



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
Division of Environmental Health
922 Bevins Court, Lakeport, CA 95453-9739
Telephone 707/263-1164 FAX: 263-1681

CERTIFIED UNIFIED PROGRAM AGENCY

ANNUAL BUSINESS PLAN REVIEW
CERTIFICATION for 2013

BUSINESS NAME _____ PHONE _____
FAX _____
BUSINESS SITE ADDRESS _____
OWNER / OPERATOR NAME _____ PHONE _____
BUSINESS MAILING ADDRESS _____
NATURE OF BUSINESS _____ FACILITY NUMBER _____

NOTE – Please check the boxes below.

If there are changes in your Hazardous Materials Business Plan, then submit the updated/changed section OR indicate changes next to specific section below, noting when you will submit your changes.

Businesses that use the Business Plan to satisfy EPCRA reporting requirements may not use a certification statement.

1. Chemical Inventory Update (Mark the box or submit an updated facility inventory)

YES NO

- ☐ ☐ The most recent inventory statement is complete, accurate, and up to date:
- There has been no change in the quantity of hazardous material as reported last year.
 - No hazardous materials have been added or subtracted from the inventory

2. Business Plan (Mark each box or submit updated information)

YES NO

- ☐ ☐ I reviewed the facility Hazardous Materials Business Plan ON SITE as required by Section 25505 of the California Health and Safety Code
- ☐ ☐ Change in the **site map**,
- ☐ ☐ Change in the **emergency response** or **employee training procedures**
- ☐ ☐ Change in **emergency contact information**.
- ☐ ☐ Change in **business name** OR **phone number**.
- ☐ ☐ Change in **business ownership** OR **phone number**.
- ☐ ☐ Change in **business site address** OR **mailing address**.

3. Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete. I further agree to notify the Lake County Division of Environmental Health should there be changes in hazardous materials inventory or business information. Changes in information will be reported on forms acceptable to the Lake County Division of Environmental Health.

(Signature)

(Date)

Print Name: _____

Title: _____

Return this form to:

County of Lake, Dept. of Health Services
Environmental Health Div., 922 Bevins Ct., Lakeport, CA 95453