



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(revised 08/02/10)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-4 DATE 12/2/10
LYNDA GROW, BOARD CLERK

Board Clerk Use Only

Meeting Date: 12/02/2010
Agenda Item #: C-4
Est. Start Time: 9:30 am

Agenda Title: **Multnomah County Environmental Health Food Service Advisory Committee Membership: New Member Approval**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date:	<u>12/02/2010</u>	Amount of Time Needed:	<u>n/a</u>
Department:	<u>Health Dept.</u>	Division:	<u>Environmental Health</u>
Contact(s):	<u>Ben Duncan, Program Development Specialist Sr.</u>		
Phone:	<u>503-988-3400</u>	Ext.	<u>22439</u>
Presenter Name(s) & Title(s):	<u>n/a</u>		

General Information

1. What action are you requesting from the Board?

Approval for new members to Food Service Advisory Committee including: Jodi Taylor, Ginger Rapport and Kristin Palmer

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Multnomah County Environmental Health provides for the safety of public food consumption by inspecting licensed food establishments, including restaurants, mobile units and temporary events. The Food Service Advisory Committee serves to advise Multnomah County Environmental Health on changes to food codes, best practices in the industry, assess and monitor emerging issues, and provide guidance on policy decisions that impact the food industry.

3. Explain the fiscal impact (current year and ongoing).

There is no fiscal impact associated with this request.

4. Explain any legal and/or policy issues involved.

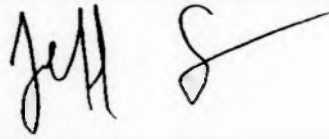
There are currently no legal or policy issues involved.

5. Explain any citizen and/or other government participation that has or will take place.

The Food Service Advisory Committee meets quarterly with Inspections supervisor and PDS Sr for Environmental Health.

Required Signature

**Elected Official or
Department/
Agency Director:**



Date: 11/23/2010



MULTNOMAH COUNTY OREGON



Public Health
Protect. Promote. Prevent.

INTEREST FORM FOR FOOD SERVICE ADVISORY COMMITTEE MEMBERSHIP

In order to assess qualifications for appointment, it is important to fill out this form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume detailing your involvement in volunteer activities, public affairs, civic services, published writing, affiliations, etc.

- A. Name: Kristin Palmer
- Home Address: 1533 SE Main St.
- City: Portland State: OR Zip: 97214
- Home Phone: 503 805 3745 Email Address: Kpalmer@pps.k12.or.us
- Are you a resident of Multnomah County? Yes: ☒ No: ☐

- B. Are you a member of the food industry (i.e. own a restaurant, mobile unit or participate in temporary events)? If so, what is the name and location of the restaurant?

portland public school Nutrition services

- C. Please list current and past volunteer activities:

Dates:	Name of Organization:	Responsibilities:
'09- present	Oregon diabetic assoc.	community involvement when needed
'06-08	Samaritan ^{hospital} ambulance	chemical; stat support; creating documents
'07-07	PROMIS study - Oregon ^{state}	data input; anthropometrics

- D. Membership will entail participating in committee work, usually about 2 hours total every other month. Are you able to make the time commitment necessary to participate at this level?

☒ Yes ☐ No

- E. Please provide personal or professional references:

Sasha Hightower 503 522 4714

Melanie Stettin 503 201 1340

Dale Erickson 503 361 2600

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to a board/commission, may result in my dismissal.

Signature: [Signature] Date: 10/19/10

RETURN COMPLETED FORM TO: Multnomah County Environmental Health Services
Attention: Charlene Markham
Office Assistant Sr.
3653 SE 34th Ave.
Portland, OR 97202
Charlene.m.markham@co.multnomah.or.us



Public Health

David Barber
Three Square Grill
Joseph Bennett Jr.
Public Member
Judy Craine
Holman's Bar & Grill
Stacey Gibson
Subway
Deb Hunter
Greyhound Lines, Inc.
Michelle Hurn
O.H.S.U.
Ruth Lindsay Jones
Public Member
Debe Nagy-Nero
Holland/Burgerville
Alfred Popp
Pop and Company
Dorcas Popp
Popp and Company
Shirley Starr
Emanuel Hospital
Eric Sopkin
Oregon Food Bank
Kara Thallon
Oregon Restaurant & Lodging Assoc.
Margaret Vattiat
O.H.S.U.
Bob Workmeister
Zona Rosa / Fuego Mobile Units

Multnomah County Food Service Advisory Committee

Jeff Cogen, Chair
Multnomah County Board of Commissioners
501 SE Hawthorne Blvd. Sixth Floor
Portland, Oregon 97214

Chair Cogen,

The Food Service Advisory Committee (FSAC) is a citizen advisory committee comprised of industry members and the general public dedicated to providing County Board of Commissioners an evaluation and recommendations regarding the following aspects of the county food protection program: 1) licensing, 2) inspections and re-inspections of restaurants; reports; Public Notice Posting, 3) license revocation; suspension; closures; restaurant scores, 4) county delegation; administration; enforcement; fees, and other duties as prescribed by the County Commissioners or Director of Health.

Attached are two interest forms representing constituents who are interested in serving the public through our Food Service Advisory Committee and whom we support for approval in order to better inform the work of Multnomah County Environmental Health, and to increase citizen representation in the decision-making processes.

Thanks for your attention to this appointment, we are happy to answer any questions you might have.

Sincerely,

Ben Duncan
Program Development Specialist
Multnomah County Environmental Health



MULTNOMAH COUNTY OREGON



Public Health
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INTEREST FORM FOR FOOD SERVICE ADVISORY COMMITTEE MEMBERSHIP

In order to assess qualifications for appointment, it is important to fill out this form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume detailing your involvement in volunteer activities, public affairs, civic services, published writing, affiliations, etc.

A. Name: Jodi Taylor

Home Address: 2603 SE 138th

City: Portland State: OR Zip: 97236

Home Phone: 503-761-1334 Email Address: jodi-taylor@ddouglas.k12.or.us

Are you a resident of Multnomah County? Yes: ☒ No: ☐

B. Are you a member of the food industry (i.e. own a restaurant, mobile unit or participate in temporary events)? If so, what is the name and location of the restaurant?

Yes Robic School's David Douglas

C. Please list current and past volunteer activities:

Dates:	Name of Organization:	Responsibilities:
3 YEARS	BDE Community Advisory Committee	

- D. Membership will entail participating in committee work, usually about 2 hours total every other month. Are you able to make the time commitment necessary to participate at this level?

☒ Yes ☐ No

- E. Please provide personal or professional references:

Jon Kawaguchi - MCHD
Jennifer Rucantawa ODE 503-947-5890

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to a board/commission, may result in my dismissal.

Signature: [Signature] Date: 02/27/2010

RETURN COMPLETED FORM TO: Multnomah County Environmental Health Services
Attention: Ben Duncan, Program Development
Specialist Sr.
3653 SE 34th Ave.
Portland, OR 97202
benjamin.e.duncan@co.multnomah.or.us



MULTNOMAH COUNTY OREGON



Public Health
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INTEREST FORM FOR FOOD SERVICE ADVISORY COMMITTEE MEMBERSHIP

In order to assess qualifications for appointment, it is important to fill out this form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume detailing your involvement in volunteer activities, public affairs, civic services, published writing, affiliations, etc.

A. Name: Ginger Rapport

Home Address: 4761 SW Martha St

City: Portland State: OR Zip: 97221

Home Phone: 503 484-7085 Email Address: market@beavertonfarmersmarket.com

Are you a resident of Multnomah County? Yes: ☒ No: ☐

B. Are you a member of the food industry (i.e. own a restaurant, mobile unit or participate in temporary events)? If so, what is the name and location of the restaurant?

JoPa NW Grill 50 Plakes

JoPa Cafe Beaverton Farmers mkt

C. Please list current and past volunteer activities:

Dates:	Name of Organization:	Responsibilities:
<u>Sept 30</u> <u>Oct 26 & 27</u>	<u>Food Code Review group</u>	
<u>various</u>	<u>Assist. Event</u> <u>Coordinator Rose City Rollers</u>	

D. Membership will entail participating in committee work, usually about 2 hours total every other month. Are you able to make the time commitment necessary to participate at this level?

☒ Yes ☐ No

E. Please provide personal or professional references:

Paul von Bergen (BFM Board President) 641-5771
Janet Towle (BFM Board Treasurer) 626-4077

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to a board/commission, may result in my dismissal.

Signature: [Signature] Date: 8-26-10

RETURN COMPLETED FORM TO: Multnomah County Environmental Health Services
Attention: Ben Duncan, Program Development
Specialist Sr.
3653 SE 34th Ave.
Portland, OR 97202
benjamin.e.duncan@co.multnomah.or.us

CELL # 503 806 7908
