

APPENDIX F: 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>STATEMENT OF ENVIRONMENTAL COMPLIANCE—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>SUMMARY OF ACTIVITY—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>SALMON-SAFE CERTIFICATION COMPLIANCE</p>		<input type="checkbox"/> Certification is conditional <input type="checkbox"/> Certification conditions have been satisfied <input type="checkbox"/> Certification issued without conditions
<p>• CONDITION 1 (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>CONDITION VERIFICATION</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>• CONDITION 2 <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>• CONDITION 3 <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>• CONDITION 4 <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>• CONDITION 5 <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>• CONDITION 6 <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>• CONDITION 7 <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>• CONDITION 8 <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>• CONDITION 9 <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>• CONDITION 10 <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>

