Ann Edwards
County Executive

Chevon Kothari
Deputy County Executive
Social Services Agency

Environmental Management Department
Jennea Monasterio, Director

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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