~~Hearing Summary Report~~

Note: *Upload completed document to the Electronic Rule Filing System.*

Hearing Date: 5 / 5 / 2 5 *Today's Date:* . 5/5/25

Agency: Ohio Bureau of Workers' Compensation

Rule Number(s):

OAC 4123:1-3 through 4123:1-20 and 4123:1-3-22 through 4123:1-3-24 Construction rules

If no comments at the hearing, please check the box. [x]

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

In-Person Comments: No comments received.

Individual(s)/Organization(s)	Rule	Comments

Written Comments: No comments received.

Individual(s)/Organization(s)	Rule	Comments

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).

No comments received.

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.

Comment Received	Rule	How Incorporated

No comments received.