SF-39 Rev. 12/05

Vest Virginia Department of H	Health & Human Resources
	Health Department



## OFFICIAL NOTICE OF EMBARGO - SEIZURE

Establishment Where Seized	d: Address:
Owner, Operator, Agent:	
Telephone Number:	Permit Number:
,	you are hereby notified that effective at on this
the day of	of , 20 , that product embargo-seizure action has been
taken as described herein.	
and Drugs, Public Health Lav	llowing material(s) is (are) suspected of being in violation of Chapter 16, Article 7, Pure Food ws of West Virginia. The seized material identified below is not to be removed from the released by written order from the State Director of Health, or be order of a court of
LOCATION OF MATERIA	<u>AL</u>
QUANTITY	IDENTITY OF FOODSTUFFS OR MATERIAL(S)
Seizure order given to:	of said establishment on this the (owner, operator, manager, agent)
day of ,	20 .
SAMPLE(S) COLLECTED	o: Yes No
If sample(s) collected, attac	h copy of Food Filth Analysis Form or other applicable laboratory forms.
	SANITARIAN