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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.  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **2**​. Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **3**​. Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text.  |
| **4**​. Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |

**The following risk control plan 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.**

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