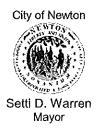
## Appendix A



## HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner 1000 Commonwealth Avenue Newton, MA 02459-1544



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## **RISK CONTROL PLAN (RCP)**

Establishment Name:				Date:
Add	ress:		•	Newton, MA 024
Phone:		Risk Category:		
Person in Charge:			Title:	
İnsp	ector:			
•	Applicable code violation(s):			
•	Risk Factor(s)to be controlled:  Hazard (most common & significant):			22006.0.001.001.001.001.001.001.001.001.00
•	What must be achieved to gain compliance in	the future:		
	•			· 

Email: <u>lwalsh@newtonma.gov</u>

•	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	e person in charge oflocated at				
	Newton, MA 024, I have voluntarily developed				
	isk Control Plan, in consultation with, understand  Name of Inspector or Consultant  vill comply with the provisions of this plan.				
Print N	Name of Establishment Owner, Manager or PIC:				
	ture of Establishment Owner, Manager or PIC:				
Inspe	ctor's Signature:				