

Risk Control Plan

Establishment Name:		Risk Type:		
Address:		PIC/CFSM:		
City:	State:	Zip:	County:	
		Date		

Based on this day's inspection the following uncontrolled hazard known to contribute to foodborne illness was identified: (For uncontrolled hazards include the occurrence of any (1) risk factor or lack of public health interventions as described in the chapter 290-5-14).

Risk Factor Identified/ Corrective Action Required

Observation	Uncontrolled process step or CCP	Hazard (most common)	Critical Limits (CL's)	Corrective Action (when CL's are not met)

Risk Control Plan Continued

Uncontrolled Process Step or CCP: _____

Write The Plan:

As person in charge of _____, Georgia _____
I have reviewed and understand the provisions of the Voluntary Risk Control Plan from
the _____ Food Service inspection.

Establish Manager (Date)

Environmental Health Specialist (Date)