

ARIZONA DEPARTMENT OF HEALTH SERVICES
Bureau of Radiation Control
 Response to adverse observations during inspection

Instructions: Use this form to respond to ONE (1) violation issued during an inspection. Complete all four sections of the form entirely. Assure to provide the rule you were in violation of in section 2, refer to the inspection report or your inspector for exact rule. If you are replying to more than one violation, make copies of this form and complete one for each violation. If any portion of this form is inadequately completed, the department will proceed with the appropriate administrative sanctions. **Return completed form(s) via email directly to your inspector.** Refer to our website for email and phone contact information if needed.

Section 1. Basic Information

Facility Name		Registration Number
Street Address		Suite
City	State	Zip

Section 2. Violation (specify which violation you are responding to - reference your inspection report)

A.A.C. R9-7-

Section 3. Response to violation

1. Do you admit fault? Yes No

Provide reason for violation:

If you wish to deny fault, note that a person charged with a violation shall include a statement of the issues and the explanations and the arguments supporting denial of the violation, errors in notice, or any other reasons the Department should not impose the civil penalty, sanction, or both. The Department will review your response and will either remove the violation, offer an informal settlement conference or issue an Initial Order.

2. Corrective steps and result achieved:

This form is only used to respond to violations with a corrective action. See above instructions.

3. Corrective steps that will be taken to avoid further violations:

This form is only used to respond to violations with a corrective action. See above instructions.

4. Date when full compliance will be achieved:

This form is only used to respond to violations with a corrective action. See above instructions.

Section 4. Signature

Print/Type Name		Title	
Signature	Open in Adobe to complete. If you can see this you are using Internet preview mode and will not be able to sign.	Date	

