Logo

Description automatically generatedWashington State Department of Health **RETAIL FOOD SAFETY ADVISORY COUNCIL**

**Issue Submission Form**

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| **Food Code Section/Reference** | **Date Submitted** | | Issue Number: |  |
| Date Received: |  |
| **Contact Information** | | | | |
| **Name** | | | | |
| **Agency or Organization** (if applicable) | | | | |
| **Phone** | | **Email** | | |
| **Issues must be submitted at least 30 days before the next meeting in order to be considered.** | | | | |
| **Issue Information** | | | | |
| **Issue/Concern Description** | | | | |
| **Recommended Solution** (if any) | | | | |
| **Other Comments** | | | | |
| Contact the Food Safety Advisory Council Coordinator at 360-236-3330 or [food.safety@doh.wa.gov](mailto:food.safety@doh.wa.gov?subject=FSAC%20Question) with questions. | | | | |
| Submit this form by **email**:  Open the online Word form and complete it, save the form to your computer, and then attach the form to an email addressed to [food.safety@doh.wa.gov](mailto:food.safety@doh.wa.gov?subject=FSAC%20Issue%20Submission). | | | | |