



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT #: _____

SPECIALIST: _____

INSPECTION DATE: ____ / ____ / ____

CONTACT: _____

FACILITY NAME _____

ADDRESS _____ CITY _____ ZIP _____

VIOL #	DATE CORRECTED	Indicate How Violations Were Corrected (Attach any supporting documentation.)
1 v	____/____/____	
2 v	____/____/____	
3 v	____/____/____	
4 v	____/____/____	
5 v	____/____/____	
6 v	____/____/____	
7 v	____/____/____	
8 v	____/____/____	
9 v	____/____/____	
10 v	____/____/____	

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: ____ / ____ / ____

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261

<http://www.sdcdeh.org> 858-505-6880