



**UNIFIED PROGRAM CONSOLIDATED FORM**

**CITY OF ANAHEIM FIRE DEPARTMENT  
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: \_\_\_\_\_

<b>Hazardous Materials Inventory</b> (one year certification)	<b>Consolidated Contingency/Emergency Plan</b> (three year certification)
<p>The California Health &amp; 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 the Anaheim Fire Department by <b><u>March 1</u></b>.</p> <p align="center">(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:</p> <p><input type="checkbox"/> Hazardous Materials Inventory form</p> <p><b>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.</b></p>	<p>The California Health &amp; 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 the Anaheim Fire Department by <b><u>March 1</u></b>.</p> <p align="center">(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:</p> <p><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.*

<b>Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	<b>Title:</b>

This form was printed from [www.anaheim.net/hms](http://www.anaheim.net/hms) and a completed, signed copy has been retained.

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REVIEWED BY: \_\_\_\_\_ REVIEWED DATE: \_\_\_\_\_