

**Use of Restroom Agreement**

All Food Establishments must provide restroom facilities for employees. This form shall be completed if you will be using restroom facilities that are owned by someone else.

Restroom facilities must be readily accessible within two hundred (200) feet of the food establishment during all times of operation. In addition, Mobile Food Units must also have access to restrooms if in any one location for more than one hour.

Indicate which of the following is available at the restroom location:

- Hot water at hand-wash sink(s) at or above 100° F
- Hand soap
- Disposable hand towels or other acceptable hand drying device
- Required sign or poster which notifies food employees to “wash their hands” clearly visible
- Key accessibility to restroom (if applicable)
- Distance from food service to restroom shall be 200 feet or less
- If seating is provided, then a plumbed restroom allowing customer access must be available within 200 feet.

Restroom Accessibility Information: Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Hours of Operation: \_\_\_\_\_  
Email: \_\_\_\_\_  
What retail/service activity takes place at this facility? \_\_\_\_\_

Mobile Unit/Food Vendor Information: Name of Business: \_\_\_\_\_  
Owner/Operator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Days/Time at Restroom: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
(Restroom Owner/Agent – Printed Name & Title)

\_\_\_\_\_  
(Mobile/Vendor – Printed Name & Title)

\_\_\_\_\_  
(Restroom Owner/Agent – Signature & Date)

\_\_\_\_\_  
(Mobile/Vendor – Signature & Date)

This agreement between the owner/agent of the restroom and the owner/vendor of the food establishment signifies that both parties agree to the allowed use of the restroom facilities as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the restroom or food establishment, or should there be any modification or cancelation of this agreement between parties, then the Public Health – Seattle & King County Food Service Operators Permit may be suspended.**

**Notice to operators of Mobile Food Units**

**A copy of this completed Use of Restroom Agreement must be kept onboard the Mobile Food Unit.**

Available in alternative format upon request pursuant to ADA

**DISTRICT HEALTH CENTERS**

**DOWNTOWN**  
401 5<sup>th</sup> Ave, 11<sup>th</sup> Floor  
Seattle, WA 98104  
206-263-9566

**EASTGATE**  
14350 S.E. Eastgate Way  
Bellevue, WA 98007  
206-477-8050