Washington State Department of Health **RETAIL FOOD SAFETY ADVISORY COUNCIL**

**Issue Submission Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 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. |