



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 ▶

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: _____ Date: ____ / ____ / ____
(Specialist's name and date required for processing)

Specialist's comments: _____

- All violations noted on date listed above were corrected. Based on information provided by the facility
 Based on field verification by Specialist

RTC entered in Kiva by Specialist on: ____ / ____ / ____ RTC entered in Kiva by Office Assistant on: ____ / ____ / ____

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