SUBMITTED: 09/14/2017 3:36 PM

**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.  $\square$ 

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

- 1. Click here to enter text.
- 2. Click here to enter text.
- 3. Click here to enter text.
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- **16.** Click here to enter text.

HSR p(175178) d: (691966) print date: 05/03/2024 5:25 PM

## **Hearing Summary Report**

## **Consolidated Summary of Comments Received**

| Please review all comments received and complete a consolidated summary para | igraph of th | ıe |
|--|--------------|----|
| comments and indicate the rule number(s).                                    |              |    |

| Click here to enter text. |  |  |  |
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## **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. |  |  |  |
|---------------------------|--|--|--|
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