COMPANY NAME
BUSINESS ADDRESS

Date: _____

Fire Department
Bureau of Fire Prevention
9 Metro Tech Center
Brooklyn, NY 11201-3857

To whom it may concern:

    The purpose of this letter is to document the applicant (full name of applicant) qualifications for a C-14 Certificate of Fitness. (Name of applicant) has (years,   months) of experience in laboratory operations and will be working at (name and address of employer). This applicant's job title is _____ which requires: ☐ doctor's degree; ☐ master's degree; ☐ bachelor's degree in _____ (specify the area).

    Applicant has been trained how to safely store, handle or use of all hazardous materials available in the laboratory where the applicant will be employed. In addition, this applicant has been trained on the emergency plan, the plan includes:

(1) Procedures for activating a fire alarm;
(2) Procedures for notifying and coordinating with all emergency response agencies;
(3) Procedures for evacuating and accounting for personnel including primary and secondary evacuation routes, as applicable;
(4) Procedures for establishing requirements for rescue and medical duties for those requiring or performing these duties;
(5) Procedures and schedules for conducting regular emergency drills;
(6) Procedures for shutting down and isolating equipment under emergency conditions to include the assignment of personnel responsible for maintaining critical functions or for shut down of process operations;
(7) Appointment and training of personnel to carry out assigned duties, including steps to be taken at the time of initial assignment, as responsibilities or response actions change, and at the time anticipated duties change;
(8) Aisles designated as necessary for movement of personnel and emergency response;
(9) Maintenance of fire protection equipment; and
(10) Safe procedures for startup to be taken following the abatement of an emergency.

    Applicant is of GOOD CHARACTER and is PHYSICALLY ABLE to perform the functions required by the holder of this Certificate of Fitness.

_____   _____   _____
(Printed name of Employer)   (Employer's title)   (Signature of Employer)

NOTE: **The recommendation letter should be on employer's letterhead. If not on employer's letterhead, signature must be notarized.**
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Revised on 10/03/2022