**Example Template for Use in Submitting a Voluntary**

**Self-Disclosure Pursuant to the EPA Audit Policy**

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**U.S.EPA Region 4**

**January 2014**

**Disclaimer:** The Voluntary Self-Disclosure template is designed to assist the regulated community in organizing the information needs for a self-disclosure submitted to [EPA Region 4](http://www.epa.gov/aboutepa/region4.html) pursuant to the Audit Policy. This template is largely identical to the disclosure form used during an EPA pilot program (2008-2013) run to investigate online self-reporting of potential environmental violations of the Emergency Planning and Community Right-to-Know Act (ECPRA). This web-based pilot program was known as eDisclosure, which was decommissioned on July 1, 2013.

This template should not be viewed as a substitute for the Audit Policy, and if any conflicts are discovered between this example template and the policy, the policy will have precedence. Use of this form as a submission template is not required, and submission of self-disclosure information in another format is acceptable. Even with use of this template, the discloser should review the Audit Policy to ensure that information is submitted demonstrating how the disclosure meets each of the criteria of the Policy.

**Note:** If there are fewer than 100 full time employees working at the facility (corporation), please see EPA’s [Small Business Compliance Policy](http://www.epa.gov/compliance/incentives/smallbusiness/).

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| **Example Voluntary Self-Disclosure Submission Form for Audit Policy** | | | | | |
| **Basic Information**  **NOTE**: An asterisk “ \* ” denotes important fields. If not supplied, then future contact by EPA may be needed. | | | | | |
| \* Complete Legal Name of Organization: | | | | | |
| \* Number of Full-Time (2,000 hour/year) Employees (corporation): | | | | | |
| \* How Organized (check one)? | | A person doing business as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  A corporation, which was incorporated under the laws or the State or Tribal Nation of\_\_\_\_\_\_\_\_\_.  A partnership, formed under the laws of the State or Tribal Nation of \_\_\_\_\_\_\_\_\_\_\_\_.  Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | |
| **Contact Information for Individual Submitting the Self-Disclosure** | | | | | |
| Title: | | | | | |
| \* First Name: | | | | | |
| Middle Name (or initial): | | | | | |
| \* Last Name: | | | Suffix: | | |
| \* Job Title (e.g., individual, President, Director, Legal Counsel, etc.): | | | | | |
| \* Is the individual submitting this self-disclosure authorized by the company to make such a disclosure and is this person an authorized signatory (having authority to perform policy or decision-making functions of the company)? | | | | | Yes  No |
| \* Address: | | | | | |
| \* City: | \* State: | | | \* Zip: | |
| \* Phone: | | | \* Email: | | |
| **Facility Information** | | | | | |
| \* Number of Facilities involved with this potential violation(s):  Note: If more than one facility is involved with this potential violation(s), please indicate the number of facilities above and attach a sheet to your final submission with the physical address and EPA program ID numbers (if known) for each facility, and identify which facilities have which violation(s). | | | | | |
| **Facility Physical Address** | | | | | |
| \* Name: | | | | | |
| \* Address: | | | | | |
| \* City: | \* State: | | | \* Zip: | |
| Latitude: | | | Longitude: | | |
| **Facility Mailing Address**  Check Here if Same as Physical Address | | | | | |
| \* Name: | | | | | |
| \* Address: | | | | | |
| \* City: | \* State: | | | \* Zip: | |
| **Industry Codes and EPA Identification Numbers** | | | | | |
| \* NAICS Code:  **(** [**http://www.census.gov/epcd/www/naics.html**](http://www.census.gov/epcd/www/naics.html)**)** | | | SIC Code: | | |
| EPA Program ID Numbers (if known): | | | CAA AFS: | | |
| CWA NPDES: | | |
| RCRA: | | |
| EPCRA 313 (TRI ID): | | |
| Other (describe): | | |

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| **Describe Potential Violation(s)** | |
| \* Identify Federal Statute / Section Involved in Disclosure: | Clean Air Act, Section(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  Clean Water Act, Section(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Planning and Community Right to Know Act, Section(s):\_\_\_\_\_\_  Fungicide Insecticide Rodenticide Act, Section(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resource Conservation and Recovery Act, Section(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Toxic Substance Control Act, Section(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \* Describe the Potential Violation(s):  NOTE: Each potential violation should be described as completely as possible and include the following information.   * Nature and description of potential violation(s) and specific regulatory, permit and/or statutory provision violated (include state references where appropriate). * Identify the name, title, and employer of each person who discovered the potential violation, and what they were doing when the potential violation was discovered. * How the potential violation was discovered; i.e., describe the moment at which the person first realized (objectively reasonable basis) that the potential violation(s) may have occurred or did occur. * Physical location of potential violation. * Dates of possible noncompliance. * Chemical(s) involved in this disclosure, please include CAS number(s). * For each chemical please list and specify separately the quantity (lbs.) that was stored, manufactured, processed, or otherwise used, produced, or released. | |

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| **\* Condition 1: Systematic Discovery**  **Through an Environmental Audit**  If the violation was discovered as part of an Environmental Audit, indicate how the audit meets the EPA's definition of auditing as a systematic, documented, periodic and objective review. At a minimum, the response should include the following:   1. Describe the audit system and procedures that were used, including checklists or protocols used by the auditors. 2. Describe the schedule for conducting audits. If this is the first audit, please provide schedule for future audits. 3. Describe the relationship between the facility and the person(s) responsible for conducting environmental audits, and procedures for insuring that auditor objectivity is not impaired. 4. Why was this audit preformed? 5. Has an audit been performed at this facility in the past? If so, on what date(s)?   **It is not required that the audit report be submitted with this disclosure at this time.**  **Through a Compliance Management System**  If the violation was discovered as a result of a Compliance Management System (CMS), provide evidence that your compliance program meets the EPA's definition of a CMS. At a minimum, the response should include the following:   1. Explain in detail how the company's practices and the procedures leading to the discovery of the violation constitute a compliance management system. At a minimum, describe how the company's documented systematic efforts to prevent, detect and correct violations meet the six (6) components of a CMS described on page 19625 of the Audit Policy,   <http://www.epa.gov/compliance/resources/policies/incentives/auditing/auditpolicy51100.pdf>.   1. Describe the process for periodically reviewing, monitoring and evaluating the CMS.   If the violation was discovered in a manner other than through an Environmental Audit or a CMS, describe the procedure used to discover the violation (note that a 75% penalty reduction is available even if the violation was not discovered through an Environmental Audit or a CMS if all other conditions are met (i.e., conditions 2-9). |
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| **\* Condition 2: Voluntary Discovery**  Please state if the violation was voluntarily discovered. Voluntary discovery did not occur if the violation was found through a legally required monitoring, sampling, or auditing procedure that is required by statute, regulation, permit, judicial or administrative order, or consent agreement. The Agency may ask for copies of permits, orders, or agreements at a later date to confirm whether the discovery was voluntary. |
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| **\* Condition 3. Prompt Disclosure**  Please provide the date of discovery of each violation disclosed. Please demonstrate that the violation was disclosed within 21 days (or any shorter time required by law) after discovering that the violation occurred or may have occurred.  **NOTE:** Discovery occurs when any officer, director, employee or agent of the facility has an objectively reasonable basis for believing that a violation has or may have occurred (i.e., absolute factual and legal certainty is not necessary in order to require disclosure). As one example of discovery, for failure to submit a timely TRI report for an EPCRA 313 chemical, when was it first realized that applicable thresholds were met or exceeded?  For situations in which the 21-day period has already expired, the Agency may accept a late disclosure in the exceptional case, such as where there are complex circumstances, including where EPA determines that the violation could not be identified and disclosed within 21 calendar days after discovery. If disclosure of this violation was not within 21 days of discovery, please explain in detail why the violation(s) was not disclosed within the 21-day period. |
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| **\* Condition 4. Discovery and Disclosure Independent of the Government or Third Party**  This condition means that the disclosing party took the initiative to find violations on its own and disclose them promptly instead of as a result of a government or regulatory inspection or waiting for an indication of a pending enforcement action (e.g., inspection, investigation or issuance of an information request) or third party complaint.  Was there any contact, e.g. letter, e-mail, telephone inquiry, etc. by any government or third party informing the facility of potential or actual violations, or any notification of an impending or commenced inspection prior to the disclosure? If yes, please explain. |
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| **\* Condition 5. Correction and Remediation/Prevention**  This section asks for a description of how the violation was corrected and how any harm was remediated. Violations should be corrected within 60 days of the date of discovery.  Has the violation been corrected?   * If yes, provide the date and how the violation was corrected. For example, include written confirmation from authorities that submittals (Tier II reports, Form R's) were received. * If no, provide an estimate of the length of time it will take to correct the violation. If the violation will be corrected within 60 days**, by certifying and submitting this disclosure you are committing to fix the violation within the time period you specify,** not to exceed 60 days.   **Extensions:** If more than 60 days will be needed to correct the violation, please explain the basis for this estimate and provide the opinion of any technical or engineering expert relied upon to arrive at the estimate. By certifying and submitting this disclosure, you are seeking an extension of the 60 days and commit to fix the violation within such period of time as may be granted by EPA.  Describe any environmental or human harm caused by the violation, and any measures undertaken to remediate such harm. |
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| **\* Condition 6. Prevent Recurrence**  Describe what steps were taken to prevent recurrence of the violation and provide the date that those measures were implemented. If the measures have not yet been implemented, provide the implementation schedule setting forth the dates of the anticipated actions. |
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| **\* Condition 7. No Repeat Violations**  The same or closely-related violation must not have occurred previously at the same facility within the past 3 years. In addition, the same or closely-related violation must not have occurred within the past 5 years as part of a pattern at multiple facilities owned or operated by the same entity.  Has this facility been the subject of any state, federal, or local enforcement action, as defined in the Audit Policy, for violations of the same statutory section as this disclosure within the last 3 years? If yes, please list for each violation, the date and type of enforcement action and its resolution.  Please describe the business structure, including all parents and subsidiaries. At a minimum, provide the parent company's name and Dun & Bradstreet Number.  Has the parent corporation or any of its subsidiaries or facilities been the subject of any state, federal, or local enforcement action, as defined in the Audit Policy, for violations of the same statutory section as this disclosure within the last 5 years? If yes, please list for each violation, the facility, the date and type of enforcement action and its resolution. |
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| **\* Condition 8. Certain violations are not eligible**    The policy excludes penalty reduction for violations that resulted in serious actual harm, which may have presented an imminent and substantial endangerment to public health or the environment, or which violate the specific terms of any order, consent agreement, or plea bargain.  State whether or not the violation resulted in serious actual harm to human health or the environment; provide your rationale for making this conclusion.  State whether or not the violation may have presented an imminent and substantial endangerment to human health or the environment; provide your rationale for making this conclusion.  Identify all environmental federal, state, or local judicial or administrative orders, or consent agreements under which this facility operates; state whether the violation violated any specific terms of these orders or agreements. |
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| **\* Condition 9. Cooperation**    Provide any other information you deem relevant that demonstrates your cooperation with EPA in determining applicability of this policy. |
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| **\* Cost of Compliance**  This policy allows for either elimination of the gravity portion of a penalty or a reduction of up to 75% if all but the first condition is met.  EPA retains its discretion to collect any economic benefit that may have been realized as a result of noncompliance.  Please provide an estimate of any costs (and the rationale behind the cost of returning to compliance) associated with returning to compliance. Such costs may include internal staff or outside consultants’ time to become familiar with the regulations, determine which chemicals meet/exceed reporting thresholds, prepare forms/plans/ permits and submit forms to appropriate agencies; fees collected by state or other regulatory agencies; release detection or pollution control equipment; operation and maintenance costs; and secondary containment or start-up costs for plan implementation or tank monitoring.  If no costs of compliance are provided, EPA will use its own best professional judgment to determine the value of economic benefit, if any. The EPA financial models used to determine economic benefit can be found on the web at [www.epa.gov/compliance/civil/econmodels/](http://www.epa.gov/compliance/civil/econmodels/).  "Cost of compliance" is used so EPA may better assess any benefit derived from noncompliance. If you are able, please use the following fields to provide an estimate of any cost of compliance. |
| Cost of Returning to Compliance: $  Associated Rationale behind the Cost of Returning to Compliance: |
| **\* Certification**  Submission of the disclosure should be accompanied by a signed certification attesting to the accuracy of the information supplied as part of the disclosure. |
| I certify that under penalty of the law, the disclosure was prepared under my direction and to the best of my knowledge and belief, the information submitted is true, accurate and complete. Furthermore, I understand that eligibility for, and any reduction of penalties under the EPA Audit Policy, is conditioned on the truth, accuracy and completeness of this disclosure.  Signature of Owner/Operator/Responsible Official:  Printed Name of Signing Official:  Title of Signing Official: |