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| --- |
| **Risk Control Plan**  |
| **Establishment Name:** Click or tap here to enter text. | **Type of Facility:** Choose an item. |
| **Physical Address:** Click or tap here to enter text. | **Person in Charge:** Click or tap here to enter text. |
| **City:** Click or tap here to enter text. | **State: NC**  | **Zip Code:** Click or tap here to enter text. | **County:** Click or tap here to enter text. |
|  **Inspection** **Time In:** Click or tap here to enter text. | **Inspection** **Time Out:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. | **Agency:** Click or tap here to enter text. |

**Based on this day’s inspection, the following uncontrolled hazards known to contribute to foodborne illness were identified.** (*Write specific observations from today’s inspection):*  Click or tap here to enter text.

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| **RISK FACTORS IDENTIFIED / CORRECTIVE ACTION REQUIR**​**ED**  |
| **UNCONTROLLED** **PROCESS STEP** **OR CRITICAL** **CONTROL POINT** | **COMMON HAZARD & FOOD CODE CITATION** | **CRITICAL LIMITS** | **CORRECTIVE ACTION****WHEN LIMITS ARE****NOT MET** |
| **1**​. Click or tap here to enter text. |  Choose an item. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **2**​. Click or tap here to enter text. |  Choose an item. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **3**​. Click or tap here to enter text. |  Choose an item. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **4**​. Click or tap here to enter text. |  Choose an item. |  Click or tap here to enter text. |  Click or tap here to enter text. |

**The following risk control plan (RCP) is recommended to establish active managerial control of the identified uncontrolled hazards. This RCP may be available for review by the regulatory authority upon request**

**Purpose**: Click or tap here to enter text.

**Instructions:** Click or tap here to enter text.

**Monitoring:**Click or tap here to enter text.

**Corrective Action:**Click or tap here to enter text.

**Reporting Frequency to the EHS:** Choose an item.

**Reporting Method:** Choose an item.Click or tap here to enter text.

**EHS Return Follow-up Date:** Click or tap to enter a date.

**Additional Comments** *(if needed)*:Click or tap here to enter text.

**As the person in charge of** Click or tap here to enter text. **located at** Click or tap here to enter text.**​, I have reviewed, and understand the provisions of this voluntary Risk Control Plan.**

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| Click or tap here to enter text. |  | Click or tap to enter a date. |
| **(PIC)** |  | **(Date)** |
|  |  |
| Click or tap here to enter text. |  | Click or tap to enter a date. |
| **(REHS)** |  | **(Date)** |