

Oakland Fire Department/Fire Prevention Bureau
Hazardous Materials Management Program
250 Frank H. Ogawa Plaza, Suite 3341
Oakland, CA 94612

AGENCY USE ONLY

File:

Reviewed by:

Date:

**HAZARDOUS MATERIALS INVENTORY/BUSINESS RESPONSE PLAN
CERTIFICATION FORM**

FACILITY NAME:			
BUSINESS OWNER/OPERATOR			PHONE:
FACILITY ADDRESS:	CITY	STATE	ZIP
MAILING ADDRESS: (if different than above)	CITY	STATE	ZIP
CONTACT:			PHONE:

REVIEW OF THE HAZARDOUS MATERIAL MANAGEMENT PLAN HAS BEEN COMPLETED. INDICATE BELOW ALL THAT APPLY:

- The information contained in the hazardous materials inventory most recently submitted to the CUPA is complete, accurate, and up to date.
- There has been no change in the quantity of hazardous materials reported in the most recently submitted inventory.
- No hazardous materials subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- Emergency contacts and phone numbers are correct for the upcoming reporting year. NO changes are necessary.
- Site map is correct for the upcoming year. NO changes are necessary.
- Inventory Forms required updating. Attached are new inventory forms.
- Emergency contact and phone numbers require updating. Changes are attached.
- Site map required updating. A new site map is attached.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on inquire of those individuals responsible for obtaining information. I believe that the submitted information is true, accurate and complete.

(type or print)

Signature:

Title:

Date: