REFERENCE

TO SUPPORT APPLICATION FOR

CHEMICAL HYGIENE OFFICER CERTIFICATION

BY

NATIONAL REGISTRY OF CERTIFIED CHEMISTS

125 Rose Ann Lane
West Grove, PA
610-322-0657 (voice or text)  800-858-6273 (fax)  rphifer@nrcc6.org

Name of Applicant ________________________________________________________________

1. I have personally known the applicant for approximately _____ years.

2. My relationship with the applicant (is) (was) ______________________________________

   (e.g., employer, supervisor, co-worker, etc.)

3. I believe the applicant has had experience working with:

   chemicals as reagents or reactants for _____ years;
   the Laboratory Standard for _____ years;
   pertinent health and safety regulations for _____ years;
   standard operating procedures for _____ years;
   hazard assessment for _____;
   safe work practices for _____;
   personal hygiene practices for _____ years;
   general laboratory practices for _____ years;
   procedures for select carcinogens, reproductive toxins, highly toxic substances for _____ years;
   control measures, including respirators, laboratory ventilation, and exposure monitoring for _____ years;
   laboratory emergencies such as power failures, spills, etc. for _____ years;
   laboratory visitors, contractors, maintenance personnel, etc. for _____ years;
   record keeping and documentation for _____ years;
   audits, inspections, and self-evaluations for _____ years;

   ________________________________________________________________;
   ________________________________________________________________;
   ________________________________________________________________.
Using a scale of: (1) Unsatisfactory; (2) Below Average; (3) Average; (4) Above Average; (5) Outstanding; or (N/A) Not Applicable; I rate the applicant as follows:

__________ service to profession;

__________ continuing education effort;

__________ leadership/team member;

__________ research/development;

__________ moral character;

__________ ethical and professional standing.

I understand it is the intention of the National Registry of Certified Chemists to certify individuals who are technically competent, of good moral character, and of high ethical and professional standing and who are intellectually active enough to remain competent and to enhance their ability to contribute to the profession and thus to be certifiable.

I understand my evaluation of this applicant is an essential part of the overall processes for certification and my responses will be carefully considered, judiciously used, and kept in confidence.

Comments:

Name of Reference: ________________________________________________________________

Certification/Membership: AACC __; ABCC __; ABFT __; ACS __; AIHA __; AIC __; NACB __;

NRCC __; Other _________________________________________________________________.

Employer _______________________________________________________________________

Address _______________________________________________________________________

Telephone ___________________________ Email address ___________________________________

Signature ____________________________________ Date ________________________________