HAZARDOUS MATERIAL BYLAW ANNUAL RENEWAL OF CONTINGENCY & TRAINING PLANS **SCHEDULE #2**

Complete and return this form with $25. fee to: Bedford Board of Health, Town Center Building, 12 Mudge Way, Bedford, MA 01730-2170. (Please make checks payable to: Town of Bedford)

NAME OF COMPANY: _____

ADDRESS: _____

PHONE #: _____

#1. IF YOUR COMPANY HAS PREVIOUSLY BEEN ISSUED A CERTIFICATE OF COMPLIANCE PLEASE INDICATE THE DATE WHEN IT WAS ISSUED:

_____

#2. HAVE THERE BEEN CHANGES TO THE PREVIOUSLY SUBMITTED LIST OF HAZARDOUS MATERIALS SINCE YOUR CONTINGENCY PLAN WAS APPROVED OR LAST RENEWED?

_____ YES _____ NO

If yes, please provide a revised list* with an estimated quantity for each hazardous material .

*use additional space as needed.

#3. HAVE THERE BEEN ANY OTHER SIGNIFICANT CHANGES AFFECTING YOUR CONTINGENCY PLAN SINCE IT WAS APPROVED OR LAST RENEWED? SOME EXAMPLES OF "SIGNIFICANT CHANGES" INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- Personnel changes
- Telephone # changes, include area codes
- Amount/Volume of hazardous materials
- Building changes
- Operation/Process changes
- Training implementation difficulties

Check here: _____ YES _____ NO

If yes*, provide necessary/updated information.

*use additional space as needed.

_____ _____

NAME AND TITLE OF PERSON SUBMITTING THIS FORM DATE

_____ _____

SIGNATURE DATE