

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	
---------	--

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.