



Dane County

Meeting Agenda - Final

Board of Health for Madison and Dane County - Safe Food Advisory Committee

Tuesday, April 21, 2015

2:00 PM

Madison Water Utility-119 E. Olin Ave.
119 E. Olin Avenue
Madison WI

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If you need an interpreter, translator, materials in alternate formats or other accommodations to access this service, activity or program, please call the phone number below immediately.

Si necesita un intérprete, un traductor, materiales en formatos alternativos u otros arreglos para acceder a este servicio, actividad o programa, comuníquese inmediatamente al número de teléfono que figura a continuación.

Yog tias koj xav tau ib tug neeg txhais lus, ib tug neeg txhais ntawv, cov ntaub ntawv ua lwm yam los sis lwm cov kev pab kom siv tau qhov kev pab, kev ua num los sis kev pab cuam no, thov hu rau tus xov tooj hauv qab no tam sim no.

Please contact Public Health Madison and Dane County at 608 266 4821 or health@cityofmadison.com.

1. CALL TO ORDER / ROLL CALL

REQUEST FOR CHANGES IN AGENDA ORDER

2. CONSIDERATION OF MINUTES

[2014 MIN-589](#) 2014 MIN-589 Safe Food Advisory Committee Meeting Minutes for January 21, 2015

Attachments: [1-20-15 Meeting Minutes.pdf](#)

3. PUBLIC COMMENT

The committee requests you limit your comments to 5 minutes or less

4. DISCLOSURES AND RECUSALS

Members of the body should make any required disclosures or recusals under the Ethics Code.

5. OPERATOR ISSUES

6. DIRECTOR'S REPORT

Director of Environmental Health

7. FOOD PROGRAM REPORT

Environmental Health Services Supervisor or Public Health Sanitarian

8. ACTION ITEMS

9. FUTURE MEETING ITEMS AND DATES

10. ADJOURN

NOTE: If you need an interpreter, translator, materials in alternate formats or other accommodations to access this service, activity or program, please call the phone number below at least three business days prior to the meeting.

NOTA: Si necesita un intérprete, un traductor, materiales en formatos alternativos u otros arreglos para acceder a este servicio, actividad o programa, comuníquese al número de teléfono que figura a continuación tres días hábiles como mínimo antes de la reunión.

LUS CIM: Yog hais tias koj xav tau ib tug neeg txhais lus, ib tug neeg txhais ntawv, cov ntawv ua lwm hom ntawv los sis lwm cov kev pab kom siv tau cov kev pab, cov kev ua ub no (activity) los sis qhov kev pab cuam, thov hu rau tus xov tooj hauv qab yam tsawg peb hnuv ua hauj lwm ua ntej yuav tuaj sib tham.