



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

Rules and Regulations Filing Form

1. Agency Name and Address
Department of Health

Cannon Building Three Capitol Hill Providence

2. Title of Rule
Rules and Regulations Pertaining to Certification of Managers in Food Safety

3. Statutory Source of Authority
Chapter 21-27 of the Rhode Island General Laws, as amended

4. Concise Explanatory Statement - §42-35-2.3
For the purpose of protecting Rhode Island consumers from foodborne illness

5. Type of Filing

Emergency Rules	
<input type="checkbox"/> A1. Emergency 120-day initial - §42-35-3(b) <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment of ERLID: <input type="checkbox"/> Repeal of ERLID: Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):	<input type="checkbox"/> A2. Emergency 90-day renewal - §42-35-3(b) <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment Indicate ERLID of 120-day initial:

Final Rules			
<input type="checkbox"/> B1. Amendment Supersedes ERLID:	<input type="checkbox"/> B2. Adoption Repeals ERLID:	<input type="checkbox"/> B3. Repeal Expires ERLID:	<input type="checkbox"/> C. Technical Revision
If B1 or C, please indicate new, amended, deleted, or revised sections:			

6. Notice and Hearing Information
Date of Public Notice - §42-35-3(a)(1):12/02/2001
Date of Public Hearing - §42-35-3(a)(2):Hearing Not Required
End of Comment Period:

7. Agency Additional Information - Web Page

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

Name

Title

Notary Public
Subscribed and sworn before me
this _____ day of _____, _____