

Q-1	/
Q-2	/
Q-4	/
Action Code + Total Quantity	
Sanitation Code	

NOTICE AND ORDER OF QUARANTINE / VOLUNTARY DESTRUCTION

Date _____

Permit No. _____

THE FOLLOWING FOOD, DRUG, DEVICE, COSMETIC
 LEAD BASED PAINT, UNSTABLE REFUSE BINS, HAZARDOUS SUBSTANCE,
OR _____ IS SUSPECTED OF BEING:
 ADULTERATED, MISBRANDED, OR IN NON-COMPLIANCE

PURSUANT TO THE PROVISIONS OF: KRS 217.005 to 217.215 KY Food, Drug and Cosmetic Act; KRS 217C KY Milk and Milk Products Act;
 KRS 217.650 to 217.710 KY Hazardous Substances Labeling Act; KRS 217.801 Lead Based Paint Law;
 KRS 152.105 to 152.190 Regulates Use and Control of Radiation

IN POSSESSION _____ LOCATED AT _____

AND IS BEING QUARANTINED; VOLUNTARILY DESTROYED; OR _____

ON THIS DAY: _____ AT _____ A.M. P.M.

ARTICLE/I.D.	QUANTITY	ACTION	ARTICLE/I.D.	QUANTITY	ACTION

ESTIMATED REPORTED VALUE \$ _____ TOTAL QUANTITY _____ LBS. ALL PERSONS ARE WARNED NOT TO

REMOVE OR DISPOSE OF THE ABOVE DESCRIBED ARTICLES BY SALE OR OTHERWISE UNTIL PERMISSION FOR REMOVAL OR DISPOSAL IS GIVEN BY A DULY AUTHORIZED AGENT OF THE CABINET FOR HUMAN RESOURCES OR BY A COURT OF COMPETENT JURISDICTION. THE REMOVAL OR DISPOSAL OF A DETAINED OR QUARANTINED ARTICLE IS A MISDEMEANOR AND PUNISHABLE BY A FINE OR IMPRISONMENT OR BOTH PURSUANT TO THE APPROPRIATE KENTUCKY REVISED STATUTES CITED ABOVE.

ACKNOWLEDGMENT OF:

- Q1 NOTICE AND ORDER OF QUARANTINE BY OWNER OR PERSON IN POSSESSION, OR AGENT THEREOF, IF AVAILABLE.
- Q2 VOLUNTARY DESTRUCTION BY THE OWNER OF THE ARTICLE(S) IDENTIFIED ABOVE. I (WE) AGREE TO THE VOLUNTARY DESTRUCTION OF THE LISTED MATERIAL AND HEREBY RELEASE THE KENTUCKY CABINET FOR HUMAN RESOURCES AND THEIR MEMBERS AND AGENTS FROM ANY AND ALL RESPONSIBILITY.
Date and Method of Destruction: _____
- Q4 DIVERSION: THE ABOVE ARTICLE(S) ARE HEREBY RELEASED FOR DIVERSION ONLY FOR _____, AS AGREED AND CERTIFIED BY MY SIGNATURE HERE BELOW.
 THE ABOVE ARTICLE(S) ARE HEREBY RELEASED FOR SALE OR USE.

Signature _____ Date: _____

Signature _____

Inspector's Signature _____

Street Address _____

Health Department _____

City or Town _____