

Monterey County Health Department
Division of Environmental Health
Certified Unified Program Agency

1270 Natividad Rd., Room B301, Salinas CA. 93906
Ph. (831) 755-4511 Fax (831) 755-8954
www.co.monterey.ca.us



FACILITY CERTIFICATION OF RETURN TO COMPLIANCE

Facility Name: _____	Date of Inspection: _____
Facility Address: _____	Permit Number: _____

TYPE OF INSPECTION:

- | | | | | |
|----------------------------------|------------------------------------|------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Routine | <input type="checkbox"/> Follow-up | <input type="checkbox"/> Complaint | <input type="checkbox"/> UST Testing/Maintenance/Repair | <input type="checkbox"/> Other |
|----------------------------------|------------------------------------|------------------------------------|---|--------------------------------|

THE FOLLOWING VIOLATIONS EXIST AT THE ABOVE SITE:

VIOLATIONS MUST BE CORRECTED AND THE CERTIFICATION OF RETURN TO COMPLIANCE MUST BE SUBMITTED BY:

Printed Name of CUPA Inspector

Signature of CUPA Inspector

Date

Return the Certification of Return to Compliance form with a copy of your inspection report with the violations documented.

Please be aware that failure to return the Certification of Compliance form may result in a re-inspection of the facility. The facility will be charged for the re-inspection at the Department's current hourly rate.

I certify under penalty of law that:

1. Respondent has corrected the violations cited.
2. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.
3. Based on my examination of the attached documentation and inquiry of the individuals who prepared or obtained it, I believe that the information is true, accurate, and complete.
4. I am authorized to file this certification on behalf of the Responder.
5. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Printed Name of Facility Representative

Signature of Facility Representative

Date

White Copy = Owner/Operator

Yellow Copy = Return to: MCHD-DEH/HAZMAT, 1270 Natividad Rd., B301, Salinas, CA 93906

Black Copy = CUPA Inspector