# COUNTY OF KINGS

## DEPARTMENT OF PUBLIC HEALTH
## DIVISION OF ENVIRONMENTAL HEALTH SERVICES

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**DIRECTOR**

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## UPDATING REQUIREMENTS FOR BUSINESS PLANS

Hazardous materials business plans must be updated periodically to insure that current information is available for emergency response and community right-to-know purposes. The three required updates of the business plan are as follows:

1. **Annual Inventory Updates -** The hazardous materials inventory portion of the business plan must be reviewed and updated annually. This may be accomplished by completing the business plan update form on the reverse side and returning it to this department. Please note that new inventory forms and/or site maps need only be submitted if you have made **changes** in inventory quantities, materials, or storage location since your last update.

2. **Triennial Review and Recertification -** The entire business plan, including emergency notifications, evacuation and employee training sections, must be reviewed and recertified every three years.

3. **Significant Change Updates -** The portion of the business plan affected by the change must be updated within 30 days of **any** of the following events:

   a. A 100 percent or more increase in the quantity of a previously disclosed hazardous material.

   b. Any handling of a previously undisclosed hazardous material subject to the inventory requirements.

   c. Change of business address.

   d. Change of business ownership.

   e. Change of business name.

   f. Change of name or phone number of emergency contact persons.

**PLEASE SEE BACK FOR UPDATE FORM**

# HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

*Authority Cited: H&SC §25503.3(c)*

**Pursuant to Section 25503.3(c) of California Health and Safety Code (H&SC), 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 certify that: *(Check the appropriate box.)*

☐ I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. *(See bottom of page for details.)* **or**

☐ Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is being implemented. A copy of the revisions is enclosed with this Certification.

**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 a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.**

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

Signature of Owner/Operator: _____ Date: ____/____/____.

By checking the upper box on this form, you are certifying 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 in the most recently submitted Hazardous Materials Inventory forms; **and**
- The facility has not begun handling any hazardous material in a HMBP reportable quantity which is not currently listed in the Hazardous Materials Inventory; **and**
- The HMBP most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; **and**
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP.

Note: This information is provided to local 911 emergency dispatch and fire departments.

**Mail to: Kings County Environmental Health Services**
**330 Campus Drive**
**Hanford, CA 93230**