WHATCOM COUNTY HEALTH DEPARTMENT

**CERTIFICATE OF FOOD DESTRUCTION**

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 specified):

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

Serving this food product violates WAC 246-215 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 herby 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:

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