

NORTHERN NEVADA
Public Health

Risk Control Plan					
Establishment Name:			Type of Facility:		
Address:			Person in Charge:		
City:	State:		Zip:	County:	
Time In:	Time Out:	Date:		Inspector's Name:	
Agency:					

Specific observation noted during inspection:

Applicable code violation(s): - (Optional)

Risk factor to be controlled:

Hazard (most common, significant):

What must be achieved to gain compliance in the future:

How will active managerial control be achieved:

(Who is responsible for the control, what monitoring and record keeping is required, who is responsible for monitoring and completing records, what corrective actions should be taken when deviations are noted, how long is the plan to continue)

How will the results of implementing the RCP be communicated back to the inspector:

As the person in charge of the _____ located at _____, I have voluntarily developed this risk control plan, in consultation with _____ and understand the provisions of this plan.

(Establishment Manager)

(Date)

(Regulatory Official)

(Date)