

## Compliance Audit Certification

Compliance Audit Date(s): \_\_\_\_\_

Compliance Audit Report Date(s): \_\_\_\_\_

<b>Facility Name and Address:</b>

<b>Processes included in the audit:</b>

<b>Audit Team Members:</b>	<b>Process Knowledgeable? (Yes or No)</b>

### **Certification:**

This compliance audit evaluated compliance with the prevention program provisions of the U. S. Environmental Protection Agency's Chemical Accident Prevention Provisions (40 CFR Part 68) to verify that the procedures and practices developed under the rule are adequate and are being followed.

\_\_\_\_\_  
Name of Audit Leader, Title

\_\_\_\_\_  
Authorized Facility Representative, Title