



Medical Center Campus
617 West 168 Street
New York, NY 10032

Morningside & JLGSC Campuses
419 West 119 Street New York,
NY 10027

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

All items on the form must be typed except for the signature which must be in ink or official digital.

Date: _____

To whom it may concern:

The purpose of this letter is to document the applicant _____
(full name of applicant) qualifies for a C-14 Certificate of Fitness having _____ (years), _____ months)
of post-degree experience in laboratory operations and will be working at
_____ at Columbia University.
(name and mailing address of lab)

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/PI)

(Employer's title)

(Signature of Employer)