



Tanning Facility Inspection MAIL-IN CORRECTION FORM

Establishment Name:	Registration #:
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Referring to the inspection conducted on / / please document below the actions taken to correct the code violations noted in the report. *Due 30 days after inspection.*

Code Section-Violation Number: <i>i.e.</i> <i>Section V (5.01)(A) (1)</i>	Violation:
	Methods of Correction:
Corrective steps taken to prevent reoccurrence:	

Code Section-Violation	Violation:
	Methods of Correction:
Corrective steps taken to prevent reoccurrence:	

Code Section-Violation	Violation:
	Methods of Correction:
Corrective steps taken to prevent reoccurrence:	

Code Section-Violation	Violation:
	Methods of Correction:
Corrective steps taken to prevent reoccurrence:	

Signature of owner/operator

Date of compliance

**RETURN CORRECTIVE
ACTION FORM
MAIL/EMAIL ACCEPTABLE**

JOHNSON COUNTY PUBLIC HEALTH
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