

Lane County Intergovernmental Agreement

THIS Intergovernmental Agreement is entered into by Lane County, a political subdivision of the State of Oregon, hereinafter referred to as COUNTY, and YAMHILL COUNTY, hereinafter referred to as AGENCY, for the period commencing January 01, 2017 to and including December 31, 2020.

WHEREAS, COUNTY and AGENCY are agreeable to the terms and conditions hereinafter set forth governing the provision of specified services;

The terms of this Intergovernmental Agreement are contained in this document and the following documents which are included by reference as if incorporated herein:

- BOILERPLATE dated 09-07-2016
- EXHIBIT A dated 09-01-2016
- EXHIBIT B dated 09-01-2016
- EXHIBIT C dated 01-01-2017
- EXHIBIT E dated 09-01-2016

Regardless of any statement to the contrary in this Intergovernmental Agreement, EXHIBIT D are not relevant to this Intergovernmental Agreement

<b>YAMHILL COUNTY</b>	<b>Federal I.D.:</b>
 Authorized Signature _____ Date <u>3-2-17</u> Mary Starrett STAN PRIMOZICH CHAIR, BOARD OF COMMISSIONERS 5TH & EVANS MCMINNVILLE, OR 97128	
GARY VANDER VEEN VANDERVEENG@CO.YAMHILL.OR.US HEALTH DEPARTMENT MCMINNVILLE, OR 97128	
SILAS HALLORAN-STEINER H&HS DIRECTOR HALLORAS@CO.YAMHILL.OR.US 638 NE DAVIS STREET MCMINNVILLE, OR 97128	

Digitally signed by Steve Mokrohisky DN: cn=Steve Mokrohisky, o=Lane County, ou=County Administration, email=steve.mokrohisky@co.lane.or.us c=US Date: 2017.03.14 13:16:44 -0700	
County:  Steve Mokrohisky County Administrator	Lane County, Oregon Originator: Collette M. Christian Program Services Coord 2 Collette.Christian@co.lane.or.us 151 WEST 7TH AVE S-520 EUGENE, OR 97401

Insurance Reviewed:

Accepted by Yamhill County  
 Board of Commissioners on  
3-2-17 by Board Order  
 # 17-60

## LANE COUNTY INTERGOVERNMENTAL AGREEMENT

NOW, THEREFORE, in consideration of the mutual promises and covenants hereinafter contained, and payment to COUNTY by AGENCY as noted on the previous pages, for the period of this agreement as previously designated, it is mutually agreed as follows:

1. Services. COUNTY shall perform as an independent contractor, and not as an agent of the AGENCY the necessary services to conduct the specific programs described in Exhibit B – Program Plan by this reference made a part hereof at a funding level described in Exhibit C – Budget Plan by this reference made a part hereof.
2. Client Confidentiality: No information contained in a client record shall be disclosed if such disclosure is prohibited by ORS 179.505 to 179.507, 45 CFR section 205.5 or 42 CFR Part 2, any administrative rule adopted by Division implementing the foregoing laws, or any other applicable federal or state confidentiality law.
3. Labor Laws. AGENCY agrees to comply with all federal, state and local labor laws which are applicable to the execution of this contract. AGENCY agrees that all subject employers working under this agreement are either employers that will comply with ORS 656.107 or are employers that are exempt under ORS 656.126.
4. Tax Laws. By execution of this agreement, AGENCY certifies, under penalty of perjury, that, to the best of AGENCY's knowledge, AGENCY is not in violation of any tax laws described in ORS 305.380(4).
5. Settlement of Disputes. Differences between AGENCY and COUNTY, or between agencies, which do not involve grounds for termination, will be resolved when possible at appropriate levels, followed by consultation between boards if necessary.
6. Indemnity/Hold Harmless. Each of the parties agrees to indemnify and save the other harmless from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature whatsoever and to defend all claims, proceedings, lawsuits, and judgments resulting from, arising out of, or relating to the operations of its responsibilities under this agreement. The parties' indemnity and hold harmless obligations are subject to the limitations of the Oregon Tort Claims Act and the Oregon Constitution.
7. Amendments. No waiver, consent, modification or change of terms of this contract shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given. AGENCY, by signature of its authorized representative, hereby acknowledges that it has read this contract, understands it, and agrees to be bound by its terms and conditions.
8. No Third Party Beneficiaries: COUNTY and AGENCY are the only parties to this contract and are the only parties entitled to enforce its terms. Nothing in this contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this contract.
9. Severability: The parties agree that, if any term or provision of this contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the

parties shall be construed and enforced as if the contract did not contain the particular term or provision held to be invalid.

10. Termination: The parties may jointly agree to terminate this Agreement at any time by written agreement. Either party may terminate this Agreement upon thirty (30) days' written notification to the other party.
11. Exhibits: This contract consists of the following exhibits attached hereto and by this reference made a part hereof:
  - a. Exhibit A – Additional Terms and Conditions
  - b. Exhibit B – Program Plan
  - c. Exhibit C – Budget
  - d. Exhibit D – Match
  - e. Exhibit E – Special Reporting Requirements
  - f. Exhibit F – Lane Manual
  - g. Exhibit G – Federal Requirements

## **Exhibit A**

### **Additional Terms and Conditions**

**EXHIBIT A  
ADDITIONAL TERMS AND CONDITIONS  
STATEWIDE HEALTHSPACE RESTAURANT INSPECTION SOFTWARE**

**In the execution of this Contract Agreement, Agency** is subject to the Terms and Conditions of this Exhibit and the attached HealthSpace Support Plan and Change Management Procedures. Lane County has executed a contract with HealthSpace to provide for the purchase of licenses for all Oregon Counties, wishing to utilize the HealthSpace Environmental Health Software (EHS) for the purpose of licensing food services establishments in Agency's County.

**Oregon Health Authority (OHA) :**

Please note that, for the purposes of this Exhibit and the Attached HealthSpace Support Plan (HSP) and Change Management Procedures, **neither County nor Agency fulfill the support role with HealthSpace. The OHA** will provide staff to fulfill role of the Primary Administrative Contact (PAC), as required in the attached HSP.

**County** will be responsible for paying to HealthSpace the License Fee and the Annual support/Maintenance Fee and hosting for the EHS licenses required by Agency.

**Agency is granted** a limited, non-perpetual license (the "License") to use the EHS for the duration of this Contract Agreement.

**Agency** acknowledges and agrees to the following limitations on its license for the EHS:

i) *No Modification or Reverse Engineering*—Agency will not directly or indirectly modify, or in any way alter (excluding configuration expressly permitted by the OHA) the whole or any part of the HealthSpace Software, nor will Agency translate, decompile, disassemble, reconstruct, decrypt, or reverse engineer the whole or any part of the HealthSpace Software.

ii) *No Rental or Timeshare Use*—Agency will not directly or indirectly license, sublicense, sell, resell, transfer, assign, distribute, rent, lease, or otherwise commercially exploit the HealthSpace Software in any way, nor will Agency use of the HealthSpace Software in a computer service business, service bureau, hosting or timesharing arrangement.

iii) *Unauthorized Equipment*—Agency will only use the HealthSpace Software on computing devices which are supplied by HealthSpace or which meet certain minimum system requirements as provided by HealthSpace from time to time.

iv) *Proprietary Notices*—Agency will not directly or indirectly remove any proprietary notices, labels or marks from the HealthSpace Software or other materials, including those indicating any intellectual property rights of HealthSpace or any third party unless otherwise agreed between the parties in writing.

**Dated 9/1/2016**



# HealthSpace Support Plan and Change Management Procedures

This Addendum to Exhibit A has been adapted from the Lane County contract with HealthSpace\*, to ensure that the requirements for Agency participation are properly represented, as well as the responsibilities of County and the Oregon Health Authority (OHA). This information is contained in Exhibit B of the Contract between Lane County and HealthSpace.

\*Lane County contract Number 52116, 9/1/2015 - 8/31/2018, renewable.

**Overview**

The purpose of this document is to specify support procedures for the HealthSpace Software for the County, Agency and OHA (collectively "The Parties"). The goal of these procedures is to ensure high quality and efficient utilization of this resource.

**Roles***1. HealthSpace Client Representative*

The HealthSpace Client Representative will be the primary point of contact for management of service requests from the Parties. The HealthSpace Client Representative will meet via teleconference with the OHA PAC to coordinate the processing of service requests. The HealthSpace Client Representative will bring in other HealthSpace resources as required, and will provide input on the classification of service requests by type, priority, level of effort and business impact.

*2. Department Primary Administrative Contact (PAC)*

The OHA PAC will be the primary point of contact for management of service requests for the Parties. The OHA PAC will meet via teleconference with the HealthSpace Client Representative to coordinate the processing of service requests. The OHA PAC will be responsible for setting type, priority, level of effort and business impact of all service requests.

*3. Program area User contacts*

Each participating County/Agency program will have one or more User contacts. These individuals will have the following responsibilities:

- Participate regularly in the HealthSpace Support Forum
- Participate as required in the service conference calls with HealthSpace
- Advise the OHA PAC in assessing and classifying service requests
- Communicate with particular Agency/County/OHA program staff on changes and issues as required
- Develop implementation plans for service requests with a business process impact

*4. Program area directors*

- Sign-off on any change request with a business process impact
- Sign-off on any CRITICAL service requests (sign-off may be after the fact)
- Sign off on business requirements for high effort service requests
- Participate with the service manager in service planning meeting at least once a quarter

*5. County Manager*

1. Negotiate service and maintenance contract
2. Provide a point of escalation for the service manager and program directors
3. Participate with the OHA PAC and HealthSpace in quarterly service reviews

*6. Stakeholder*

1. An user of the system or any HealthSpace employee who is directly involved in the servicing, maintaining or deployment of the HealthSpace on behalf of the County/ Agency/OHA

**Service Requests**

Service requests for changes to EHS will be classified as either a system upgrade, bug fix or major/new. These parameters will determine how requests will be handled and tracked.

Service request have three status conditions. These will be used as follows:

- **New:** All service requests will be submitted to the Support Forum as new.

- **Review:** Service requests will have the status of Review after the OHA PAC has read them. They will stay in this status until they are closed or transferred to and accepted by the HealthSpace Client Representative for action by HealthSpace. While under review, the service request will be given a type, a priority and a level of effort, and the business impact will be assessed.
- **Active:** Service requests with an active status will be those which are being addressed by HealthSpace.

### Types

Service requests will be classified as either Suggestions or Problems.

**Problems/Bug Fixes/System Upgrades:** These will include HealthSpace functions that do not work properly or change or enhancements required to the system. Unresolved problems will be tracked in the Unresolved Problems folder in the HealthSpace Support Forum. This folder will contain all service requests that HealthSpace is required to address, and only service requests which HealthSpace can address.

**Suggestions:** Suggestions will include all issues and changes that meet one of the following criteria:

- Changes that do not involve changes to EHS such as changes to or a clarification of business processes.
- Changes which require and have not received management review and approval prior to being forwarded to HealthSpace
- Changes which require clarification or analysis before they are well enough understood to be assessed.

Suggestions will be tracked in the Unresolved Suggestions folder in the HealthSpace **Support Forum**.

### For service requests:

An item is placed in the Support Forum. It is analyzed by OHA PAC and HealthSpace. If there is agreement the request should be acted upon, a project is developed with a schedule. Tasks are then created and moved to HealthSpace Development.

Development is done in a Development Database/Template. There may be more than one task being worked on at a time. Each task changes 'Elements' of the program. An element is 'Checked Out' of the template when a developer is modifying it, to prevent changes over-lapping or conflicting. If two tasks require the same element, one will wait until the other task is complete. Development does rudimentary testing, and then moves the tasks on to HealthSpace Quality Assurance/internal testing.

Internal testing is done in a 'clean database' and may involve a pre-test review by the OHA PAC or designate. The elements that are indicated in each completed development task are moved to the testing database. If a completed task shares an element with an incomplete task, no elements from either task are moved to the testing database. When both are complete, they are tested together. All elements that have been modified in a task, or tasks, stay in the testing database and are refreshed to Testing & Training and Live databases at the same time; right now, each Friday evening, so that modifications to the database are available first thing Monday morning.

### For bug fixes:

An item is placed in the Design Forum, or is telephoned in to the office Support Desk. A task is created immediately, and development begins to fix the problem. The 'offending' Element is checked out of the template to be modified. Development does rudimentary testing, and then moves the tasks on to Quality Assurance/Testing.

HealthSpace operations will test the change, and if necessary, the modification will be refreshed immediately. However, all elements that have been modified in a task, or tasks, stay in the testing

database and are refreshed to Testing & Training and Live databases at the same time, meaning, that everything that has been previously tested, will be refreshed with the bug fix.

**For Major/New Development:**

When a decision has been made and authorization is granted to make major changes to an existing module, or a new module added to EHS, discussion will happen in Support Forum, with a user group defining the changes needed. Once there is consensus between the user group, OHA PAC and HealthSpace a project(s) is created from the discussion forum outlining the tasks and schedule to complete the upgrade or addition.

Development is done in a Development Database/Template. There may be more than one task being worked on at a time. Development does rudimentary testing, and then moves the tasks to a testing database.

Testing is done by the Program Area User Contacts as changes happen, in a testing copy for that particular module. No other work that will affect the changes will be refreshed to this testing database (bug fixes or service requests that have to do with the existing modules). When there is a consensus from the user group that a certain portion of the program is to their satisfaction, it is signed off, and the next phase begins, until the new development is complete. Now the tasks move to internal and user testing.

Testing is done in a 'clean database'. The elements that are indicated in each completed development task are moved to the testing database. When the new development has been thoroughly tested, it is rolled out to Testing & Training database, and Live.

**Processing Service Requests:** When the OHA PAC sets the Priority and Business Impact, it should be done in a response document to the original post, to keep the actual posting titles free of clutter, and postings easy to find

The Parties must indicate their priority in the Support Forum if there is work that needs to be done in a certain order. If there is no priority list, HealthSpace will analyze the requests and do them in the most logical order for development - usually in order that they are posted.

HealthSpace only can set the level of effort, and is usually be done by staff developer and communicated to the OHA PAC by the HealthSpace Client Representative.

Processing service requests will be done when the OHA PAC has enough information from all interested parties, from Management to Program Users, and in all three HSDA's.

When tasks are complete, and ready for refresh, notification will be sent to the OHA PAC, as well as posted in the design forum, recent changes area of the Welcome Page, and an email to the initiator of the request. The OHA PAC must ensure that this information is distributed and easily available to those particular people who 'need to know' and are affected.

**Priority**

Every service requests will be given a priority by the OHA PAC, in consultation with users and HealthSpace. By convention, priority will be indicated at the beginning of a service request title.

Priorities will be assigned by the following criteria:

**Critical:** These will include emergency services requests. They must be addressed immediately within one hour in order for the OHA PAC to continue to perform critical functions. Addressing these services requests will involve, if necessary, emergency changes to the software and will override the normal change control process.

Service requests of this priority should be very infrequent.

**Non Critical:** Services requests having a direct impact on productivity and service levels and will be responded to within four hours. These will be addressed within the standard change control procedures as quickly as possible.

### **Level of Effort**

In general, the level of effort required on any task will be set by HealthSpace Client Representative. This will be communicated to the OHA PAC by HealthSpace. Level of Effort does not indicate a timeline for the task to be complete.

Levels of effort will correlate with the complexity of the service request, so the level of documentation and sign-off required will increase with level of effort. Medium service requests will require, as a minimum, a written specification that have been reviewed and agreed to by the OHA PAC and HealthSpace.

High levels of effort requests will require a written specification signed off by the Program Area Director and formally accepted by HealthSpace. Consensus must be gained by the COUNTY between the Program Area Director, the OHA PAC, Program Area User Contacts and HealthSpace as to the exact parameters of the request in terms of desired results, functionality and business impact. HealthSpace's acceptance will signify that the requirement is specified in adequate detail and that they have no concerns regarding the feasibility or reasonableness of the request.

### **Business impact**

Service requests to HealthSpace of any type, priority or level of effort may involve changes to the Parties' business processes. Whenever this is the case, there must be an action plan to coordinate the implementation of the software changes with changes in business processes in program areas.

### **System Releases**

Changes to EHS are not bundled into periodic releases like new versions of software. System upgrades and newly developed elements are released into the live system as they are tested and signed off by the Parties. It is good practice to have the system locked down after a period of changes where no new development takes place except for minor maintenance and bug fixes. A constantly changing system can cause confusion among users. New requirements and changes are then catalogue and acted upon when the system is reopened for upgrades and development. This provides for system stability and familiarity of user interfaces thereby increasing productivity. It further provides management an opportunity to control the intervals of when and what where changes are implemented. The objective of any initiative to upgrade or add new development is to bring the system to a period of lockdown or stasis.

The major steps in a system release will be as follows:

- Development of the release test plan  
This document must specify what testing needs to be done prior to promotion of the release into production, and who will do the testing. As software changes can have unpredictable consequences, the scope of testing will include confirming both that scheduled changes have occurred, and that there are no unintended consequences. Program Area Contacts will normally participate in testing and will need to review and sign-off on the plan as well as the OHA PAC.
- Develop a communication and training plan  
Users of HealthSpace will need to be informed of changes to HealthSpace prior to implementation. Typically some level of refresher training and updates to documentation will be required. This amount of effort required for this will vary depending on the nature of the changes.
- Development of system changes  
Development is done in a Development Database/Template. QA testing is done in a QA database. All elements that have been modified in a task, or tasks, are refreshed to Testing & Training databases.

- Testing  
The new release will be tested by the OHA PAC and Program Area Contacts, as per the test plan.
- Promotion of new release into production
- Settling in period and follow-up

#### **Communication**

The principle mechanism for creating, and tracking service requests is the HealthSpace Support Forum. Active participants in the Support Forum will be HealthSpace Client Representative, OHA PAC and Program Area User Contacts. As much as possible, the Support Forum will be used as a repository of design information and implementation plans related to service requests.

The Support Forum is not an appropriate mechanism for discussion and resolution of design or business process issues, or for recording and responding to service complaints. Communications of this type will be handled via email, telephone contact, design workshops and/or weekly or monthly meetings.

#### **Escalation**

Any stakeholder in the Parties'/HealthSpace implementation, including HealthSpace staff, can escalate service issues or problems to the Department Manager or the HealthSpace President. Normally this escalation will go through the OHA PAC or the HealthSpace Client Representative who also serves as the Project Manager.

An issue or problem can be escalated if the stakeholder cannot resolve an issue or problem using the Support Forum or interacting with the Department or HealthSpace staff as outlined herein. A notice of escalation will be sent to the OHA PAC or Client Representative prior to action and all correspondence resulting from the escalation must be copied to the OHA PAC and Client Representative.

**Exhibit B**  
**Program Plan**

## **EXHIBIT B PROGRAM PLAN**

### **AGENCY AND COUNTY WILL:**

Maintain local public health authority as provided for under ORS 431.003 and, by means of an Intergovernmental Agreement with the State of Oregon Health Authority (OHA), will be granted the powers, duties and functions enumerated in ORS 624.510, providing for the collection of fees for the services described herein (food handler training/testing/completion and certificate/card issuance).

### **AGENCY WILL:**

1. Provide local, in-person food handler training programs and shall issue food handlers' permits/cards to those who successfully complete the in-person food handler training program at Agency's place of operation.
2. Authorize Lane County, by means of this Contract, to provide on-line food handler training, testing and completion certificate/card issuance for residents of Agency's County as its "Designated Agent", as permitted under OAR 333-175-0031.
3. Agree to not hold Lane County liable for any purported loss of on-line food handler certificate income during times of unavoidable lack of access to the Lane County training/testing web site (orfoodhandlers.com).
4. Recognize that, if AGENCY authorizes other entities, including components of Agency's County government, to provide on-line training, testing and foodhandler completion certificate issuance for residents of Agency's County, in competition with COUNTY's on-line foodhandler service (orfoodhandlers.com), which provides the basis for the revenue-sharing outlined in this Intergovernmental Agreement, AGENCY will be responsible for, at a minimum paying for participation in the COUNTY-funded, statewide HealthSpace Environmental Health Software inspection system, referenced in Exhibit A, Additional Terms and Conditions. Please note that, as outlined in Item 11, below, COUNTY seeks to limit on-line competition with COUNTY'S program/website **solely** to protect the revenue stream that permits COUNTY to fund the statewide HealthSpace Environmental Health Software inspection system.

### **COUNTY WILL:**

1. Provide an on-line testing food handlers' service, as an agent of the Oregon Health Authority (OHA) and a designated agent of AGENCY, that meets OHA requirements under the authority granted To establish those standards (ORS 624.570(4), as enumerated in OARs 333-150-0000, 333-157-0000, 333-158-0000 and 333-175-0051.
2. Provide AGENCY with the location of a website, to be specified in Exhibit C, to which residents of AGENCY's County may be directed for on-line training/testing. Lane

County may change the website, but must provide re-direction to a new site with a minimum of 30 days' advance notice to AGENCY.

3. Issue a food handlers' completion certificate with the Lane County logo that shall be valid throughout the State of Oregon for a period of three years from the date of issuance.
4. On behalf of its Environmental Health program will maintain a Merchant ID account that will at least permit on-line payment services via Visa and MasterCard.
5. Provide for on-line payment for these services at a secure website (provided under contract between Lane County and an on-line payment gateway and service) at the rate established by the OHA under ORS 624.570(5), via triple-encryption or other secure technology.
6. Maintain all financial records relating to this Intergovernmental Contract in accordance with generally accepted accounting principles.
7. Provide access to all financial records to AGENCY, the OHA and the Oregon Secretary of State's Office, during regular County working hours.
8. Maintain transaction records and all other financial records related to this Contract for the period of time specified in OAR Chapter 166.
9. Reimburse AGENCY 80% of the proceeds of all on-line testing for residents of AGENCY's County that enter the orfoodhandlers.com testing website (or a successor site) by means of Contracting county's weblink on its county website, a related County webpage or the State of Oregon Agency County link (<http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Pages/cert.aspx>), or successor sites. According to the schedule provided in Exhibit C, 80% of the proceeds is currently set at \$8 per transaction by OAR 333-175.0101.
10. COUNTY guarantees a minimum payment of \$5 per Agency county resident using the orfoodhandlers.com website, who do not enter that website, as defined in the preceding paragraph. COUNTY may reimburse AGENCY up to 80% of the proceeds for all on-line testing for residents of AGENCY's County, who do not enter the orfoodhandlers.com testing website as defined in the preceding paragraph, if funding permits.
11. COUNTY guarantees it will use a portion of the fees earned under this Intergovernmental Agreement, but not remitted to AGENCY, to pay for AGENCY'S license to use the HealthSpace Environmental Health Software, contracted for by COUNTY under County Contract 52116. COUNTY will purchase a sufficient number of licenses for AGENCY's sanitarians and/or office staff and will remit to HealthSpace all required support/maintenance and related fees. A copy of the COUNTY-HealthSpace contract will be provided AGENCY, upon request. COUNTY will further pay for all custom developments to the

standard HealthSpace modules required for AGENCY's use of the HealthSpace Environmental Health Software, if approved by the OHA for development for AGENCY. This provision is subject to the limitations outlined above in Item 3 under "AGENCY WILL".

12. Provide AGENCY with a report of income, similar or identical to the report represented under Exhibit E in the original agreement, when requested.
13. Provide support and service to AGENCY during normal COUNTY operating hours to ensure AGENCY's ability to respond to queries from residents of its County.
14. Ensure its best-faith effort to maintain a training/testing site that functions and is accessible to residents of AGENCY's County.

Dated: 9/1/2016

## **Exhibit C**

### **Budget**

**EXHIBIT C**  
**BUDGET/REIMBURSEMENT RATES**

Agency will receive payment on a quarterly basis from Lane County.

Agency will be paid up to \$8 for every resident of Agency County that pays for an online food handlers' test at this url: <http://www.orfoodhandlers.com>, per the specific guidelines established in Exhibit B.

Agency will be paid \$1 for every duplicate certificate of program completion issued.

These rates are based on the maximum fees established under OAR 333-175-0101.

The estimated value of the this contract for the period January 1, 2017 through December 31, 2020 is: \$57,000.

Dated 1/1/2017

**Exhibit D**

**Match**

**Not Applicable**

**Exhibit E**

**Special Reporting Requirements**

**EXHIBIT E**  
**Special Reporting**

Lane County directly reports each participating county's required data on food handler card issuance via the orfoodhandlers.com website to the State, at the request of the Oregon Health Authority (OHA).

The following represents a sample of the reporting issued.

Agency may request a copy of any reporting by contacting: [cindy.reynoso@co.lane.or.us](mailto:cindy.reynoso@co.lane.or.us)

**Report #1: EXAMPLE**

NAME	ADDRESS	CITY	STATE	ZIP	AUTH CODE CC Number
Jane Doe	999 Foodhandlers Ln	Salem	OR	97310	85968 7795
John Q. Public	777 Clean Hands Dr	Portland	OR	97210	86822 7635

**Report #2: EXAMPLE**

Language	# of Tests	# of Test Passed	Average Score	Test Version
English	526	489	90	1,2,3,4
Spanish	35	32	86	1,2

Dated 9/1/2016