



# Platte County Health Department

## RISK CONTROL PLAN

Establishment Name: \_\_\_\_\_

Type of Facility: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Title: \_\_\_\_\_

The Risk Control Plan is an agreement between the operator of the food establishment and the Platte County Health Department. It is intended to help the food establishment regain control over a hazard which was out of control at the time of the inspection. Based on the recent inspection the uncontrolled hazard noted below was identified. A separate risk control plan will be completed for other identified hazards. The inspection report identifies the uncontrolled hazards that may contribute to foodborne illnesses. The risk factors and public health interventions are described in the Food Code.

UNCONTROLLED HAZARD (RISK FACTOR):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CODE REQUIREMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF ACTION TO ESTABLISH CONTROL OVER HAZARD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CORRECTIVE ACTION WHEN LIMITS ARE NOT MET:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the provisions of this risk control plan and understand that failure to follow the plan may result in further actions described in the risk control plan.

Person in Charge \_\_\_\_\_ Title \_\_\_\_\_

Health Department Representative \_\_\_\_\_ Date \_\_\_\_\_

Inspection frequency will increase to assure that the facility implements corrective measures.