

_____, Plant Manager

(name of facility)

(facility address)

_____, LA _____

RE: Certification of Capabilities of Local Emergency Response Agency

Dear _____:
(name of plant manager)

This is to certify that _____ emergency response
(name of local EMS Unit)

agency has the capability to respond to an emergency incident at the

_____ facility in _____, Louisiana.
(name of facility) (city)

Our Emergency Medical Technicians (EMTs) have a minimum of 8 hours initial hazardous materials response training. At least one EMT meeting the qualification of Emergency Medical Technician –Basic will be available to respond to an incident

Sincerely,

(signature)

(print name of agency representative)

(title)

Dated: _____, 20____