This form is to be completed prior to the inspection/site visit.

### Facility Information

**Company Name**

**Contact Name**

**Title**

**Mailing Address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**County**

### Proposed LEPC Inspection/Site Visit Public Sector Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Title</th>
</tr>
</thead>
</table>

### Proposed LEPC Inspection/Site Visit Non-Public Sector Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Title</th>
</tr>
</thead>
</table>

This column to be completed by facility representative.

- **Indicate consent given or denied by facility representative.**
  - Yes
  - No

I [Print Name] an authorized representative(s) of the facility listed above, give consent to the Local Emergency Planning Committee representative(s) as listed above, to enter the facility for announced or unannounced inspection/site visit during normal business hours or other reasonable times for the purposes of:

1. Inspection of the portion of the facility listed above where the hazardous chemicals and/or extremely hazardous substances are stored, produced, used and/or manufactured for ORC Chapter 3750, Emergency Planning compliance purpose only.

2. Inspection of records related to the sales, storage, production, use and/or manufactured, of the hazardous chemicals and/or extremely hazardous substances for ORC Chapter 3750, Emergency Planning compliance purpose only.

I understand and acknowledge that I can refuse to provide consent to inspection/site visit for potential LEPC participants who are not employees of the state or employed by a local or political subdivision, or the designated representative of the fire department having territorial jurisdiction.

**Signature**

**Title**

**Date Signed**

/ /