Hearing Summary Report

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

Hearing Date: 2/15/2019 Today's Date: 2/26/2019

Agency: Ohio Department of Health

Rule Number(s): Chapter 3701-62

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.
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.

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.
