



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR PUBLIC HEALTH**

**FOOD SAFETY BRANCH  
502-564-7181**

**FOOD OR COSMETIC PLANT ENFORCEMENT NOTICE**

Permit Number \_\_\_\_\_

Region \_\_\_\_\_

**NOTICE:**

OF ORDER TO CEASE OPERATION OF LINES/ PROCESSING AREAS:       ALL PLANT OPERATIONS, OR,       THE FOLLOWING PRODUCTION

\_\_\_\_\_

OF INTENT TO:       SUSPEND       REVOKE

OF SUSPENSION OF: \_\_\_\_\_

OF REVOCATION OF: \_\_\_\_\_

ISSUED TO: \_\_\_\_\_  
Owner/Manager/Operator

\_\_\_\_\_ Name of Plant

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ Address of Plant

**PURSUANT TO:**       KRS CHAPTER 217      or       902 KAR 45:160  
Law      Regulation

For Reason(s) OF:

Inspection       Follow-Up Inspection conducted on the date of \_\_\_\_\_ revealed:

\_\_\_\_\_  Failure to:       Apply for \_\_\_\_\_

Obtain prior construction plan approval

Recommendation of conference officer, following conference held on \_\_\_\_/\_\_\_\_/\_\_\_\_

Compliance with this order shall be effective \_\_\_\_\_

Suspension       Revocation shall be effective within \_\_\_\_\_ days from the date of receipt of this notice unless a written request for a conference, pursuant to 902 KAR 1:400, is filed with the Department within that time. The enclosed DFS-263 may be used to request a Conference.

A request for reinspection, for the purpose of reinstatement of a suspended permit may be filed at any time. The request must be signed by the applicant and must ensure that correction of conditions that initiated this compliance order have been corrected.



**Kentucky Public Health**  
Prevent. Promote. Protect.

\_\_\_\_\_ Health Official Signature

\_\_\_\_\_ Title

\_\_\_\_\_ Date

\_\_\_\_\_ Recipient's Signature

\_\_\_\_\_ Title

\_\_\_\_\_ Date