



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Detroit Health

FILE NUMBER: Detroit Health-0003

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**\* RE:**

Submitting report related to: Wayne State University and Detroit Health Department Food Safety Inspection Agreement

**\* SUMMARY:**

Wayne State University and Detroit Health Department Food Safety Inspection Agreement

**\* RECOMMENDATION:**

We are requesting Council approval of the Wayne State University and Detroit Health Department Food Safety Inspection Agreement

**\* DEPARTMENTAL CONTACT:**

Name: Andre Blair

Position: Director of Operations

**\*=REQUIRED**