



Seattle – King County Department of Public Health
CERTIFICATE OF DESTRUCTION AND WAIVER

Name of Establishment: _____ Date: _____

Address: _____

I, _____ hereby certify that I am the owner or person
in charge for the owner of the food described as follows:

(Give full description including amounts,

codes, brand names)

located at _____
(Accurate description of location on date specified)

(Date)

This food is suspected of being contaminated, a threat to the public health, and in violation of
the King County Food Codes and/or Meat Poultry Rabbit & Aquatic Food Codes. The food was
voluntarily removed from human food channels by my action today. The above food was in
violation because: _____

Disposal of this food was accomplished in the following manner:

I hereby waive all rights to title, interest or compensation lost or affected by the above-described action.

FOOD SERVICE ESTABLISHMENT: _____

SIGNED: _____
(Name) (Title)

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

EHS Date Time

DISTRICT HEALTH CENTERS

NORTHSHORE
10808 NE 145th Street
Bothell, WA 98011
(206) 296-9791

ALDER SQUARE
1404 Central Ave. S, Ste 101
Kent, WA 98032
(206) 296-4708

DOWNTOWN
401 – 5TH Ave, 11th Fl.
Seattle, WA 98104
(206) 296-4632