



UNIFIED PROGRAM CONSOLIDATED FORM

ANAHEIM FIRE & RESCUE HAZARDOUS MATERIALS SECTION

201 S. ANAHEIM BOULEVARD, SUITE 300, ANAHEIM, CA 92805
PHONE: (714) 765-4040 FAX: (714) 765-4608

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION STATEMENT

Facility Name: _____

Address: _____

Phone: _____

Hazardous Materials Inventory (one year certification)	Consolidated Contingency/Emergency Plan (three year certification)
<p>The California Health & Safety Code, Division 20, Chapter 6.95, Section 25503.3(c) provides the following:</p> <p>A business that handles/stores qualified hazardous materials shall review <u>AND</u> annually certify their hazardous materials inventory.</p> <p>A business may comply with this reporting requirement by submitting this certification statement to Anaheim Fire & Rescue by <u>March 1</u>.</p> <p>(Please check all applicable boxes)</p> <p><input type="checkbox"/> No changes are required.</p> <p><input type="checkbox"/> All changes have been made. Changes have been made and have been submitted on a: <input type="checkbox"/> Hazardous Materials Inventory form</p> <p>A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code). A new Hazardous Materials Inventory form is required for any chemical subject to this act.</p>	<p>The California Health & Safety Code, Division 20, Chapter 6.95, Section 25505(c) provides the following:</p> <p>A business that handles/stores qualified hazardous materials shall review <u>AND</u> certify all documents within their Hazardous Material Business Plan (HMBP) triennially (every three years).</p> <p>A business may comply with this reporting requirement by submitting this certification statement to Anaheim Fire & Rescue by <u>March 1</u>.</p> <p>(Please check all applicable boxes)</p> <p><input type="checkbox"/> No changes are required.</p> <p><input type="checkbox"/> All changes have been made. Changes have been made and have been submitted on a: <input type="checkbox"/> Business Owner/Operator Identification form <input type="checkbox"/> Business Activities form <input type="checkbox"/> Site Map <input type="checkbox"/> Emergency Plan/Consolidated Contingency Plan</p>

CERTIFICATION

As an authorized representative, I certify under penalty of law that I have personally examined the hazardous materials inventory and/or the Consolidated Contingency/Emergency Plan. I am familiar with the information submitted and believe the information is true, accurate and complete.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Please retain a copy of this form for your files.

OFFICE USE ONLY

REVIEWED BY: _____ REVIEWED DATE: _____