STD. 400 (REV. 01-2013)					
OAL FILE NOTICE FILE NUMB	REGULATORY ACT	1212-035			
2-	For use by Office of Administrative Law (OAL) only				ENDORSED - FILED in the office of the Secretary of State of the State of California
		· ZOIL DEC	13 P 12: 36		JAN 26 2017
	01		FICE OF		1:47 p.m.
<i>¥</i>		ADMINISTRATIVE LAW			in prot.
NOTICE		REGULATIONS			
agency with rulemaking authority Department of Public Health					AGENCY FILE NUMBER (If any) DPH-05-012
		liention in Notice D	i-t)		
I. SUBJECT OF NOTICE	TICE (Complete for pub		FIRST SECTION AFFEC	TED	2. REQUESTED PUBLICATION DATE
Notice type Notice re Proposed	4. AGENCY CO	NTACT PERSON	TELEPHONE NUMBER		FAX NUMBER (Optional)
OAL USE ACTION ON PROPO	OSED NOTICE		NOTICE REGISTER NUM	MBER	PUBLICATION DATE
ONLY Approved as Submitted	Approved as Modified	Disapproved/ Wilhdrawn	2015,2	3-Z	652015
B. SUBMISSION OF REG	ULATIONS (Complete w	hen submitting reg	ulations)		
					AL REGULATORY ACTION NUMBER(S)
Forensic Alcohol Testing L	Laboratories		2016-0516-0	45	
and an extension of the second second second	TIONS TITLE(5) AND SECTION(5) (Including ADOPT	title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number)	(s)	2 per agency (126)	12		
individually. Attach	AMEND	Distantiant		0 1 1 2 2 0 2	1220 2 1220 4 1221 1221 1 1221 4
additional sheet if needed	d.) 1215.1,1216, 1216.1,	1 1218,1219,121	9.1,1219.2,1220,122	20.1,1220.2	,1220.3,1220.4.1221,1221.1,1221.4
TITLE(S) 17		17.3,1217.4,1217.5,12	17.6, 1217.7, 1217.8	,1218.1, 12	18.2,1219.3,1221.2,1221.3,1222.2
3. TYPE OF FILING					
Regular Rulemaking (Gov. Code §11346) Certificate of Compliance: The age below certifies that this agency of the second s					Changes Without Regulatory
Resubmittal of disapproved or provisions of Gov. Cod		§11346.2-11347.3 either			Effect (Cal. Code Regs., title 1, §100)
filing (Gov. Code §§11349.3, within the time period		gulation was adopted or File & Print Guired by statute.			Print Only 1/26/17
11349.4) Emergency (Gov. Code, §11346.1(b))	d or withdrawn de, §11346.1)	Other (Specify)		Ber agency	
12/8/16-12/2.	FAVAILABILITY OF MODIFIED REGULATION	2/18/16, 3/8	ERULEMAKING FILE (Cal. Code F		nd Gov. Code \$11347.1) 18/16 - 9/23/16-
Effective January 1, April 1, July 1		with §100 Changes Wi			
October 1 (Gov. Code §11343.4(a	a)) Secretary of State REQUIRE NOTICE TO, OR REVIEW, CO		CONCURRENCE BY, ANOTH		RENTITY
6. CHECK IF THESE REGULATIONS F		Fair Political Pra	actices Commission		State Fire Marshal
6. CHECK IF THESE REGULATIONS F Department of Finance (Form	STD. 399) (SAM §6660)				
<u> </u>	STD. 399) (SAM §6660)				
Department of Finance (Form Other (Specify) 7. CONTACT PERSON	STD. 399) (SAM §6660)		FAX NUMBER (O	ptional)	E-MAIL ADDRESS (Optional)
Department of Finance (Form Other (Specify) 7. CONTACT PERSON	STD. 399) (SAM §6660)		FAX NUMBER (O		
Department of Finance (Form Other (Specify) CONTACT PERSON Dawn Basciano 8. I certify that the atta of the regulation(s) i is true and correct, a	ached copy of the regulatio identified on this form, tha and that I am the head of th	TELEPHONE NUMBER 916-217-4418 on(s) is a true and corr the information spe he agency taking this	ect copy cified on this form action,	For use by	E-MAIL ADDRESS (Optional) Office of Administrative Law (OAL) only NDORSED APPROVED
Department of Finance (Form Other (Specify) CONTACT PERSON Dawn Basciano 8. I certify that the atta of the regulation(s) i is true and correct, a	ached copy of the regulatio identified on this form, tha and that I am the head of th head of the agency, and ar	TELEPHONE NUMBER 916-217-4418 on(s) is a true and correct the information spe he agency taking this in authorized to make	ect copy cified on this form action, this certification.	For use by	Office of Administrative Law (OAL) only
Department of Finance (Form Other (Specify) CONTACT PERSON Dawn Basciano 8. I certify that the atta of the regulation(s) i is true and correct, a or a designee of the SIGNATURE OF AGENCY HEAD OR DYPED NAME AND TITLE OF SIGNAT	ached copy of the regulation identified on this form, that and that I am the head of the head of the agency, and ar DESIGNEE TORY	TELEPHONE NUMBER 916-217-4418 on(s) is a true and correct the information spectrum meagency taking this in authorized to make DATE 12/1	ect copy cified on this form action,	For use by	Office of Administrative Law (OAL) only
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Standard 400

Addendum

B Submission of regulations (completed when submitting regulations)

Title: 17

Amend: 1221.5, 1222, 1222.1

Repeal: 1217.1 3 request 1/26/17