

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**



**STOP-USE NOTICE**

Authority:  
Chapter 64E-17, F.A.C.  
Chapter 381.89, F.S.

To: \_\_\_\_\_  
 Firm: \_\_\_\_\_ Date & Time of Notice: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_

**YOU ARE HEREBY NOTIFIED TO IMMEDIATELY TERMINATE THE FOLLOWING TANNING DEVICES FROM USE:**

DEVICE	MODEL	IDENTIFICATION NO.	MANUFACTURER	QUANTITY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**THE FOLLOWING ACTION IS DIRECTED (CHECK EACH APPLICABLE BOX):**

- 1. The devices listed above are placed on a stop-use order and shall not be used. The health authority will advise you when you can reuse.
- 2. The devices listed above are placed on stop-use order and may be returned to the manufacturer.

Reason for Withdrawal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AFTER THE VIOLATIONS HAVE BEEN CORRECTED, CONTACT THE COUNTY HEALTH DEPARTMENT FOR A REINSPECTION. AS PER SECTION 120.57, FLORIDA STATUTES, YOU HAVE A RIGHT TO REQUEST A FORMAL OR INFORMAL ADMINISTRATIVE HEARING TO CONTEST THIS ORDER WITHIN 30 DAYS AFTER THE DATE THIS NOTICE IS RECEIVED.**

Copy of Notice Received by: \_\_\_\_\_  
 Environmental Health Official: \_\_\_\_\_  
 County Health Department Telephone Number: \_\_\_\_\_