

# Appendix A

City of Newton



Setti D. Warren  
Mayor

## HEALTH AND HUMAN SERVICES DEPARTMENT

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**Public Health**  
Prevent. Promote. Protect.

### RISK CONTROL PLAN (RCP)

<b>Establishment Name:</b>		<b>Date:</b>
<b>Address:</b>		Newton, MA 024_____
<b>Phone:</b>	<b>Risk Category:</b>	
<b>Person in Charge:</b>		<b>Title:</b>
<b>Inspector:</b>		

- Specific observation noted during the inspection: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Applicable code violation(s): \_\_\_\_\_
- Risk Factor(s) to be controlled: \_\_\_\_\_  
\_\_\_\_\_
- Hazard (most common & significant): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What must be achieved to gain compliance in the future: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: [lwalsh@newtonma.gov](mailto:lwalsh@newtonma.gov)

- How will Active Managerial Control be achieved:

1) Who will be responsible for the control? \_\_\_\_\_

\_\_\_\_\_

2) What Monitoring and Record keeping is required? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Who will be responsible for Monitoring and Completing Records? \_\_\_\_\_

\_\_\_\_\_

4) What Corrective Action will be taken when deviations are noted? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) How long will the Plan continue? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- How will the results of implementing the RCP (Risk Control Plan) be communicated back to the Newton Environmental Health Specialist? \_\_\_\_\_

\_\_\_\_\_

As the person in charge of \_\_\_\_\_ located at

Establishment Name

Newton, MA 024\_\_\_\_\_

Establishment Address

\_\_\_\_\_ , I have voluntarily developed

this Risk Control Plan, in consultation with \_\_\_\_\_, understand

Name of Inspector or Consultant

and will comply with the provisions of this plan.

Print Name of Establishment Owner, Manager or PIC : \_\_\_\_\_

Signature of Establishment Owner, Manager or PIC: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_