



RISK CONTROL PLAN CONTROL OF VERMIN

This "Risk Control Plan" is a pledge by the manager of the food establishment to implement and maintain the actions described below in an effort to gain control over a specific hazard identified at the time of inspection. The plan should remain in effect for at least 14 days as outlined in the time period below. Failure on the part of management to implement and maintain this plan during the specified timeframe may result in enforcement.

PART I: CODE REQUIREMENT [310:257-11-50; 310:257-11-51]

Insects, rodents, and other pests shall be controlled to prevent the contamination of food and food-contact surfaces. Effective measures must be taken to control their presence in the food establishment. Dead vermin must be removed promptly from the facility to ensure clean and sanitary facilities and to prevent the dead vermin from attracting other pests.

PART II: DAILY CONTROL ACTIONS

- The presence of insects, rodents and other pests shall be controlled by:
 - Keeping premises clean, sanitary and free of unnecessary clutter and litter.
 - Routinely inspecting incoming shipments of food and supplies.
 - Routinely inspecting premises for evidence of pests.
 - Using approved methods such as trapping devices or chemicals to eliminate pests.
- Monitoring of above activities shall be conducted and recorded.
- Receipts from a certified pest control applicator must be retained for health department review.
- A re-inspection for compliance may be conducted in approximately two weeks or less. This monitoring plan and all logs shall be available for review upon request by the Health Department.

PART III: CORRECTIVE ACTION WHEN EVIDENCE OF VERMIN IS DETECTED

- Discard any possibly contaminated food.
- Clean and sanitize any possibly contaminated equipment or utensils.
- Re-evaluate control measures to include any future infestation.
- Contact a professional pest control applicator to assist in identifying source(s) of pests and application of appropriate controls.

As manager of _____

located at _____

I pledge to implement and maintain the provisions of this Risk Control Plan for the period of time from:

_____ to _____

I decline to implement a Risk Control Plan designed to prevent the re-occurrence of specific hazards.

Date _____

Owner/Manager Name & Signature

County _____ Date _____

Regulatory Representative (witness)