



## Arrangements with Local Authorities Log

in compliance with 22 CCR 66262.16(b)(6)(F)2; 66262.256

Business Name: \_\_\_\_\_

Facility ID: \_\_\_\_\_

Site Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Local Authority	Name of Authority	Date of Communication	Type of Communication	Arrangements Made (Y/N)	Description of the Arrangements Made
Police Department					
Fire Department					
Emergency Response Contractors					
Equipment Suppliers					
Hospitals					
Other Emergency Response Team(s)					

**\*\*Businesses may use this form or any other format to document arrangements made or attempted with local authorities. Please ensure this form and/or any other form(s) used are stored on-site and readily available at the facility. Additionally, ensure all supporting documents are available on-site to validate arrangements made or attempted with local authorities\*\***