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

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| --- |
| DATE |
| DOCUMENT REVIEWER PRINT NAME | | NAME OF COMPANY/AGENCY | Do YOU represent a:  GOVERNMENT AGENCY……………. О  PUBLIC (Company/self) ……………… О  NON PROFIT ORGANIZATION ……... О |
| NAME OF REQUESTOR | | NAME REQUESTOR COMPANY/AGENCY | Does REQUESTOR represent a:  GOVERNMENT AGENCY …………….О  PUBLIC (Company/self) ……………… О  NON PROFIT ORGANIZATION ……... О |
| 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***

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| 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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