

As part of the compliance effort with the Chemical Facility Anti-Terrorism Standards (6 CFR Part 27), I have reviewed my area of responsibility for any of the chemicals of concern as defined in Appendix A of the CFATS rules.

_____ **I certify that I have none of the chemicals of interest in my area of responsibility.**

Name: _____

Title: _____

Department/Area: _____

Date: _____

Signature: _____

_____ **I certify that the amounts and locations of the chemicals of interest listed below are correct and accurate.**

Name: _____

Title: _____

Department/Area: _____

Building in which chemical(s) is located: _____

Room in which chemical(s) is located: _____

Chemical(s) of Interest:

Amount of Each Chemical(s) (in Pounds):

Date: _____

Signature: _____