



WHATCOM COUNTY HEALTH DEPARTMENT
HOLD ORDER CERTIFICATE

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Food Establishment Name: _____ PR #: _____

Establishment Address: _____

City, State, Zip Code: _____

Date of Action: _____ Time: _____

I, hereby certify that I am the owner or fully authorized agent for the owner of the articles of food described as follows: (Give full description including amounts, codes, brand names): _____

Located at (accurate description of location on date specified): _____

This food is suspected of being adulterated and poses a threat to public health for the following reasons:

Serving this food violates WAC 246-215 because it may be adulterated and therefore it was removed from human food channels and placed under an official hold order by Regulatory Authority action today. All food included in the hold order has been identified by: Tag Label Other (describe) _____

The Food Establishment Operator shall store all foods described above in a location specified by and in accordance with directions of the Regulatory Authority as follows: _____

The food establishment operator must file a written request for a hearing with the Regulatory Authority to contest this order within 10 days of this notice. Submit the written request to Whatcom County Health Department; 509 Girard Street, Bellingham, WA 98225. If the food establishment operator does not request a hearing in accordance with the instructions provided in the Hold Order and the Regulatory Authority does not vacate the Hold Order, the food shall be destroyed under the supervision of the Regulatory Authority. If a hearing is requested, the product shall remain under this Hold Order pending the outcome of the hearing.

Hearing Requested? Yes No

I acknowledge that the Food Establishment Operator who refuses or in any way fails to comply with this order is subject to permit suspension and closure of the food establishment.

Person In Charge: _____ Signature: _____ Date: _____

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Regulatory Authority: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_