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

Hearing Date: 12/8/2017   Today's Date: 12/12/2017

Agency: Ohio Department of Health

Rule Number(s): 3701-8-01, 3701-8-02, 3701-8-02.1, 3701-8-03, 3701-8-04, 3701-8-05, 3701-8-06, 3701-8-06.1, 3701-8-06.2, 3701-8-07. 3701-8-07.1, 3701-8-08, 3701-8-08.1, 3701-8-09, 3701-8-10, 3701-8-10.1, 3701-8-10.2

_____

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

_____

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.

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16. Click here to enter text.

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.