INDUSTRIAL SELF-MONITORING REPORT COVER

a. Company Name: _____

b. Company Mailing Address: _____
:_____
:_____

c. Facility Premise Address: _____
:_____
:_____

d. Person to Contact Concerning Information Provided Herein:

Name: _____

Phone: _____

E-mail address: _____

e. Name of Owner: _____

f. Reporting Period from _____/_____/_____ to _____/_____/_____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment for knowing violations.

Lab Sample I.D. Number(s):
(Attach additional sheets if necessary)

1._____ 5._____ 9._____

2._____ 6._____ 10._____

3._____ 7._____ 11._____

4._____ 8._____ 12._____

Authorized Representative:

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Print Name Signature Date