

Skagit County Public Health  
700 South 2<sup>nd</sup> Street, #301  
Mount Vernon, WA 98273  
Phone 360-416-1500 Fax: 360-416-1501  
Email: [EH@co.skagit.wa.us](mailto:EH@co.skagit.wa.us)



## Restroom Agreement

All food establishments must provide restroom facilities for employees within **200** feet of the food establishment service area. Employees **must always have access to a restroom during establishment operation**. This form must be completed if your food service does not have a plumbed restroom within the establishment.

The restroom must have:

- Hot water between 100°F and 120°F
- Hand soap
- Paper towels or approved drying device
- Sign or poster to remind employees to wash hands
- Access for customers if seating is provided by food service
- Availability during all hours of food service

### Restroom Accessibility Information:

Name of Business where restroom is located: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Days of operation: \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Type of Business: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

### Vendor Establishment Information:

Vendor Business Name: \_\_\_\_\_

Operator: \_\_\_\_\_

Location of operation: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Operator: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement is not transferable.

A copy of this agreement must remain in the food facility.

EH: \_\_\_\_\_ Date: \_\_\_\_\_