



## Salmon-Safe Annual Certification Report and Verification Form

This is a fill-and-save form.

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

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



|  |  |   |
|--|--|---|
| <b>• CONDITION 7</b> <i>(describe condition)</i>   | Met Condition?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> In Process<br><input type="checkbox"/> Documentation Attached | <b>CONDITION VERIFICATION</b><br><i>Condition Cleared</i><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Reviewer<br>Initials _____ |
| Action Taken to Correct Issue  |  |   |
| <b>• CONDITION 8</b> <i>(describe condition)</i>   | Met Condition?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> In Process<br><input type="checkbox"/> Documentation Attached | <b>CONDITION VERIFICATION</b><br><i>Condition Cleared</i><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Reviewer<br>Initials _____ |
| Action Taken to Correct Issue  |  |   |
| <b>• CONDITION 9</b> <i>(describe condition)</i>   | Met Condition?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> In Process<br><input type="checkbox"/> Documentation Attached | <b>CONDITION VERIFICATION</b><br><i>Condition Cleared</i><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Reviewer<br>Initials _____ |
| Action Taken to Correct Issue  |  |   |
| <b>• CONDITION 10</b> <i>(describe condition)</i>  | Met Condition?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> In Process<br><input type="checkbox"/> Documentation Attached | <b>CONDITION VERIFICATION</b><br><i>Condition Cleared</i><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Reviewer<br>Initials _____ |
| Action Taken to Correct Issue  |  |   |
| <b>ADMIN USE ONLY</b> <i>Annual Certification Report</i> <input type="checkbox"/> APPROVED <input type="checkbox"/> Not Approved |  |   |
| <div style="background-color: #d3d3d3; height: 30px; width: 100%;"></div>  |  |   |
| Name   | <div style="background-color: #d3d3d3; width: 250px; height: 20px;"></div>   | Date  |
| <div style="background-color: #d3d3d3; width: 150px; height: 20px;"></div>   | <div style="background-color: #d3d3d3; width: 150px; height: 20px;"></div>   | <div style="background-color: #d3d3d3; width: 150px; height: 20px;"></div>  |

