

# PERFORMANCE TRACK EMS INDEPENDENT ASSESSMENT CERTIFICATION STATEMENT

I, (Lead Auditor name) \_\_\_\_\_,  
(title) \_\_\_\_\_,  
of (organization name) \_\_\_\_\_  
certify that (site name) \_\_\_\_\_

has implemented a fully-functioning environmental management system (EMS) that meets the EMS criteria of the [Performance Track Program Guide](#).

I further attest that I meet the independence requirements and the qualifications for an independent auditor described in the PT EMS Independent Assessment Criteria.

[http://www.epa.gov/performancetrack/ind\\_assessment.htm](http://www.epa.gov/performancetrack/ind_assessment.htm)

Please indicate the RABQSA or BEAC Auditor certification number(s), if applicable, or other method by which the auditor qualification requirements of the PT EMS Independent Assessment Criteria have been met.

Certification No. \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am the Lead Auditor, or have been duly authorized to execute this statement on behalf of the person who assessed the site above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_