

# Certification- Emergency Response for Food Establishment in Tewksbury

On the day the emergency begins, this form must be completed and sent to the Health Department via email to [sgillis@tekwbury-ma.gov](mailto:sgillis@tekwbury-ma.gov) or during Town Hall operating hours it can be dropped off at the Health Department, Town Hall Lower Level, 1009 Main Street.

Food Establishment Name: \_\_\_\_\_

Food Establishment Address: \_\_\_\_\_

As of this time \_\_\_\_\_ AM/ PM on this date \_\_\_\_\_ the above named food establishment is experiencing an emergency involving (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Water Interruption      | <input type="checkbox"/> Water Contamination |
| <input type="checkbox"/> Electrical Interruption | <input type="checkbox"/> Sewage Backup       |
| <input type="checkbox"/> Flood                   | <input type="checkbox"/> Fire                |

**Option A- Remain Open during Emergency**

I, the undersigned, certify that I have conducted an assessment of the affected operations and determined the Food Establishment will continue to operate by following alternative procedures outlined in Guidance for Emergency Action Planning for Retail Food Establishments provided by the MA Department of Public Health. Once the emergency has ended, I certify I will follow the recovery steps outlined in Guidance for Emergency Action Planning for Retail Food Establishments.

Name of Food Establishment Owner or Person-in-Charge: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Option B- Close until Emergency is Resolved**

I, the undersigned, certify that I have conducted an assessment of the affected operations and determined the Food Establishment will close. Once the emergency has ended, I certify I will follow the recovery steps outlined in Guidance for Emergency Action Planning for Retail Food Establishments provided by the MA Department of Public Health.

Name of Food Establishment Owner or Person-in-Charge: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_