

Designated – Alternate Person In Charge
Demonstrated Knowledge Statement

Name of Establishment

Town of Operation

I _____ attest that
(Print Name of Owner or QFO)

_____ is employed as the alternate
(Print Name of Alternate Person in Charge)

person in charge and he/she has a complete understanding of the responsibilities associated with being the Designated Alternate for the above establishment.

The Designated Alternate shall be responsible for: ensuring that all employees comply with state and local regulations. The Designated Alternate is also responsible for handling emergencies; admitting the inspector; and receiving and signing the inspection report.

Signature of Owner or QFO _____

Title _____ Date _____

Signature of Designated Alternate _____

Title _____ Date _____