

# **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:**

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**Date of Birth:**

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**Identification Number:**

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**Department/Organization:**

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**Type of Hazardous Material:**

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**Assessment Date:**

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**Certificate Valid Until:**

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**Authorized Physician/Officer:**

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

**Signature & Stamp:**

Certificate Number: \_\_\_\_\_