

WESTWOOD BOARD OF HEALTH
101 WASHINGTON AVENUE, WESTWOOD, NJ 07675
Phone 201-664-7100 x114 • Fax 201-664-4260 • E-Mail sblehl@westwoodnj.gov

Dear Business Owner:

The Westwood Board of Health has established a protocol in the event of emergency occurrences. If any of the following emergencies occur, you are required to report it **immediately** to the Westwood Board of Health Director by calling (201) 290-7327 (Borough cell phone).

Emergency Occurrences are defined in Chapter 24 (N.J.A.C 8:24-8.6): “The operator or person in charge shall immediately take necessary remedial action and notify the health authority if an imminent health hazard may exist because of an emergency such as fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross insanitary occurrence or condition, or other circumstance that may endanger public health, except that the person in charge need not discontinue operations in an area of the establishment that is unaffected by the imminent health hazard.”

“Interruption of Electrical Service” has been defined as electrical service that has been interrupted for three (3) hours or more without service.

The Emergency Action Planning Guidance for Retail Food Establishments can be found by visiting the following web site: http://www.state.nj.us/health/foodanddrugsafety/documents/emergency_actionplans.pdf

The owner or manager must complete the following information and return this letter to the Westwood Board of Health with the enclosed establishment license form and fee if applicable. Your Establishment license will **NOT** be issued unless this letter is returned with your license application.

We appreciate your full cooperation in this matter.

Sincerely,

Sharon Blehl
Board of Health Director

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

PRINT NAME OF PERSON COMPLETING THIS FORM: _____

TITLE OF PERSON COMPLETING THIS FORM: _____

ESTABLISHMENT PHONE #: _____

EMERGENCY (AFTER HOURS) # _____

SIGNATURE: _____