

**BUSINESS SAFETY PLAN CONTROL SHEET \_\_\_\_\_ DISTRICT**

OFFICE OF COMMUNITY POLICING/CHICAGO POLICE DEPARTMENT (Complete all columns/information.)

DATE	PLAN (Dist.,Year,Plan Sequence #) (e.g. 015-18-001)	OFFICER'S NAME	BUSINESS NAME	LOCATION	POSITIVE DECONFLICTION	NEGATIVE DECONFLICTION