

# 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	
<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.		
<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?		
<b>SALMON-SAFE CERTIFICATION COMPLIANCE</b>		<input type="checkbox"/> Certification is conditional <input type="checkbox"/> Certification conditions have been satisfied <input type="checkbox"/> Certification issued without conditions
<b>• CONDITION 1</b> (describe condition)	Met Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process <input type="checkbox"/> Documentation Attached	<b>CONDITION VERIFICATION</b> Condition Cleared <input type="checkbox"/> Yes <input type="checkbox"/> No Reviewer Initials _____
Action Taken to Correct Issue		



<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><b>CONDITION VERIFICATION</b>  <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><b>CONDITION VERIFICATION</b>  <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><b>CONDITION VERIFICATION</b>  <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><b>CONDITION VERIFICATION</b>  <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><b>CONDITION VERIFICATION</b>  <i>Condition Cleared</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No    Reviewer  Initials _____</p>
<p>Action Taken to Correct Issue</p>		



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

ADMIN USE ONLY *Annual Certification Report*
☐ APPROVED ☐ Not Approved

Name

Date

