



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

Health, Department of
 Cannon Building

2. Title of Rule

Rules and Regulations for Lead Poisoning Prevention (R23-24.6-PB)

3. Statutory Source of Authority

RIGL Chapter 23-24.6

4. Concise Explanatory Statement - §42-35-2.6

Paragraph and section numbers were randomly missing throughout the regulations. This technical revision restores the proper paragraph and section numbering throughout these regulations.

5. Type of Filing

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p><input type="checkbox"/> Repeal of ERLID:</p>	<p>A2. Emergency 60-day renewal - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Repeal</p> <p>Indicate ERLID of 120-day initial:</p>
<p>Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:</p>	

Final Rules		
<p><input type="checkbox"/> B1. Amendment - §42-35-3(a)</p> <p><input checked="" type="checkbox"/> C. Technical Revision</p>	<p><input type="checkbox"/> B2. Adoption - §42-35-3(a)</p> <p><input type="checkbox"/> D. Direct Final Rule - §42-35-2.11</p>	<p><input type="checkbox"/> B3. Repeal - §42-35-3(a)</p>
<p>Supersedes ERLID: 6998</p> <p>If B1 or C, please indicate new, amended, deleted, or revised sections: Paragraph and section numbering was randomly missing in the regulations</p>		

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8: Notice Not Required
 Date of Public Hearing - §42-35-2.8: Hearing Not Required
 End of Comment Period - §42-35-2.8 :

7. Agency Additional Information - Web Page

http://

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 _____, _____