|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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.**

|  |  |  |
| --- | --- | --- |
| 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)** |