

**CITY OF POCATELLO  
WATER POLLUTION CONTROL**

**Accidental Spill Prevention Plan (ASPP)  
Industrial User Annual Update**

1. Company Name: \_\_\_\_\_
2. ASPP Contact Person: \_\_\_\_\_
3. Telephone (Pocatello): \_\_\_\_\_
4. Date of last ASPP update: \_\_\_\_\_

(Complete the following; providing information since the last ASPP update. Attach additional sheets if necessary).

5. Changes in facility layout or industrial process:

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6. (A) Hazardous Fluids; the following materials have been deleted from our process or inventory:

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6. (B) The following materials have been added to our process or inventory:

Material	Average Amount on the premises	Location

7. Describe any changes in materials handling or spill containment procedures:

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8. Describe any additions in equipment or personnel; related to accidental spill countermeasures:

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9. Describe all significant spills which have occurred:

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10. Describe remedial measures which have been taken to prevent the recurrence of significant accidental spills:

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11. Describe employee training which has taken place related to ASPP:

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"I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

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Print Name

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Signature

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Date