DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION

FOOD ESTABLISHMENT CORRECTIVE ACTION PLAN FOR PEST INFESTATION VIOLATIONS (CAPP)

You must complete and submit a plan of action to prevent any further violations.
FAILURE TO SUBMIT AND HAVE PLAN APPROVED COULD DELAY THE RESTORATION OF YOUR ESTABLISHMENT.

Select each area of concern that effects your establishment and provide detail explanation/description of the efforts to be taken to control the issue. Must include time period (for how long) correction actions will be in effect. Must maintain a log of actions to demonstration plan is in effect.

ALL RESPONSES MUST BE TYPED
Use additional sheets if needed. Be sure to include establishment name and address on additional sheets.

Establishment Name	Street Address Zip Code
Person-in-Charge (PIC) Name	Owner's Name
Daytime Contact Phone	Daytime Contact Phone
Email Address	Email Address

Exterminator Services

Company/Contactor Name	DC Licensed No.
Address	Phone
City	ST ZIP Code
Email address	
Contract Begin Date	Contract End Date

Please describe the service to be performed:

Establishment Name | Street Address | Zip Code

Grease/Liquid Disposal Services

Company/Contactor Name | DC Licensed No.

Address | Phone

City | ST | ZIP Code

Email address

Contract Begin Date | Contract End Date

Please describe the service to be performed:

Trash Collection

Company/Contactor Name | DC Licensed No.

Address | Phone

City | ST | ZIP Code

Email address

Contract Begin Date | Contract End Date

Please describe the service to be performed:

Establishment Name	Street Address	Zip Code

INDOORS
Please describe how **FOOD ITEMS** will be protected from contamination:
Please describe how **FOOD CONTACT SURFACES** will be cleaned and sanitized:
Please describe any **and** all efforts to **MINIMIZE THE EVIDENCE** of pests, rodents or insects:

Establishment Name | Street Address | Zip Code

OUTDOORS
Please describe what actions will be taken to **PREVENT THE ENTRY** of pests, rodents or insects:
Please describe any additional correction actions unique to your establishment:

I understand that, anyone who makes a false statement on this form can be criminally prosecuted; and, if convicted, fined up to $1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

PIC Signature | Date

Owner's Signature | Date

xxxx-

Business License Number | Effective Dates

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.