



DENVER
THE MILE HIGH CITY

**DENVER DEPARTMENT OF
ENVIRONMENTAL
HEALTH**

**PUBLIC HEALTH
INSPECTIONS**

**Violation
Correction Sheet**

In lieu of conducting a re-inspection to assure correction of the violations listed on the reverse side of this document, please indicate the corrective action taken on each of the listed violations.

Then return this form to the division of Public Health Inspections by mail by folding along dotted lines so that the mailing label is visible. Staple or tape the document closed and affix postage.

You may also choose to return the reverse side only, by fax at (720) 865-5532.

Your response will be reviewed and retained in your establishment file as proof of corrective action.

Please be advised that failure to correct the violations by the due date or providing false information on this document may result in enforcement action to include a civil penalty or summons to court.

Place
Stamp
Here

Denver Department of Environmental Health
Public Health Inspections
200 West 14th Ave., Suite 200
Denver, CO. 80204-2732
Attention: _____

Violation Correction Sheet

The violations cited below were noted during an inspection of your establishment and must be corrected within the time frames indicated below. In the lined area to the right of the violation cited, please note what action was taken to correct the violation(s) and to prevent recurrences. This document must be returned to the Denver Department of Environmental Health no later than ____/____/____. Failure to correct the violations, failure to return this document by the date listed above, or providing false information on this document may result in further enforcement action. For additional information, please see your inspection report or call:

DEPARTMENT USE ONLY

Est. I.D. _____

Establishment Name: _____

Date of Inspection ____/____/____

Inspector's Name _____ Phone _____

| Description of Violations | Due Dates for Correction | Action Taken |
|----------------------------|--------------------------|-------------------------|
| 1. _____ _____ _____ | ____/____/____ | _____ _____ _____ |
| 2. _____ _____ _____ | ____/____/____ | _____ _____ _____ |
| 3. _____ _____ _____ | ____/____/____ | _____ _____ _____ |

DEPARTMENT USE ONLY

Action Inadequate

Action Adequate

____ Date Verified

Action Inadequate

Action Adequate

____ Date Verified

Action Inadequate

Action Adequate

____ Date verified

Follow-up Required

Name (please print) _____ Signature _____ Phone: () _____