

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME MS STATE Dept. of Health		CONTACT PERSON B.J. Smith	TELEPHONE NUMBER 601-987-6893	
ADDRESS 3150 Lawson Street		CITY Jackson	STATE MS	ZIP 39213
EMAIL BJSmith@msdh.state.ms.us	SUBMIT DATE 6-14-2011	Name or number of rule(s): Mississippi State Board of Health Regulation for Control of Radiation		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Mississippi Radiation Protection Act of 1976, Section 45-14-41 of the Mississippi Code of 1976 established the state's responsibilities to protect the public in matters relating to radiological health & safety. This act specifies that the State Department of Health as the Radiation Control Agency and requires them to promulgate regulations dealing with radiation safety.

Specific legal authority authorizing the promulgation of rule: Section 45-14-1 through 45-14-41 of MS Code of 1972

List all rules repealed, amended, or suspended by the proposed rule: Section 700

**ORAL PROCEEDING:**

An oral proceeding is scheduled for this rule on Date: 7-7-2011 Time: 1:30 Place: 3150 Lawson Street Jackson, MS 39213

Presently, an oral proceeding is not scheduled on this rule.

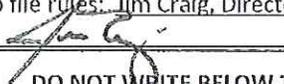
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

Economic impact statement not required for this rule.  Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jim Craig, Director, Health Protection

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP  <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  <div style="border: 1px solid black; padding: 10px;">  </div> Accepted for filing by <u>CB17871CD</u>	OFFICIAL FILING STAMP  <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.