

CALVERT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
 P.O. BOX 980
 PRINCE FREDERICK, MD 20678
 410-535-3922
www.calverthealth.org



Compliance Schedule

This form must be sent in for review and approval by the Calvert County Health Department. *The owner or owner's designee must list all remaining violations, date of correction, and action taken to correct the violation.*

Violation #	Date Corrected	Corrective Actions

Please include or attach required training or written procedures to maintain compliance with COMAR 10.15.03.

The compliance schedule is an agreement by the owner or owner's designee to have the repeat violations corrected by an approved and agreed upon date. The owner or owner's designee agrees to comply by the approved dates or the Department may begin the process to suspend and/or revoke the food facility license.

Name of Facility: _____ Facility Phone #: _____

Facility Address: _____

Facility Contact Person: _____ Facility License # _____

Sign: _____

Date: _____

Office Use Only: Received by: _____

Date Received: _____

Date Approved: _____