

# APPENDIX H: ANNUAL CERTIFICATION REPORT AND VERIFICATION FORM (FILL AND SAVE)

**All organizations**

Please complete this form down to the black bar.

**Organizations with conditions**

Please complete the entire form.

ABOUT CERTIFIED ORGANIZATION		
Agency Name	Date	Year First Certified
Primary Contact	Title	
Phone	Email	
<p><b>STATEMENT OF ENVIRONMENTAL COMPLIANCE</b>—Provide a statement regarding your agency's compliance record during the last year. In the event your organization was issued a violation of non-compliance by a regulating agency, please detail the cause, the corrective action the organization conducted and the end result as applicable. Salmon-Safe may revoke the certification in the event of a compliance violation, but will determine this on a case-by-case basis.</p>		
<p><b>SUMMARY OF ACTIVITY</b>—Provide a statement summarizing major infrastructure changes including new construction or restoration activity over the past year. Any operational changes impacting your Salmon-Safe certification?</p>		
<p><b>SALMON-SAFE CERTIFICATION COMPLIANCE</b></p>		<input type="checkbox"/> Certification is conditional <input type="checkbox"/> Certification conditions have been satisfied <input type="checkbox"/> Certification issued without conditions
<p>• <b>CONDITION 1</b> (describe condition)</p>	<p>Met Condition?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process <input type="checkbox"/> Documentation Attached	<p><b>CONDITION VERIFICATION</b></p> <p>Condition Cleared</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Reviewer Initials _____</p>
<p>Action Taken to Correct Issue</p>		



<p>• <b>CONDITION 2</b> <i>(describe condition)</i></p>	<p>Met Condition?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> In Process  <input type="checkbox"/> Documentation Attached</p>	<p>CONDITION VERIFICATION  <i>Condition Cleared</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No    Reviewer Initials _____</p>
<p>Action Taken to Correct Issue</p>		
<p>• <b>CONDITION 3</b> <i>(describe condition)</i></p>	<p>Met Condition?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> In Process  <input type="checkbox"/> Documentation Attached</p>	<p>CONDITION VERIFICATION  <i>Condition Cleared</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No    Reviewer Initials _____</p>
<p>Action Taken to Correct Issue</p>		
<p>• <b>CONDITION 4</b> <i>(describe condition)</i></p>	<p>Met Condition?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> In Process  <input type="checkbox"/> Documentation Attached</p>	<p>CONDITION VERIFICATION  <i>Condition Cleared</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No    Reviewer Initials _____</p>
<p>Action Taken to Correct Issue</p>		
<p>• <b>CONDITION 5</b> <i>(describe condition)</i></p>	<p>Met Condition?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> In Process  <input type="checkbox"/> Documentation Attached</p>	<p>CONDITION VERIFICATION  <i>Condition Cleared</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No    Reviewer Initials _____</p>
<p>Action Taken to Correct Issue</p>		
<p>• <b>CONDITION 6</b> <i>(describe condition)</i></p>	<p>Met Condition?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> In Process  <input type="checkbox"/> Documentation Attached</p>	<p>CONDITION VERIFICATION  <i>Condition Cleared</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No    Reviewer Initials _____</p>
<p>Action Taken to Correct Issue</p>		



<p>• <b>CONDITION 7</b> <i>(describe condition)</i></p>	<p>Met Condition?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> In Process  <input type="checkbox"/> Documentation Attached</p>	<p>CONDITION VERIFICATION  <i>Condition Cleared</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No            Reviewer            Initials _____</p>
<p>Action Taken to Correct Issue</p>		
<p>• <b>CONDITION 8</b> <i>(describe condition)</i></p>	<p>Met Condition?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> In Process  <input type="checkbox"/> Documentation Attached</p>	<p>CONDITION VERIFICATION  <i>Condition Cleared</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No            Reviewer            Initials _____</p>
<p>Action Taken to Correct Issue</p>		
<p>• <b>CONDITION 9</b> <i>(describe condition)</i></p>	<p>Met Condition?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> In Process  <input type="checkbox"/> Documentation Attached</p>	<p>CONDITION VERIFICATION  <i>Condition Cleared</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No            Reviewer            Initials _____</p>
<p>Action Taken to Correct Issue</p>		
<p>• <b>CONDITION 10</b> <i>(describe condition)</i></p>	<p>Met Condition?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> In Process  <input type="checkbox"/> Documentation Attached</p>	<p>CONDITION VERIFICATION  <i>Condition Cleared</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No            Reviewer            Initials _____</p>
<p>Action Taken to Correct Issue</p>		

<p>ADMIN USE ONLY <i>Annual Certification Report</i></p>		<p><input type="checkbox"/> APPROVED</p>	<p><input type="checkbox"/> Not Approved</p>
<p>_____</p>			
<p>Name</p>	<p>_____</p>	<p>Date</p>	<p>_____</p>

