



Orange County Fire Authority Hazardous Materials Section

Hazardous Materials Inventory Annual Certification Form

Dear Business Owner:

Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Inventory and Business Emergency Plan (BEP) to be reviewed and updated annually. If the information in your most recently submitted annual Inventory and BEP forms has not changed, or has undergone only minor changes, this completed certification form meets California requirements as specified in the Health and Safety Code, Chapter 6.95, Section 25503.3.

CHECK THE APPROPRIATE BOX AND SIGN THE FORM BELOW

Annual Hazardous Material Inventory Review and/or Update

- The information contained in the hazardous materials inventory most recently submitted to OCFA/HMS is complete, accurate, and up to date. There has been no significant change in the quantities of hazardous materials, as reported in the most recently submitted inventory, and no hazardous materials subject to reporting are being handled that are not listed on the most recently submitted inventory.
- If you need to change ONLY the Emergency contact names and/or telephone numbers, please attach the completed Page 4.
The inventory as previously reported to OCFA/HMS has changed. Attached is a complete set of inventory forms for all hazardous materials present at the facility. These forms detail all the changes in inventory including new materials, materials that have been deleted, and changes to amounts of materials in the facility.

Triennial (3-year) Business Emergency Plan Review and Certification

- I certify that the Business Emergency Plan, a copy of which has been filed with OCFA/HMS, has been reviewed and the information contained in it is accurate and complete as of the date indicated on the signature line below.
I certify that I have reviewed the Business Emergency Plan and have updated the following items:
(ATTACH AS NECESSARY)
- Emergency contact names and/or telephone numbers
- Site and/or facility map(s)
- Emergency procedures
- Other Information
A complete Business Emergency Plan is included with this form.

I certify under penalty of law that our business has reviewed and is familiar with the information submitted to the Orange County Fire Authority/HMS, and certify the submitted information is true, accurate, and complete.

Form with fields for DBA, PHONE, DATE, BUSINESS ADDRESS, CITY, ZIP, MAILING ADDRESS (if different), CITY, ZIP, PRINT NAME OF OWNER/OPERATOR, SIGNATURE OF OWNER/OPERATOR