

COUNTY OF: _____

COMPANY/PERSON	INCIDENT DATE
INCIDENT TYPE: <input type="checkbox"/> Investigation <input type="checkbox"/> Inspection <input type="checkbox"/> Other (Describe below)	OTHER TRACKING INFORMATION

DETAILS OF INVESTIGATION, INSPECTION, OTHER

SECTION VIOLATED	SECTION TITLE	VIOLATION CLASS

- Alleged violation(s) could not be proven by a preponderance of the evidence necessary for an administrative civil penalty hearing. Describe specifics below -- include section numbers and/or evidence issues.
- Investigation limited due to non-cooperation of complainant(s). Describe specifics below.
- Follow-up conducted/scheduled. Describe specifics below.
- Mitigation measures to prevent future incidents have been adopted. Describe specifics below.
- Other: Describe specifics below.

SUMMARY OF INCIDENT AND JUSTIFICATION FOR NOT TAKING AN ENFORCEMENT ACTION:

Continue on separate page, if necessary.

REPORT PREPARED BY	DATE SIGNED
REPORT REVIEWED BY	DATE SIGNED