



**SANTA ANA FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
1439 S. Broadway Avenue
Santa Ana, CA 92707**

Hazardous Materials Business Emergency Plan And Inventory Certification Statement

Business Name: _____ **Telephone:** _____

Site Address: _____

A business that handles hazardous materials shall review AND certify their Business Emergency Plan (BEP) once every three years from the date of acceptance by the Santa Ana Fire Department. A business may comply with the Annual chemical inventory-reporting requirement by submitting a certification statement to the Santa Ana Fire Department.

Note: A business may comply with the annual inventory reporting requirements using this certification statement if both of the following apply:

1. The business has previously filed an inventory reporting form and;
2. The business attests to the following:
 - The information contained in the annual inventory form most recently submitted to the Santa Ana Fire Department is complete, accurate, and up to date.
 - There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form.
 - No hazardous material subject to the inventory requirements is being handled that is not listed on the most recently submitted annual inventory form.

THIS IS TO CERTIFY THAT THE BEP AND/OR CHEMICAL INVENTORY HAS BEEN REVIEWED.
(Please check applicable boxes):

- ▶ No changes are required to the BEP submitted to the Santa Ana Fire Department.
- ▶ All the necessary changes/revisions have been made to the BEP. The changes/revisions are attached to this certification.
- ▶ No changes are required to the chemical inventory that was previously on file with the Santa Ana Fire Department.
- ▶ All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.

AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Print Name

Signature

Job Title

Date

OFFICIAL USE ONLY	
Inspector :	_____
Inspection Date:	_____
Fee Code:	_____
Invoice #:	_____