

**County of Santa Clara  
Department of Environmental Health  
Hazardous Materials Compliance Division  
Solid Waste Programs**



1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408)918-3400 FAX (408)280-6479  
[www.sccwaste.org](http://www.sccwaste.org)

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**CERTIFICATION OF COMPLIANCE**

**FACILITY**

**NAME:** \_\_\_\_\_ **INSPECTOR:** \_\_\_\_\_

**FACILITY ID NO:** \_\_\_\_\_ **DATE OF INSPECTION:** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_

I certify under penalty of law that:

**This Business has corrected all violations marked on the official notice of inspection.**

I have personally examined all documentation attached to this certification *[please include a letter explaining how each violation has been corrected]*, which establish that the violations have been abated.

Based upon this examination of documentation and inquiry of the individuals who prepared or obtained it, I believe that the information is true, accurate, and complete.

I am authorized to file this certification for the Business.

I am aware that there are significant penalties for submitting false information.

**Signed:** \_\_\_\_\_

**Name** (printed or typed): \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail to: Medical Waste Management Program  
Hazardous Materials Compliance Division  
Department of Environmental Health  
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