

Colorado Department of Public Health and Environment Small Business Assistance/Generator Assistance Program		Facility Name	
Environmental Results Program for the Printing & Imaging Industry 2010 Compliance Certification – Phase III			
A. Facility Information			
Facility Name		Facility SIC Code	Date Received by PIAMS
Facility Street Address			
City		State	Zip Code
Phone Number	Fax Number	E-mail Address	
Contact Person Name		Title	Cell Phone Number
<input type="checkbox"/> Please check box if this is a New Facility .			
<input type="checkbox"/> Please check box if this is a Pre-Existing Facility under New Ownership .			
Answer all questions, unless you are directed to skip a question. Do <u>not</u> answer questions that you are directed to skip.			
B. Compliance Information – Environmental Questions			
Sustainable Business Management (Sections 2.0, 3.0 and 4.0)			
1. Is your company implementing eco-friendly processes and procedures into your business plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has your company researched all avenues for recycling e.g., ink, paper, packaging, containers, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does your company utilize a Sustainable Management System (SMS) to formally address management of environmental, health and safety concerns at your facility?		<input type="checkbox"/> Yes <input type="checkbox"/> Request Information <input type="checkbox"/> No	
Greenhouse Gases (GHGs) (Section 4.0)			
1. Is your company considering measures to reduce your carbon footprint (e.g., impacts from emissions of greenhouse gases from your facility)? <i>(Refer to Section 4.0 in the Workbook).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> Request Information <input type="checkbox"/> No	

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Hazardous Waste (Section 6.0)		
1. Has your business identified all hazardous waste generated? <i>(Refer to Section 6.1 in the Compliance Certification Workbook)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
2. Have you filed a “Colorado Notification of Regulated Waste Activity form” with the Division, if required? <i>(Refer to Section 6.4 in the Workbook).</i> <i>Note: Conditionally Exempt Small Quantity Generators (CESQGs) may not be required to file this form. Find out before you file.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Indicate your facility’s hazardous waste generator status? <i>(Determine your correct generator status by referring to Section 6.2 in the Workbook and follow the requirements outlined for your generator status).</i>	<input type="checkbox"/> CESQG <input type="checkbox"/> N/A, Skip to “Used Oil”, Section 7.1. <input type="checkbox"/> SQG <input type="checkbox"/> LQG	
4. What is your facility’s hazardous waste identification number? <i>(Refer to Section 6.4 in the Workbook)</i>	<hr/> Hazardous Waste ID Number (12 Characters)	
5. Do you ensure that no hazardous waste is disposed of on the ground, to the sanitary sewer, septic system, storm drains or into the municipal trash? <i>(Refer to Section 6.7 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are used rags, shop towels, or other reusable absorbents that are contaminated with a hazardous waste cleaned by a commercial laundering service? <i>(Refer to Section 7.3 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. If you answered No in #6 above, are used rags, shop towels, or other reusable absorbents that are contaminated with a hazardous waste stored in sealed and labeled containers and properly disposed of as hazardous waste? <i>(Refer to Section 7.3 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
8. Do you use a trucking company that is authorized to transport hazardous waste? <i>(Refer to Section 6.7.2 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you make sure that all of your hazardous waste is shipped to an approved disposal facility? <i>(Refer to Section 6.7.2 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are all containers of hazardous waste in good condition (not rusted, dented, bulging or leaking)? <i>(Refer to Sections 6.7.2 and 6.8.1 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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11. Are all containers used to store hazardous waste kept closed except when waste is being added or removed? (Refer to Sections 6.7.2 and 6.8.1 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are all containers used to store hazardous waste labeled with the words "Hazardous Waste"? (Refer to Section 6.7.2 In the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. If you have a satellite storage area, are containers in that area stored at or near the point of waste generation? (Refer to Section 6.8.1 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
14. If a container used to store hazardous waste is not kept at or near the point of generation, is it marked with the date when the first drop of hazardous waste is added to the container? (Refer to Section 6.8.1 and Figure 1 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
15. Are containers in the satellite storage area(s) dated immediately upon becoming full and moved to the 180-day hazardous waste storage area within 24 hours? (Refer to Section 6.8.1 and Figure 1 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Have you received all final signed copies of your hazardous waste manifests back from the disposal facility within 60 days of the waste shipment? (Refer to Section 6.7.3 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Do you keep a copy of the Land Disposal Restriction (LDR) form for each type of waste you generate? (Refer to Section 6.7.2 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do you have emergency response information posted by the phone? (Refer to Section 6.9 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Does the emergency response information you have posted by the phone include the following (Refer to Section 6.9 in the Workbook.): a. The location of emergency equipment such as fire extinguishers and spill kits. b. The name and phone number of the person who is the emergency response coordinator at your facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
20. Have you contacted your local fire department to let them know of the location of your business and the types and locations of hazardous waste stored on site? (Refer to Section 6.9 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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21. Have you trained your employees on all matters in this checklist? If you have, keep records to show that each employee that handles hazardous waste has been trained according to their job duties). (Refer to Sections 6.7.3 and 6.7.4 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
Used Oil (Section 7.1)		
1. Does your facility generate used oil? (Refer to Section 7.1 in the Workbook).	<input type="checkbox"/> Yes – Continue to Question 2. <input type="checkbox"/> No – Skip to Air Emissions Section 8.0	
2. Are containers of used oil in good condition, not leaking and labeled with the words “Used Oil”? (Refer to Section 7.1 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are containers of used oil that are stored outdoors kept closed and properly labeled? (Refer to Section 7.1 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Does your facility have a spill clean up plan to handle a release of used oil to the environment (recommended not required)? (Refer to Section 7.1 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/> No	
5. Does your facility ensure that used oil is transported only by a company with a valid EPA identification number? (Refer to Section 7.1 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Air Emissions – General (Section 8.0)		
1. Has your facility identified all potential air pollutant emission sources? (Refer to Section 8.0 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/> No	
2. Indicate your facility’s emission status for Volatile Organic Compounds (VOCs) and Hazardous Air Pollutants (HAPs)? (Refer to Sections 8.1, 8.2 and 8.3 in the Workbook).	<input type="checkbox"/> Exempt from reporting <input type="checkbox"/> Exempt from air permit requirements <input type="checkbox"/> Permit required	
3. Is your facility subject to any federal standards for hazardous air pollutants (HAPs)? Typically sources subject to these rules are larger companies (Refer to Section 8.5 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/> No	
4. List your facility’s air permit number(s), if applicable. <i>Note: if you are APEN required but permit exempt, you will be assigned an air permit number even if you do not have an air permit.</i> <i>(If you have more than two air permit numbers, list them below).</i>	<hr/> Air Permit or APEN Number <hr/> Air Permit or APEN Number	

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5. Have you read your air permit (if applicable) and are you following all conditions outlined in the air permit? <i>(Refer to Section 8.3 in the Workbook).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
6. Please provide your annual uncontrolled VOC emissions (without considering emission reductions due to control equipment). <i>(Refer to Section 8.7 in the Workbook for instructions on how to calculate VOC emissions).</i>		_____ <i>Tons of VOC Per Year</i> <input type="checkbox"/> Request Assistance	
7. Have you calculated Hazardous Air Pollutant (HAP) emissions (individual and total HAPs) and do you know if you are required to report them? <i>(Refer to Section 8.8 in the Workbook for instructions on how to calculate HAP emissions).</i> <i>If you answer "No" to any part of this question, you must check "No" for your answer.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> Request Assistance <input type="checkbox"/> No	
8. Do you keep records of your VOC and HAP emissions and other permit requirements and are they readily available for inspection upon request? <i>(Refer to Section 8.12 in the Workbook).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Does your facility use published "Release Factors", if applicable, to further reduce your VOC emissions? <i>(Refer to Section 8.7 in the Workbook).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> Request Information <input type="checkbox"/> No	
10. Check the type of add-on emission control devices associated with the press(es) in your facility:			
a. <input type="checkbox"/> Catalytic Oxidizer	b. <input type="checkbox"/> Thermal oxidizer	c. <input type="checkbox"/> Carbon adsorption	d. <input type="checkbox"/> Other (list) _____
11. Have you marked all subject equipment (e.g., presses) and add-on control equipment with the air permit number, if applicable? <i>(Refer to Section 8.3 in the Workbook).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
12. Do you keep containers of coatings, clean up solutions and other chemicals, trays, rags and wipes closed or covered when not in use to reduce evaporation of VOC and/or HAPs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Do you actively seek out methods to reduce VOC and HAP emissions at your facility e.g., through guidance such as EPA's Control Technique Guidelines (CTGs)? <i>(Refer to Section 8.6 in the Workbook).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Air Emissions – Boilers (Section 8.9)			
1. If your facility uses a process boiler (gaseous fuel) with a maximum heat input capacity of greater than 5 million Btu per hour per boiler, have you filed an Air Pollutant Emission Notice (APEN) with the Air Division? <i>(Refer to Section 8.9 in the Workbook).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	

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2. If your facility uses a boiler (gaseous fuel) solely for heating buildings for personal comfort with a maximum heat input capacity of greater than 10 million Btu/hour (per boiler), have you filed an APEN with the Air Division and obtained an air permit? <i>(Refer to Section 8.9 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
Air Emissions – Emergency Generators (Section 8.10)		
1. Do you operate an emergency (or non-emergency) power generator (stationary diesel engine) that may be subject to federal requirements (NSPS IIII)? <i>(Refer to Section 8.10 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
2. Have you determined if you must file an APEN or obtain an air permit for your emergency power generator(s)? <i>(Refer to Section 8.10 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
Wastewater (Section 9.0)		
1. Do you discharge industrial (non-domestic) wastewater to the sanitary sewer? <i>(Refer to Section 9.1 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to Question 3.	
2. If Yes, has your facility obtained permission from your sanitation district to discharge non-domestic wastewater? <i>(Refer to Section 9.1 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you connected to a septic system? <i>(Refer to Section 9.2 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to Question 5.	
4. Do you discharge non-domestic wastewater to a septic system? <i>Note: This waste should be routed to a holding tank to prevent contamination of ground water.</i>	<input type="checkbox"/> Yes – <i>You must cease to discharge to the septic system.</i> <input type="checkbox"/> No	
5. Do you discharge non-domestic wastewater to the ground or surface water (storm drain, stream, lake, or pond) without permission to discharge? <i>(Refer to Section 9.3 in the Workbook).</i>	<input type="checkbox"/> Yes – <i>You must cease discharge to ground or surface water.</i> <input type="checkbox"/> No	
6. If you do not discharge non-domestic wastewater, do you dispose of (or recycle) the wastewater by an approved method as hazardous or nonhazardous wastewater?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stormwater (Section 10.0)		
1. Is all industrial activity, materials handling and storage at your facility protected from precipitation? <i>(Refer to Section 10.1 in the Workbook).</i> <i>Note: A stormwater permit is not required if the conditions of the "No Exposure Exclusion" are met.</i>	<input type="checkbox"/> Yes – Skip to No Exposure Section 10.1. <input type="checkbox"/> No – A Stormwater Permit is Required, Continue to Question 2.	

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2. Has your facility submitted a general permit application for stormwater light industrial activity, if required? (Refer to Section 10.2 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
3. What is your facility's stormwater discharge permit number, if applicable?	_____ Stormwater (CDPS) Discharge Permit Number	
4. Has your facility developed and implemented a Stormwater Management Plan (SWMP)? (Refer to Section 10.2 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Does your facility adhere to the stormwater discharge requirements outlined in your Industrial Stormwater Permit, if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does a qualified person conduct stormwater inspections at least twice a year at your facility, if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you trained your employees on the requirements of your Stormwater Management Plan (SWMP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stormwater - No Exposure Exclusion (Section 10.1) <i>(If you have filed for a stormwater permit, skip to the next section)</i>		
1. Does your facility meet the requirements of "No Exposure" as outlined on the Stormwater No Exposure Certification form"? (Refer to Section 10.1 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has your facility filed a No Exposure Certification for exclusion from CDPS stormwater permitting requirements, if applicable? (Refer to Section 10.1 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> Request Assistance <input type="checkbox"/> No	
Emergency Planning and Community Right-to-Know (EPCRA) (Section 12.0)		
EPCRA – Tier II (Section 12.3)		
1. Does your facility maintain a Material Safety Data Sheet (MSDS) for any hazardous chemicals stored or used in the work place? (Refer to Section 13.1 in the Workbook).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does your facility at any one time keep more than 500 pounds or the threshold planning quantity (TPQ), whichever is lower, of any of the 356 chemicals listed as extremely hazardous substances (EHS) under Section 302 of EPCRA? (Refer to Section 12.3 in the Workbook).	<input type="checkbox"/> Yes - A Tier II form must be filed every year that any EHSs exceed the thresholds. <input type="checkbox"/> No	

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3. Does your facility at any one time keep more than 10,000 pounds (about 20 drums) of any hazardous material that OSHA requires you to keep an MSDS? <i>(Refer to Section 12.3 in the Workbook).</i>	<input type="checkbox"/> Yes - <i>A Tier II form must be filed every year that hazardous material storage exceeds the 10,000 pounds.</i> <input type="checkbox"/> No	
4. Has your facility submitted a Tier II Report by March 1 each year, if required? <i>(Refer to Section 12.3 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
5. Have you contacted the local emergency planning commission (LEPC) and fire department to determine if their reporting requirements differ from the TIER II reporting requirements? <i>Note: Some counties may require reporting all chemicals stored onsite.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EPCRA – Toxic Release Inventory (TRI) (Section 12.4)		
1. Does your facility have Toxic Release Inventory (TRI) reporting requirements under Section 313 of EPCRA? <i>(Refer to Section 12.4 in the Workbook).</i>	<input type="checkbox"/> Yes – <i>TRI Form R or A must be filed if a facility meets the established thresholds for “process” or “otherwise use” of listed chemicals.</i> <input type="checkbox"/> No	
2. Has your facility submitted a Form R or Form A report by July 1 each year under the TRI reporting requirements, if applicable? <i>(Refer to Section 12.4 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Compliance Information – Occupational Health and Safety (OSHA)		
Occupational Safety and Health (OSHA) (Section 13.0)		
1. Have all employees completed Hazard Communication (HazCom) training and is training conducted as outlined in Section 13.1 in the Workbook?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are all chemical containers clearly labeled with OSHA compliant warning labels (chemical trade name, hazard identification and target organs affected)? <i>(Refer to Section 13.1 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are MSDS Books updated and available to employees? <i>(Your company must keep past and current MSDS as outlined in Section 13.1 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are all employees using Personal Protective Equipment (PPE) if required and are employees properly trained? <i>A written PPE hazard assessment should be conducted in your facility and PPE programs implemented as outlined in Section 13.3 in the Workbook?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	

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5. Have you implemented an effective Hearing Conservation Program, if required? <i>(Required if employee noise exposure are at or above 8-hour TWA of 85 dBA as outlined in Section 13.4 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
6. Are First Aid Kits readily available and adequately stocked? <i>(Refer to Section 13.5 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are Eyewash stations tested regularly (weekly) and within 10 seconds of a site splash? <i>(Refer to Section 13.5 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
8. Do you have an Injury & Illness Prevention Program (IIPP) that includes an active Safety Committee, Hazard Assessments and periodic facility inspections? <i>(Refer to Section 13.6 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
9. Do you prepare and keep annual records of recordable occupational injuries and/or illnesses, if required? <i>(Refer to Section 13.7 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
10. Are all required posters on display e.g., OSHA 300A Form from prior year posted from Feb 1 – May 1 each year? <i>(Refer to Sections 13.7 and 13.16 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
11. Is adequate machine guarding in place to protect the operator and employees from hazards such as rotating parts? <i>(Refer to Section 13.8 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are Bench Grinder Tool Rests within 1/8" of grind wheel, tongue guards within 1/4" & face shields down? <i>(Refer to Section 13.8 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
13. Do you follow required written Lock-out/Tag-out procedures, including the "inch-safe-service" technique as alternative and equivalent protection? <i>(Refer to Section 13.9 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Are all fire/evacuation procedures in place e.g., evacuation diagram posted, exits properly marked, employees trained, etc.? <i>(Refer to Section 13.10 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Are all fire extinguishers inspected monthly and employees trained, if required? <i>(Refer to Section 13.10 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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16. Are all electrical safety procedures followed e.g., extension cords are temporary and covered to prevent trip hazards, electrical panels have 36" accessibility and are marked properly, no frayed wiring, etc? <i>(Refer to Section 13.11 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are all fluorescent light bulbs covered where they are less than 84" from where a person stands? <i>(Refer to Section 13.12 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No
18. Are air hose safety tips used? <i>(Refer to Section 13.13 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No
19. Are all forklift safety requirements in place (e.g., daily inspection checklists complete and maintained and all forklift operators trained and certified (within the last 3 years))? <i>(Refer to Section 13.14 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No
20. Is all necessary recordkeeping in order? <i>(Refer to Section 13.16 and Appendix E in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Materials (Section 14.0)	
1. If your business uses, stores or handles hazardous materials in quantities that exceed the permit levels listed in the Uniform Fire Code (UFC), have you obtained an annual Hazardous Materials Permit from your local fire department? <i>(Refer to Section 14.1 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No
2. Are hazardous materials properly handled and stored e.g., flammable liquids grounded, propane tanks secured, container lids closed and labeled, etc.? <i>(Refer to Section 14.1 in the Workbook).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

BACK ON TRACK PLAN

Section/ Question No.	Brief Description of Issue	(Describe Corrective Action you will take to Return to Compliance)	Back on Track Date

BACK ON TRACK PLAN (Continued)

Section/ Question No.	Brief Description of Issue	(Describe Corrective Action you will take to Return to Compliance)	Back on Track Date

D. Certification Statement

This is the end of the Compliance Certification Checklist. Complete the certification below. **Your certification is not complete until you SUBMIT the Compliance Certification Checklist and Back on Track form (if required) to PIAMS at the address or e-mail indicated below.**

For the purposes of this form, the Colorado Department of Public Health and Environment accepts your typed in name, title, and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form bears the same rights and responsibilities as a hand-signed form.

I certify that:

- 1) I have personally examined and am familiar with the information contained in this submittal;
- 2) The information contained in this submittal is, to the best of my knowledge, true, accurate, and complete in all respects;
- 3) Systems to maintain compliance are in place at my facility and will be maintained even if processes or operating procedures are changed; and
- 4) I am fully authorized to make this certification on behalf of this facility.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information.

_____ Title
 Facility Representative

_____ Date

If you have any questions contact:

Joni Canterbury
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 (303) 692-3175
Joni.canterbury@state.co.us

If not submitting electronically, mail certifications to:

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