

Office Use Only
Level _____
Initials _____
Date Reviewed _____

**HAZARDOUS MATERIALS
BUSINESS EMERGENCY PLAN AND INVENTORY CERTIFICATION FORM**

Business Name _____ Facility # _____
 Daytime Operator Name _____ Telephone _____
 Facility Address _____ City _____ State _____ Zip Code _____

Annual Business Emergency Plan Inventory Review and Update

___ The information contained on the annual inventory form most recently submitted to the administering agency is complete, accurate, and up to date and complies with all of the following statements:

1. There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory;
2. No hazardous materials subject to the inventory requirements of Chapter 6.95 H&SC are being handled that are not listed on the most recently submitted annual inventory form; and
3. The most recently submitted annual inventory form contains the information required by sec. 11022 of Title 42 of the United States Code. (The County/OES form 2731 meets this requirement)

___ The inventory as previously reported has changed. Attached are new inventory reporting forms for all changes.

Triennial (3 Year) Business Emergency Plan Review and Certification

___ I certify that the Business Emergency Plan has been reviewed and the information contained in it is accurate and complete as of this date _____.

___ I certify that I have reviewed the Business Emergency Plan and have updated the following items (updated items are attached):

- ___ Emergency contacts names and/or telephone numbers.
- ___ Site and/or facility map(s).
- ___ Emergency procedures.
- ___ Other Information: _____.

Notification should be made to this agency within 30 days if any of the following events occur: change of ownership; change of business name; mailing address; phone number; location; emergency contact person; 100% or more increase in the quantity of a disclosed material; or any handling of a previously undisclosed material subject to regulation. A copy of this form should be kept at the business and available for review upon request of this agency. This form can only be used if you have already submitted the most current version of the Chemical Inventory Form (OES Form 2731). If your business falls under EPCRA/SARA Title III, this form does not meet the annual inventory reporting requirements.

I certify under penalty of law that I have examined and am familiar with the information submitted in this and all attached documents, that the information provided herein is true, accurate, and complete to the best of my knowledge.

Name _____ Signature _____

Title _____ Date _____