



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 09/23/13)

## Board Clerk Use Only

Meeting Date: 8/7/14  
Agenda Item #: C-2  
Est. Start Time: 9:30 a.m.  
Date Submitted: 7/24/14

## Agenda

Title: **Requesting Approval of the Appointment of Three New Members to the Multnomah County Food Service Advisory Committee**

*Note: Title should not be more than 2 lines but sufficient to describe the action requested. Title on APR must match title on Ordinance, Resolution, Order or Proclamation.*

## Requested

Meeting Date: August 7<sup>th</sup>, 2014 Time Needed: N/A

Department: Health Division: Environmental Health

Contact(s): Matt Davis, Program Specialist Sr.

Phone: (503) 988-3663 Ext. 26966 I/O Address: \_\_\_\_\_

## Presenter

Name(s) &

Title(s): Consent Agenda

## General Information

### 1. What action are you requesting from the Board?

Approval of three new members to the Multnomah County Food Service Advisory Committee:  
Rachel Clark, Caitlin Burke and Sherry Fox Hammes.

### 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.

Detailed information on the prospective members can be found in the attached letter.

### 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 no legal or policy issues involved with appointing new members.

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

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**Required Signature**

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**Elected  
Official or  
Department**

**Director:** Wendy Lear for Joanne Fuller/s/

**Date:** 7/22/2014

*Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved.*