SUBMITTED: 12/20/2018 2:13 PM

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

Hearing Date: 12/20/2018 Today's Date: 12/20/2018

Agency: Ohio Department of Health

Rule Number(s): Ohio Food Safety Code: 3717-1-01 – 3717-1-09 and 3717-1-20

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.
- 4. Click here to enter text.
- 5. Click here to enter text.
- 6. Click here to enter text.
- 7. Click here to enter text.
- **8.** Click here to enter text.
- 9. Click here to enter text.
- **10.** Click here to enter text.
- 11. Click here to enter text.
- 12. Click here to enter text.
- **13.** Click here to enter text.
- 14. Click here to enter text.
- 15. Click here to enter text.
- 16. Click here to enter text.

HSR p(183843) d: (725584) print date: 04/16/2024 12:52 PM

## **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.			