



WHATCOM COUNTY HEALTH DEPARTMENT
CERTIFICATE OF
FOOD DESTRUCTION

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

Food Establishment Name: _____ Program #: _____

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 specific): _____

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

Serving this food product violates WAC 16-225 and therefore it was removed from human food channels by Regulatory Authority action today by one of the following methods:

Destroyed: Voluntarily Ordered

Destruction of this food was accomplished in the following prescribed manner: _____

The food establishment operator may appeal this Food Destruction Order. Submit a written appeal within 10 days of this notice to Whatcom County Health Department; 509 Girard Street; Bellingham, WA 98225. If the food establishment operator does not request a hearing, the food shall be destroyed under the supervision of the Regulatory Authority. If a hearing is requested, the product shall be placed under a Hold Order pending the outcome of the hearing.

Hearing Requested? Yes No

I hereby waive all rights to title, interest or compensation for the products listed above.

Person In Charge: _____ Signature: _____ Date: _____

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Disposal of this food as described above was witnessed by me and has now been completed.

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