Department of Environmental Management

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Director

Divisions
Administration
Environmental Compliance
Environmental Health

County of Sacramento

CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM RISK MANAGEMENT PLAN (RMP) REVIEW

		DATE
DOCUMENT REVIEWER PRINT NAME	NAME OF COMPANY/AGENCY	Do YOU represent a: GOVERNMENT AGENCY………………….....O PUBLIC (Company/self) ………………….....O NON PROFIT ORGANIZATION ……….......O
NAME OF REQUESTOR	NAME REQUESTOR COMPANY/AGENCY	Does REQUESTOR represent a: GOVERNMENT AGENCY ……………….....O PUBLIC (Company/self) ………………….....O NON PROFIT ORGANIZATION ……….......O
NAME OF FACILITY RMP TO BE REVIEWED		
PURPOSE OF REVIEW		

OFFICE OF EMERGENCY SERVICES (OES) HAZARDOUS MATERIAL EMERGENCY PLANNING AND RESPONSE PROGRAMS: HANDLING PUBLIC INFORMATION REQUESTS

I, _____, received a copy of the OES Hazardous Material Emergency
            Print name
Planning and Response Programs: Handling Public Information Requests document from Sacramento County Environmental Management Department on _____.
                                              Date document received

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (US EPA) SECURITY NOTICE: RMP OFF-SITE CONSEQUENCE ANALYSIS (OCA) INFORMATION

I, _____, received a copy of the US EPA Security Notice: RMP OCA
            Print name
Information document from Sacramento County Environmental Management Department on _____.
                                                                                      Date document received

In signing this, I acknowledge that I have read and understand the content of the above mentioned documents. I understand the restrictions on distribution and use of information gained via review of the above listed RMP and how it pertains to me as either a public/private interested party or as a covered person. I also understand Sacramento County Environmental Management Department's procedures in making records available to the public or sharing records with "covered persons" pursuant to applicable local, state, and federal regulations.

_____   _____
Signature   *Date*

FOR EMD USE ONLY

I have attached a copy of the formal request for review submitted on _____. Specialist _____	I have attached a copy of the Reviewer's Identification. Specialist _____

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