



Division of Environmental Health

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COMPLIANCE SCHEDULE ACTION PLAN

The purpose of this Compliance Schedule is to provide a tool to document the conditions the food establishment must meet in order to be in compliance with the Regulations. A compliance schedule shall list each item to be corrected with a specific and reasonable time period allowed for correction of that item in order to comply with applicable health permit conditions to operate. Compliance schedules are implemented to address planning, design, construction, installation, repair and/or operation of the facility for issues that do not directly impact foodborne illness risk factors.

ESTABLISHMENT INFORMATION

Establishment Name: _____ **Date:** _____

Address: Street _____ City & Zip _____

Person in Charge/Establishment Operator: _____

| VIOLATION / CONDITION | CORRECTIVE ACTION | COMPLETION DATE |
|-----------------------|-------------------|-----------------|
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LIMITATIONS/CONTINGENCIES

The Health Authority may place restrictions on the food establishment's operation/food service for the purpose of protecting public health. Operations limitations/contingencies:

1. _____
2. _____
3. _____

READ AND SIGN

No construction is permitted in areas where open food preparation is taking place. Effective measures must be taken to prevent contamination of food and food-contact surfaces in the vicinity of any construction.

Periodic progress reports may be required by the Health Authority including, but not limited to, invoices and purchase orders.

Request for time extension must be submitted in writing to the Health Authority prior to the expiration date for approval. The request must include an explanation for delays and revised timeframes to come into compliance.

Failure to comply with this compliance schedule and associated deadlines may result in closure of the facility or other regulatory action.

Name (print): _____ **Position:** _____

Signature: _____ **Date:** _____

| ** FOR OFFICE USE ONLY ** | |
|----------------------------------|--------------------|
| EHS/REHS Signature: _____ | Date: _____ |