

## Hygienist Certification

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

Re: \_\_\_\_\_

(Civic address of property)

\_\_\_\_\_  
(legal description of property)

As per the City of Port Coquitlam Controlled Substance Nuisance Bylaw ([www.portcoquitlam.ca/bylaws](http://www.portcoquitlam.ca/bylaws)) I hereby give assurance that:

1. Professional Cleaners have:
  - a. Removed and disposed of all carpets and curtains in the building
  - b. If the building is heated by a forced air system, that the furnace, all air ducts, main distribution ducts, venting and filtering have been cleaned; and
  - c. All walls, floors, and ceilings in the building have been replaced or cleaned and disinfected.
2. The above building is substantially free of any pesticides, fertilizers, toxic chemical contamination, moulds or fungi.
3. The undersigned has provided:
  - a. A report outlining the scope of work, site and building examination procedures, methodology, standards and regulations, health hazards, results, and cleaning/decontamination and occupancy recommendations for this location
  - b. Proof of current individual or corporation certification from either the:
    - Canadian Registration Board of Occupational Hygienists, or
    - American Board of Industrial Hygiene.
  - c. A certificate of insurance, of which a copy is attached, confirming that the individual or corporation is insured by a policy of insurance covering liability to third parties for errors and omissions in the provision of services in respect of the captioned property.

Name of Hygienist: \_\_\_\_\_

Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Affix Stamp of Certification