

**TRI-ANNUAL HAZARDOUS MATERIALS BUSINESS PLAN
INVENTORY CERTIFICATION FORM**

Health and Safety Code Section 25505(c)

To: Amador County Environmental Health Department
810 Court Street
Jackson, CA 95642
(209) 223-6439 Fax: (209) 223-6228 Email: ACEH@amadorgov.org

Pursuant to Section 25505(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: _____

Facility Street Address: _____ City: _____

Date of Current HMBP: _____

I hereby certify that: *(Check the appropriate box)*

- It has been three years since initial submission or review of my HMBP. I have, therefore, personally reviewed my HMBP currently on file with the Amador County Environmental Health Department and certify that:
- The information contained in the HMBP most recently submitted is complete, accurate, and up-to date; and
 - There has been no change in the quantity of any hazardous material as reported on the most recently submitted Hazardous Materials Inventory forms; and
 - The facility has not begun handling any hazardous material in a HMBP reportable quantity that is not currently listed in the Hazardous Materials Inventory; and
 - There have been no substantial changes in the facility's operations that would require revision of the current Hazardous Materials Business Plan; i.e. there has not been;
 - A change of business name.
 - A change in ownership
 - A change in facility address

OR

Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is complete and accurate and is being implemented. A copy of the revisions will be submitted to the Amador County Environmental Health Department on or before March 1.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that this certification must be returned to the Amador County Environmental Health Department by March 1 and that at any time there is a change in this facility's storage or handling of hazardous materials that would require updating of the HMBP, a revised HMBP must be submitted within 30 days.

Name of Owner/Operator (*Print*): _____ Title: _____

Phone: _____ Signature _____ Date: _____

*****Please contact the Amador County Environmental Health Department if you have any questions or need forms to complete updates or revisions.***