

CLOSURE PLAN

I. Company Profile

- A. Company Name: _____
- B. Plant Address: _____
(Attach Location Map which clearly shows the site of the project in relation to the surrounding area inside the economic zone, including important landmarks and access points. Indicate Location Map as **Annex 1**)
- C. PEZA Registered Activity: _____
(Attach Process Flowchart as **Annex 2** and PEZA Board Resolution/Letter of Authority for Cancellation as **Annex 3**)
- D. ECC / CNC No. & Date of Issuance _____
(Attach Existing ECC/CNC as **Annex 4** and SMR for the last two quarters [if applicable] as **Annex 5**)
- E. Contact Person: _____
- F. Contact Number/s: _____
- G. Email Address: _____
- H. Target Date of Closure _____
- I. Requested Date of ESG/EHSD Inspection _____

II. General Environment

A. Waste Water Management

- Yes No Generating industrial waste water?
- Yes No Passed Quality Standards for the last two quarters?
If no, kindly attach report on corrective action/s taken to correct the deficiency.
(Kindly attach Certificate of Analysis issued within the last quarter as Annex 6)
- Yes No Connected to Centralized Waste Water Treatment Facility?
If yes, Target Date of Disconnection: _____
- Yes No With own Waste Water Treatment Facility (including pretreatment prior to disposal to CWTF)?
If yes, give details on:
- Treatment Process
 - Procedure for dismantling of WTP and Remediation
 - Sludge management, treatment and disposal
 - Management, treatment and disposal procedure for potential contaminants present in the WWTF (i.e. pathogens, heavy metals)

(Provide additional space if necessary)

B. Air Management

Yes No Passed Quality Standards for the last two quarters?
If no, kindly attach report on corrective action/s taken to correct the deficiency.
(Kindly attach Certificate of Analysis issued within the last quarter
as **Annex 7**)

Yes No With Air Pollution Source Installations and Air Pollution Control Facility?
If yes, kindly fill-out the table:

APSI/APCF	Mode of Disposal (Transfer/Resale/Scrap)	Target Date of Disposal

C. Chemicals and Chemicals Storage Management

Yes No Are chemicals used in the process and cleaning activities?
 If yes, kindly fill-out the table:

C.1 Chemicals

Chemicals	Details of Clearance/Disposal	Target Date of Clearance/Disposal
< Name >		
< Name >		
< Name >		
< Name >		
< Name >		

C.2 Chemical Storage Area

Chemical Storage Area	Description of Closure Procedure and/or Remediation, if Applicable	Target Date of Closure
< CSA 1 >		
< CSA 2 >		
< CSA 3 >		

D. Toxic and Hazardous Waste (THW) Management

Yes No Are hazardous wastes generated by the company's processes and activities?
 If yes, kindly fill-out the table:

D.1 Toxic and Hazardous Wastes

Class	Details of Disposal	Target Date of Disposal/Transfer/Storage
< Name >		
< Name >		
< Name >		

D.2 Toxic and Hazardous Wastes Storage Area

Storage Area	Description of Closure Procedure and/or Remediation, if Applicable	Target Date of Closure
< THWS 1 >		
< THWS 2 >		
< THWS 3 >		

E. Solid Waste Management

Solid Waste Storage Area	Description of Closure Procedure and/or Remediation, if Applicable	Target Date of Closure
< SWA 1 >		
< SWA 2 >		
< SWA 3 >		

III. Attachments/Annexes

Document/Requirement		YES	NO
Annex 1	Location map	<input type="radio"/>	<input type="radio"/>
Annex 2	Process Flowchart	<input type="radio"/>	<input type="radio"/>
Annex 3	PEZA Board Resolution / Letter of Authority for Cancellation/Transfer (if issued)	<input type="radio"/>	<input type="radio"/>
Annex 4	Copy of ECC/CNC	<input type="radio"/>	<input type="radio"/>
Annex 5	Self-Monitoring Report	<input type="radio"/>	<input type="radio"/>
Annex 6	Certificate of Wastewater Analysis, if applicable	<input type="radio"/>	<input type="radio"/>
Annex 7	Certificate of Ambient Air Analysis, if applicable	<input type="radio"/>	<input type="radio"/>
	Letter addressed to PEZA-ESG from Managing Head	<input type="radio"/>	<input type="radio"/>
	Letter addressed to RD of EMB from Managing Head	<input type="radio"/>	<input type="radio"/>

Prepared by:

Noted by:

 Signature over Printed Name
(PCO/EHS)

 Signature over Printed Name
(CEO/President)

 (Date)

 (Date)