Guard, were on the otl police, he argued, it wo tory massacre. Moreov sympathy with the stri later, "I stood there, v every single man in ou few, maybe, and they

From Harry Bridges by ~~Larrowe~~ Larrowe

DAVID F Selvin

150

A TERRIBLE ANGER! *The 1934 Water-front and General strikes in S.F.*

dropped. A third, Nick Bordoise, was also shot; he was picked up nearly a block away. "He must have dragged himself there from the scene of the shooting," said Chief of Inspectors Charles Dullea. Sperry and Bordoise died; Olsen recovered. Police disclaimed any knowledge of who fired the fatal shots. Four captains, a lieutenant, seven officers, three inspectors declared "they [did] not know who fired the shots, if any were fired." Coroner T. B. Leland concluded the deaths were the result of "justifiable homicide by an unknown officer in lawful performance of his duty in suppressing a riot."⁶

Soon after, Wheeler saw men emerge from the ILA hall to carry three wounded back to the hall where a doctor could provide first aid. Police objected, insisting—at gun point—the men had to be taken to an emergency hospital. The men were carried out again. When a fourth injured man was carried in, a plainclothesman fired directly into the stairway. Police threw tear gas. When men started to run out they were ordered back in. A witness added: "At the height of the attack, the headquarters telephone rang 'Are you willing to arbitrate now?' said the voice on the wire." In the confusion, a man rattled the door, yelling to let him in. Schmidt heard somebody say, "Don't let him in; we don't know who it is." Then the individual at the door turned sideways. "Everybody said simultaneously," Schmidt remembered, "let him in. It's the 'Limey.' And here was Harry [Bridges], crying like a kid—tear gas."

Panic gripped the east end of Market Street that afternoon, too, threatening to engulf commuters heading for the ferries. Three men—Joseph Roush, salesman for Federal Laboratories, and two uniformed policemen—started lobbing long-range gas shells across Market Street into the Seaboard Hotel, near the waterfront. (Roush's competition, Ignatius McCarty, had advised his home office that the police were concerned by a giant slingshot, put together by the longshoremen from inner tubes and 2-foot by 3-inch poles, throwing a 1- to 3-pound cobblestone 300 to 400 feet—it made short-range projectiles dangerous to use.) One long-range projectile struck James Engle, a 26-year-old longshoreman, as he emerged from the hotel. An eyewitness said Engle half rose to his feet, felt the side of his head with hand, looked at the blood, and collapsed. "His arms and legs flapped like a chicken whose head has

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OFFICE OF THE MAYOR
SAN FRANCISCO



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EDWIN M. LEE
MAYOR

January 16, 2015

Angela Calvillo
Clerk of the Board, Board of Supervisors
San Francisco City Hall
1 Carlton B. Goodlett Place
San Francisco, CA 94102

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BOARD OF SUPERVISORS
SAN FRANCISCO
2015 JAN 16 PM 3:58
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Dear Ms. Calvillo,

Pursuant to Section 3.100(18) of the Charter of the City and County of San Francisco, I hereby make the following appointment:

David Wasserman, to the Residential Rent Stabilization & Arbitration Board, assuming the seat formerly held by Jim Hurley, for a term ending September 1, 2018.

I am confident that Mr. Wasserman, an elector of the City and County, will serve our community well. Attached herein for your reference are his qualifications to serve.

Should you have any questions related to this appointment, please contact my Director of Appointments, Nicole Wheaton, at (415) 554-7940.

Sincerely,

Edwin M. Lee
Mayor

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

Notice of Appointment

January 16, 2015

San Francisco Board of Supervisors
City Hall, Room 244
1 Carlton B. Goodlett Place
San Francisco, California 94102

Honorable Board of Supervisors:

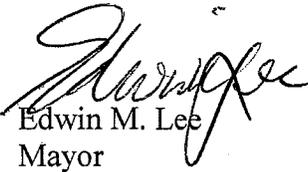
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Sincerely,


Edwin M. Lee
Mayor

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2015 JAN 16 PM 3:50
je

DAVID P. WASSERMAN

Address and Contact

2960 Van Ness Avenue, San Francisco, California 94109 USA

Tel.: 415/567.9600 Fax.: 415/567-9696

E-mail: dwasserman@wassermanstern.com

Web: www.wassermanstern.com

Educational Background

Bachelors of Science, Santa Clara University, 1991

Semester Study, London School of Economics, 1989

Doctor of Jurisprudence, Golden Gate University, 1994

Master of Laws in Taxation (High Honors), Golden Gate University, 1995

Professional Licensing and Affiliations

State Bar of California, Admitted December 1994

California Department of Real Estate, Broker, July 1996

Northern and Central United States District Courts of California, 1997

Professional Organizations

San Francisco Apartment Association, President, January 2008-December 2010

Vice-President, San Francisco Apartment Association, 2003 through 2007

Vice-President, Coalition for Better Housing (2012 - present)

Current Member of the San Francisco Apartment Association Board of Directors

Member of the Board of Directors, California Apartment Association (2008-2010)

Legal Forms Committee, California Apartment Association (July 2014-present)

Member, Code Advisory Committee, San Francisco Department of Building Inspection, 1997 through 1999

Member, Greater San Francisco Board of Realtors, 1997-1999

Professional Occupation

Proprietor, Wasserman-Stern, 1997-present

Extern, Hon. Eugene F. Lynch, United States District Court, 1993

Monthly writer for the San Francisco Apartment Association Magazine, 1998-present

Co-Owner, Vertex Property Management Group (Berendt Properties), SF



City and County of San Francisco

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

MEMORANDUM

DATE: January 7, 2015

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Anne Okubo, Deputy Financial Officer

RE: Annual Report of Gifts Received in FY 13-14

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 2015 JAN -9 AM 9:47
 [Signature]

Attached Please find the annual report of gifts received in FY 13-14, as required by the Administrative Code Section 10.100 – 305.

If you have any questions on this report, please contact me at 554-2857.

cc: Greg Wagner, Chief Financial Officer

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

Anne.Okubo@sfdph.org – office 415-554-2857
101 Grove Street, Room 307, San Francisco, CA 94102

34



City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public
Health

Barbara A. Garcia, MPA
Director of Health

MEMORANDUM

DATE: November 24, 2014

TO: President Edward A. Chow, M.D. and
Honorable Members of the Health Commission

THROUGH: Greg Wagner, Chief Financial Officer

FROM: Anne Okubo, Deputy Financial Officer

RE: **Annual Report of Gifts Received in FY 2013-14**

As required by section 10.100-201 of the San Francisco Administrative Code and consistent with the policy and procedure for the acceptance of gifts adopted by the Health Commission in October 1995, this is the annual report of gifts received in FY 13-14.

Gifts given to the Department of Public Health are from:

- San Francisco General Hospital Foundation which was established in 1994 to support programs and projects at the San Francisco General Hospital & Trauma Center.
- Friends of Laguna Honda, a non-profit organization founded in 1956, dedicated to enhancing the quality of life for the residents at Laguna Honda Hospital by funding non-medical programs and services that would otherwise be unavailable.
- San Francisco Public Health Foundation, founded in 1988, to augment and expand services and programs of DPH.
- Individuals and organizations.

Summary of Gifts Received in FY 2013-14

	<u>Under \$25,000</u>	<u>Over \$25,000</u>	<u>Total</u>
SFGH Foundation	\$1,517,423	\$4,305,079	\$5,822,502
Laguna Honda Hospital			
Donations	11,146	92,185	103,331
In-Kind	62,974	31,083	94,057
Total LHH	74,120	123,268	197,388
Public Health Foundation	938,587	2,630,529	3,569,116
Total	\$2,530,130	\$7,058,876	\$9,589,006

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

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Detailed List of Gifts

SFGH Foundation – Gifts to Hospital Programs - Over \$25,000

AO North America	\$150,000
AT&T California	45,000
Avon Foundation for Women	500,000
Avon Foundation for Women	700,000
Bank of America	122,500
Baxter Healthcare Corporation	41,182
California HealthCare Foundation	148,311
Center for Orthopaedic Trauma Advancement	150,000
Chevron Energy Solutions Company	100,000
Delta Dental	30,000
Genentech USA, Inc.	50,000
George F. Jewett Foundation	30,000
Hill-Rom Company, Inc.	30,219
Intel Corporation	50,000
Lisa and Douglas Goldman Fund	40,000
Macy's Foundation	25,000
McKesson Foundation	50,000
Mimi and Peter Haas Fund	30,000
Pacific Gas & Electric Co.	40,000
PIER 39 LP	50,000
Private Individual Donors (Multiple)	125,000
Public Health Institute	80,000
Salesforce.com Foundation	250,000
San Francisco Health Plan	845,380
The Bank of America Charitable Foundation	25,000
The Brin Wojcicki Foundation	25,000
The Estate of James U. Rodriguez	171,411
The Mary Wohlford Foundation	25,000
The Miner Anderson Family Foundation	25,000
The San Francisco Foundation	48,076
The Stanley S. Langendorf Foundation	50,000
Union Bank	25,000
UnitedHealth Group	25,000
VISA U.S.A. Inc.	50,000
Walgreens	25,000
Webcor Builders	53,000
Wells Fargo	75,000
Total	<u>\$ 4,305,079</u>

Laguna Honda Hospital – Gifts Over \$25,000

Friends of Laguna Honda	\$ 67,185
Patricia L. Strong Trust	<u>25,000</u>
Total	\$ 92,185

In-Kind Donations from Friends of Laguna Honda

Equipment, Computers, and Other Material & Supplies	\$35,223
Services	20,498
Subscriptions	982
Orthopedic Shoes	542
Holiday Gifts for Residents	27,751
Volunteer Recognition Events	8,015
Musical Performances	<u>1,047</u>
Total In-Kind	\$ 94,057

Public Health Foundation – Gifts Over \$25,000

ALAC	\$ 43,679
Anonymous	30,000
Blue Shield	50,000
CDC (passed thru CCSF)	716,430
CMMI (passed thru FCCC)	185,518
Community Partners	80,000
CPMC	25,000
East Bay Community Foundation	402,557
Google	25,000
Harbor Road Foundation	37,450
Kaiser Permanente	25,000
METTA Fund	125,000
Nursing Family Partnership	25,000
SFHP	580,894
SFUSD	26,480
Sprint	35,000
The David B. Gold Foundation	75,000
Tides Foundation	87,000
UCSF	30,521
Vital Projects Fund	<u>25,000</u>
Total	\$2,630,529

Expenditures from Gift Funds

SFGH Foundation

Acute Care for Elders (ACE) Program	\$796
Adult Residential Facility	500
Amputee Support	11,600
Avon Comprehensive Breast Care Program	835,594
Avon Lymphedema Education & Referral Program (LERP)	1,271
Bay Area Perinatal AIDS Center	70,977
Bayview Health & Wellness Center	38,831
Birth Center	312
Birth Justice Project	3,951
Brain Trauma Fund	14,150
Breastfeeding Promotion	3,441
Cancer Awareness Resources and Education (CARE)	79,100
Cancer Care Program	28,833
CCHCA We Can Families Media Campaign	3,500
Center for Specialty Access and Quality	1,813
Center for Vulnerable Populations	72,644
CHEARS	1,035
Children's Health Center	17,523
Chinatown Public Health Center	89,343
Community Engagement Fund	1,343
Community Wellness Center	5,165
Community Wellness Program	5,804
Department of Education and Training	28,197
Dorothy Washington Nurse Scholarship Fund	10,000
Emergency Department	18,540
Emergency Department Case Management Program	2,568
eReferral Specialty Care Initiative	15,926
Family Community Medicine	546
Family Health Center	89,802
FAMRI Bland Lane Center of Excellence	1,161,777
Feeling Good Project	616
Financial Fitness Clinic	13,342
General Medicine Clinic	4,881
Health @ Home	703
Hearts Grant: Adolescent HIV Program Planning	69
Hearts Grant: Ambulatory Integration Team Interns for System Improvement	10,530
Hearts Grant: Bending the Cost Curve Through Cost and Radiation Consciousn	3,419
Hearts Grant: Centering Pregnancy Group Prenatal Care by MD's	14,237
Hearts Grant: Community Engagement Initiative	2,071

Hearts Grant: Critical Care Nursing Education Simulation Training Project	3,705
Hearts Grant: Cultural and Linguistic Competence care Project in 4A	1,194
Hearts Grant: Electroconvulsive Therapy Equipment	227
Hearts Grant: Embedding Lean at SFGH	55,748
Hearts Grant: Epidural Positioning Device	4,882
Hearts Grant: Expansion of Interpreter Call Center	1,602
Hearts Grant: Fair and Just Culture: An Initiative for Patient Safety & Quality Care	14,990
Hearts Grant: Flu Campaign Outreach for the SFGH Campus	1,414
Hearts Grant: Food Service and Baking Certificate Training Program	1,264
Hearts Grant: From Last Resort to First Choice: Women's Health Services	12,884
Hearts Grant: Healing Through the Labyrinth	1,378
Hearts Grant: Healthy Lifestyles Counseling Curriculum	2,920
Hearts Grant: HIV Patient Education Program	1,924
Hearts Grant: Improving Mobility & Quality of Life for Lymphedema Patients	4,774
Hearts Grant: Improving Patient Flow	5,353
Hearts Grant: Innovative Approaches to Patient Wellness	21,083
Hearts Grant: Integrating Culturally and Linguistically Tailored Wellness	19,756
Hearts Grant: Kempe Behavioral Health Partnership Pilot	2,518
Hearts Grant: Let There be Light	4,400
Hearts Grant: Milieu Management Project	29
Hearts Grant: My Physicians Involved in Care and Support	2,335
Hearts Grant: Nursing Grand Rounds	735
Hearts Grant: Oh The Places you Will Go Project - Psychiatry	17
Hearts Grant: Opthomology: Adult Rigid Contact Lens Program	7,868
Hearts Grant: Palliative Care Education	588
Hearts Grant: Pediatric Lens Program	398
Hearts Grant: Perioperative Minimally Invasive Cardiac Monitoring for SFGH	48,023
Hearts Grant: Postpartum Teaching for the New Generation	326
Hearts Grant: Preconception Wellness Program	627
Hearts Grant: Preventing Obesity and Diabetes in Pediatric Primary Care	892
Hearts Grant: Primary Care Nursing Professional Development and Training	24,515
Hearts Grant: Project ReVAMP	5,000
Hearts Grant: Relocation and Renovation of the SFGH Orthotics & Prosthetic	4,484
Hearts Grant: Safe and Effective Discharge of Diabetic Patients	1,063
Hearts Grant: Sensory Modulation Violence Reduction Project	551
Hearts Grant: Sensory Motor Gym at Multi-Disciplinary Assessment Center	12,648
Hearts Grant: SFDPH Telemedicine Success	42,750
Hearts Grant: SFGH Future Internet Presence	4,950

Hearts Grant: SFGH Natural Foods Access Project	868
Hearts Grant: Shared Governance Initiative	143
Hearts Grant: Spinal Cord	4,395
Hearts Grant: The Expectant Parent's Club	7,871
Hearts Grant: The Expectant Parent's Club and the Healthy Newborn Class	300
Hearts Grant: Tobacco Free Community Initiative	4,435
Hearts Grant: Urgent Care Relocation	4,423
Hearts Grant: Use of Trauma SIMMan for Emergency Medicine Procedural Training	25,850
Hearts Grant: Vocational Rehabilitation	680
Hearts Grant: Waterless Breastmilk Warmer	1,758
Hearts Grant: Wellness Center Renovation Project	684
HIV-AIDS Division	17,710
Institute for Global Orthopaedics and Traumatology (IGOT)	67,747
IT Staff Training & Software Acquisition	6,551
Kempe Clinic	7,535
LEAN Implementation	90,909
Mary Lee Warren AIDS Bequest	52,969
Medical Surgical Nurses Education	1,145
Medical-Legal Partnership Grant	19,875
Mental Health Rehabilitation Center	1,500
Micro Surgery Schindler Classroom	13,629
Neurotrauma Outreach Program	24,000
Nursing	28,676
Nutrition Services	100
Orthopedics	907,177
Palliative Care	3,448
Patient Activity Unit 4A	454
Pediatrics	18,255
Pelvic Pain Biofeedback Program	3,306
Peri-Op Education	11,980
Perry Outreach Program	153,198
Pharmacy	1,461
Positive Health Program: Hepatitis Support and Education Program	19,285
Preemie Project	205
Prevent Heart Attacks and Strokes Everyday Initiative	43,364
Psychiatry	30,453
Psychiatry: Vocational Rehabilitation Program	26,242
Quality Improvement	2,901
Quality Improvement Initiative	69,428
Radiology	5,785
Rapid Evaluation and Access to Cure Hepatitis (REACH) Program	8,250
SF Community Clinic Consortium Safety Net Integration	56,792

SNAP-Ed Materials for low-income Asian Americans	21,628
Support from Hospital to Home for the Elderly Transitions Program	190,976
Surgery Wraparound WIMP (Weapons in Minors Possessions)	1,395
Surgery: ACE's Adventure Game	8,165
Survivor International UN Voluntary Fund Project	31,500
Trauma Recovery - Survivor Wellness	2,274
Trauma Recovery Center - Survivors International	29,849
Unit 7B Patient Fund	450
Videoconferencing Medical Interpretation	168,761
Vocational Rehabilitation Coffee Cart	4,850
Volunteer Doula Program	5,360
Volunteer Program	197,992
Women's Option Center	37,875
Wraparound Advocacy Center	126,123
Yes We Can Urban Asthma Partnership	<u>500</u>
Total	\$5,557,995

LHH

Art With Elders	\$33,600
Ball Games	\$4,868
Entertainment	\$9,048
Hospital Wide Special Events	\$54,324
Miscellaneous for Patients' Benefit	\$7,062
Outings - Restaurants, Movies, Admission Tickets	\$27,913
Palliative Care & Hospice Community Events	\$7,456
Positive Care Program Events	\$5,358
SATS Program	\$500
Special Food and Beverages Provided w/ Activities	\$5,076
Neighborhood Money Program	\$31,200
Supplies, Game Prizes	<u>\$7,100</u>
Total	\$193,503

Public Health Foundation

Public Health Education & Prevention	927,204
Direct Patient Services	490,338
Communicable Disease Control/treatment/prevention	2,595
Outreach & Healthcare for the Homeless	1,069,388
Youth & Children's Services	328,570
Environmental Services	331,589
Public Outreach and Administration	<u>318,054</u>
Total	\$3,467,738

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From: Board of Supervisors (BOS)
To: BOS-Supervisors
Subject: FW: Order now! Security. Control. Peace.

From: Terry C [<mailto:focusgrow@gmail.com>]
Sent: Friday, January 16, 2015 9:07 AM
To: Lee, Mayor (MYR); Board of Supervisors (BOS)
Subject: Order now! Security. Control. Peace.

Dear Mr Mayor and Board of Supervisors,

We are Sick and Tired with the protest that totally spoiled our holidays. It is time for our society to return to order, peace and tranquility. Enough of chaos.

Police lives matter, too. And we thank them for their services.

Please send out all police, national guards, and army if need to.
We NEED to restore ORDER.

Any body who causes chaos shall be Arrested And Prosecuted.

Terry Chong
SF resident who got enough!

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Terry Chong, President
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President, Board of Supervisors
District 5



BOS II, COB,
2 Deps, 1 Manager,
Dep City Atty, Comm.
City and County of San Francisco Clerks,
CPagf

LONDON N. BREED

January 16, 2015

Clerk of the Board Angela Calvillo

I am pleased to announce the 2015 Board of Supervisors committee assignments.

Budget & Finance

Mark Farrell, Chair
Katy Tang, Vice Chair
Eric Mar, Member
Norman Yee, Temporary Member
Scott Wiener, Temporary Member

City & School District Select

Jane Kim, Chair
Norman Yee, Vice Chair
David Campos, Member

Government Audit & Oversight

Norman Yee, Chair
Julie Christensen, Vice Chair
London Breed, Member

Land Use & Transportation

Malia Cohen, Chair
Scott Wiener, Vice Chair
Jane Kim, Member

Public Safety + Neighborhood Services

Eric Mar, Chair
David Campos, Vice Chair
Julie Christensen, Member

Rules

John Avalos, Chair
Katy Tang, Vice Chair
Malia Cohen, Member

These committee assignments are effective as of Monday, February 2. Pursuant to section 3.25.1 of the Board of Supervisors Rules of Order, Supervisors Yee and Wiener will join the Budget & Finance Committee as temporary members on March 1.

Sincerely,

London Breed

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