

**Note:** Email completed form to jcarr1@jcarr.state.oh.us.

Hearing Date: 9/14/2017

Today's Date: 9/14/2017

Agency: Ohio Department of Health

Rule Number(s): 3701-17-01, 3701-17-03, 3701-17-05, 3701-17-06, 3701-17-07, 3701-17-07.1, 3701-17-07.2, 3701-17-08, 3701-17-09, 3701-17-10, 3701-17-12, 3701-17-14, 3701-17-15, 3701-17-16, 3701-17-18, 3701-17-19, 3701-17-21, 3701-17-23, 3701-17-24, 3701-17-25, 3701-17-26

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If no comments at the hearing, please check the box. ☒

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List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

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## Hearing Summary Report

### **Consolidated Summary of Comments Received**

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

Click here to enter text.

## Hearing Summary Report

### **Incorporated Comments into Rule(s)**

Indicate how comments received during the hearing process were incorporated into the rule(s).  
If no comments were incorporated, explain why not.

Click here to enter text.