

_____, Plant Manager

(name of facility)

(facility address)

_____ LA _____

RE: Certification of Capabilities of Local Fire Department

Dear _____:
(name of plant manager)

This is to certify that _____ Fire Department has
(name of local fire department)
the capability to respond to an emergency incident at the

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

Firefighters at this department have a minimum of 24 hours initial hazardous materials response training and meet the qualifications of: (check all that apply)

_____ Fire Fighter I under NFPA Standard 1001, Standard for Fire Fighter Professional Qualifications

_____ Operations Level Responder under NFPA Standard 472, Competence of Responders to hazardous Materials/Weapons of Mass Destruction Incidents

Sincerely,

(signature)

(print name)

Fire Chief

Dated: _____, 20____