

CERTIFICATE OF FITNESS FOR HAZARDOUS MATERIALS

This is to certify that the individual named below has been examined and found fit for handling hazardous materials in accordance with prescribed safety regulations.

Full Name:

Date of Birth:

Identification Number:

Department/Organization:

Type of Hazardous Material:

Assessment Date:

Certificate Valid Until:

Authorized Physician/Officer:

Date: _____

Signature & Stamp:

Certificate Number: _____