



# COUNTY OF SAN DIEGO

## CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

RECORD ID #: \_\_\_\_\_

SPECIALIST: \_\_\_\_\_

INSPECTION DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CONTACT: \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach any supporting documentation.)
1	____ / ____ / ____	
2	____ / ____ / ____	
3	____ / ____ / ____	
4	____ / ____ / ____	
5	____ / ____ / ____	
6	____ / ____ / ____	
7	____ / ____ / ____	
8	____ / ____ / ____	
9	____ / ____ / ____	
10	____ / ____ / ____	

I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.

Responsible Party: \_\_\_\_\_ Job Title \_\_\_\_\_  
Print Name

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**◀ Send completed form and supporting documentation to the address listed below ▶**

<b>COUNTY OF SAN DIEGO USE ONLY:</b> Reviewed by: _____ Date: ____ / ____ / ____	
(Specialist's name and date required for processing)	
Specialist's comments: _____	
<input type="checkbox"/> All violations noted on date listed above were corrected.	<input type="checkbox"/> Based on information provided by the facility
	<input type="checkbox"/> Based on field verification by Specialist
<input type="checkbox"/> RTC entered in Kiva by Specialist on: ____ / ____ / ____	<input type="checkbox"/> RTC entered in Kiva by Office Assistant on: ____ / ____ / ____

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261  
<http://www.sdcdeh.org> 858-505-6880