

Certification of TUHWR Plan Completion

(If submitting a Plan Summary in lieu of a complete TUHWR Plan, this form must be submitted along with Worksheets 1, 2, and 10.)

This document certifies that a complete TUHWR Plan has been developed in accordance with the guidance document (July 2023) and that the information provided is true, correct, and complete. I understand that this facility's TUHWR Plan must be available for on-site review by staff of the Hazardous Materials Program.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Worksheet 1 - Facility Information

Facility Name: _____

Facility Mailing Address: _____

Contact Person: _____

Phone: _____ E-mail: _____

Planning Status (check all that apply)*

Large User

Class A Generator

Class B Generator

*Note: It is possible for a facility to be *both* a Large User of toxic substances *and either* a Class A or Class B generator of hazardous waste.

Facility Description

Industry type: _____ Primary NAICS Code: _____

Number of Full-Time Equivalent Employees: _____

Identify any "Interrelated facilities" or other buildings covered by the Plan:

Describe products you make or services you provide:

Unit of Product and Previous Year's Production Levels:

Worksheet 2 - Policy and Employee Training

Management Policy Statement

Employee Training and Awareness Program(s)

How are the above policies shared with employees?

Management Signature:

Title: _____ Date: _____

Worksheet 10 - Performance Goals

Selected Opportunities

Opportunity Name	Process Affected	Name of Hazardous Waste Stream(s) or Toxic Substance(s)	Anticipated Reduction (lbs.)		Goal Date
			Source Reduction	Recycling	

Opportunities Requiring Further Investigation

Opportunity Name	Process Affected	Anticipated Date of Decision