

CHO REF



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;

_____ ;

_____ ;

_____ .

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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 _____